When Recorded, Mail To: CHRISTINE H. OVERCAST, 1006 PEACHTREE STREET, MURFREESBORO, TN 37129

Davidson County AFFIDAVIT
Recvd: 11/14/02 10:46 3pgs
Fees:17.00 Taxes:0.00
20021114-0141153

AFFIDAVIT- DEATH OF JOINT TENANT

STATE OF TN
COUNTY OF Rutherford

CHRISTINE H. OVERCAST, of legal age, being fully duly sworn, deposes and says:
That the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **J.M. OVERCAST,** named as one of the parties in that certain **QUITCLAIM DEED** dated June 27, 1983, executed by **BESSIE OVERCAST** to **J.M. OVERCAST and CHRISTINE H. OVERCAST,** as joint tenants, recorded on June 30, 1983 *, of the Official Records in the Office of the County Recorder of **DAVIDSON** County, State of **TENNESSEE,** concerning the following described real property situated in the County of **DAVIDSON**, State of **TENNESSEE:** * Book 6086 Page 313

SEE ATTACHED EXHIBIT "A" FOR LEGAL DESCRIPTION

Dated 10-7-02, Christine H. Overcast
CHRISTINE H. OVERCAST, Surviving Joint Tenant

ACKNOWLEDGMENT OF NOTARY PUBLIC

STATE OF TN
COUNTY OF Rutherford ss.

On 10-7-02 before me, William Hardcastle, a Notary Public for this State, personally appeared **CHRISTINE H. OVERCAST,** personally known to me or proved on the basis of satisfactory evidence to be the person(s) whose name is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity(ies) upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Notary Public [SEAL]

My Comm Exp. 10-26-06

NOTARY PUBLIC AT LARGE

Prepared by: National Family Services, P.O. Box 576960, Modesto CA 95357
DOCUMENT PREPARATION ONLY-NO TITLE EXAMINATION-LEGAL DESCRIPTION FURNISHED BY CLIENT.

EXHIBIT "A"

Land in the 2nd Civil District of Davidson County, Tennessee, being shown as a part of an unnumbered tract on the Plan of Section 1, Curreywood Acres, as of record in Book 2133, pages 109 & 110, Register's Office for Davidson County, Tennessee, described as follows:

Beginning at a point in the westerly margin of Catalina Drive, 275 feet south of the south margin of Currey Road, being the southeasterly corner of the Church of Christ property; thence with the margin of Catalina Drive, south 2° 45' west, 125 feet to the northeasterly corner of Lot No. 45 of said Curreywood Acres Plan; thence with the northerly line of Lots 45 and 39, north 87° 30' west 278 feet to a point; thence north 2° 45' east 193 feet more or less, to a point; thence south 86° 45' east 78 feet to the westerly line of said Church property; thence with the line of same as follows: south 2° 45' west 67.5 feet and south 87° 30' east 200 feet to the point of beginning.

Being the same property conveyed to Bessie Overcast, unmarried, by deed from Jakie D. Cook and wife, Beverly S. Cook, as of record in Book 3793, page 94, Register's Office for Davidson County, Tennessee.

Rutherford Co. Dept. of Health
303 N. Church Street P.O. Box 576
Murfreesboro, Tennessee 37133-0576

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT For use by physician or institution

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): John McCallum Overcast
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): January 20, 2000
4. SOCIAL SECURITY NUMBER (of Deceased): 408-24-2773
5a. AGE - LAST BIRTHDAY (Years): 79
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): Jan 4, 1921
7. BIRTHPLACE (City and State or Foreign Country): Chrisitana, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 1006 Peachtree Street
9c. CITY, TOWN, OR LOCATION OF DEATH: Murfreesboro
9d. COUNTY OF DEATH: Rutherford
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Christine Hunter
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Agent
12b. KIND OF BUSINESS/INDUSTRY: Insurance
13a. RESIDENCE—STATE: TN
13b. COUNTY: Rutherford
13c. CITY, TOWN OR LOCATION: Murfreesboro
13d. STREET AND NUMBER OR RURAL LOCATION: 1006 Peachtree Street
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37129
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No
Specify, if yes:
15. RACE—American Indian, Black, White, etc (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Hiram Overcast
18. MOTHER'S NAME (First, Middle, Maiden Surname): Maggie McCallum

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Mrs. Christine Overcast
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1006 Peachtree Street Murfreesboro TN 37129

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify) _____
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Woodlawn Memorial Park
20c. LOCATION—City or Town, State: Nashville TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ John B. Woodfin
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 1953
21c. SIGNATURE OF EMBALMER: ▶ Michael Gordon Finney
21d. LICENSE NUMBER OF EMBALMER: 4109
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodfin Funeral Chapel P.O. Box 636, Murfreesboro, TN 37133-0636
22b. LICENSE NUMBER OF FUNERAL HOME: 179

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Barbara Earp
24. DATE FILED (Month, Day, Year): January 31, 2000

CERTIFIER

25a. PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
1 [X] SIGNATURE AND TITLE OF PHYSICIAN: ▶ [signature] MD
25b. LICENSE NUMBER: MD 017651
25c. DATE SIGNED (Month, Day, Year): 1/27/2000
26a. MEDICAL EXAMINER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated.
2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER: ▶
26b. LICENSE NUMBER:
26c. DATE SIGNED (Month, Day, Year):

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Dr. Steven Payne 1015 N. Highland Ave. Murfreesboro, TN 37130

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

29. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) ⟶	a. CVA	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): b. AS PVD / BCM	
	DUE TO (OR AS A CONSEQUENCE OF): c. Coronary Artery Dis	
	DUE TO (OR AS A CONSEQUENCE OF): d.	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I

29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [X] No

30. MANNER OF DEATH: 1 [ ] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY: M
31c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No
31d. DESCRIBE HOW INJURY OCCURRED
31e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

PH-1850
REV. 2-93

BIRTH NO _____

RDA 1399

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND EXACT COPY OF THE RECORD FILED WITH THE DIVISION OF VITAL RECORDS, TENNESSEE DEPARTMENT OF HEALTH, BY THE LOCAL HEALTH DEPARTMENT. THIS IS VALID ONLY WHEN THE EMBOSSED SEAL OF THE ISSUING LOCAL HEALTH DEPARTMENT IS AFFIXED.

Barbara Earp — REGISTRAR
10/7/02 — DATE