Davidson County AFFIDAVIT
Recvd: 07/12/03 12:32 2pgs
Fees:12.00 Taxes:0.00
20030712-0097467

AFFIDAVIT OF RICHARD J. MYERS
REGARDING DEATH CERTIFICATE

WHEREAS, the undersigned represents Beneficial Tennessee, Inc. which is the beneficiary of a Trust Deed executed by CAROLYN WIELY HOLT dated 16 June 2000 and recorded in the Register's Office of Davidson County, Tennessee as Instrument No. 20000621-0061629 and which encumbers property described as:

A CERTAIN REAL ESTATE IN DAVIDSON COUNTY, TENNESSEE, AS FOLLOWS:

BEING LOT NO. 41 IN S.A. CHAMPION'S SUBDIVISION OF CERTAIN LOTS IN THE HARDING PLAN, A PLAN OF WHICH SUBDIVISION IS OF RECORD IN BOOK NO. 161, PAGE 132, REGISTER'S OFFICE FOR SAID COUNTY.

SAID LOT NO. 41 FRONTS 50 FEET ON THE WESTERLY SIDE OF ESTRELLA STREET AND RUNS BACK BETWEEN PARALLEL LINES 154.7 FEET, MORE OR LESS, TO AN ALLEY.

BEING THE SAME PROPERTY CONVEYED FROM L.H. HARDAWAY AND DAISIE GUPTON HARDAWAY TO MARSHALL FRANK HOLT AND CAROLYN WIELY HOLT BY DEED RECORDED 12/30/55, IN BOOK 2487, AT PAGE 330, IN THE REGISTER'S OFFICE OF DAVIDSON COUNTY, TENNESSEE. TAX MAP OR PARCEL ID NO.: 81-11-137

ADDRESS: 1613 21st AVENUE, NASHVILLE, TN 37208

Attached hereto is a genuine, true and correct copy of a Certificate of Death, duly recorded, regarding Marshall Frank Holt who once had an interest in the above-referenced property.

Further Affiant sayeth not.

Richard J. Myers

STATE OF TENNESSEE
COUNTY OF SHELBY

Personally appeared before me, a Notary Public in and for the State and County aforesaid, RICHARD J. MYERS, the within named bargainor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he executed the within instrument for the purposes therein contained as his free act and deed.

WITNESS my hand and official seal this 1st day of July, 2003.

Patty S. Trantina
Notary Public

My commission expires:

9-13-06

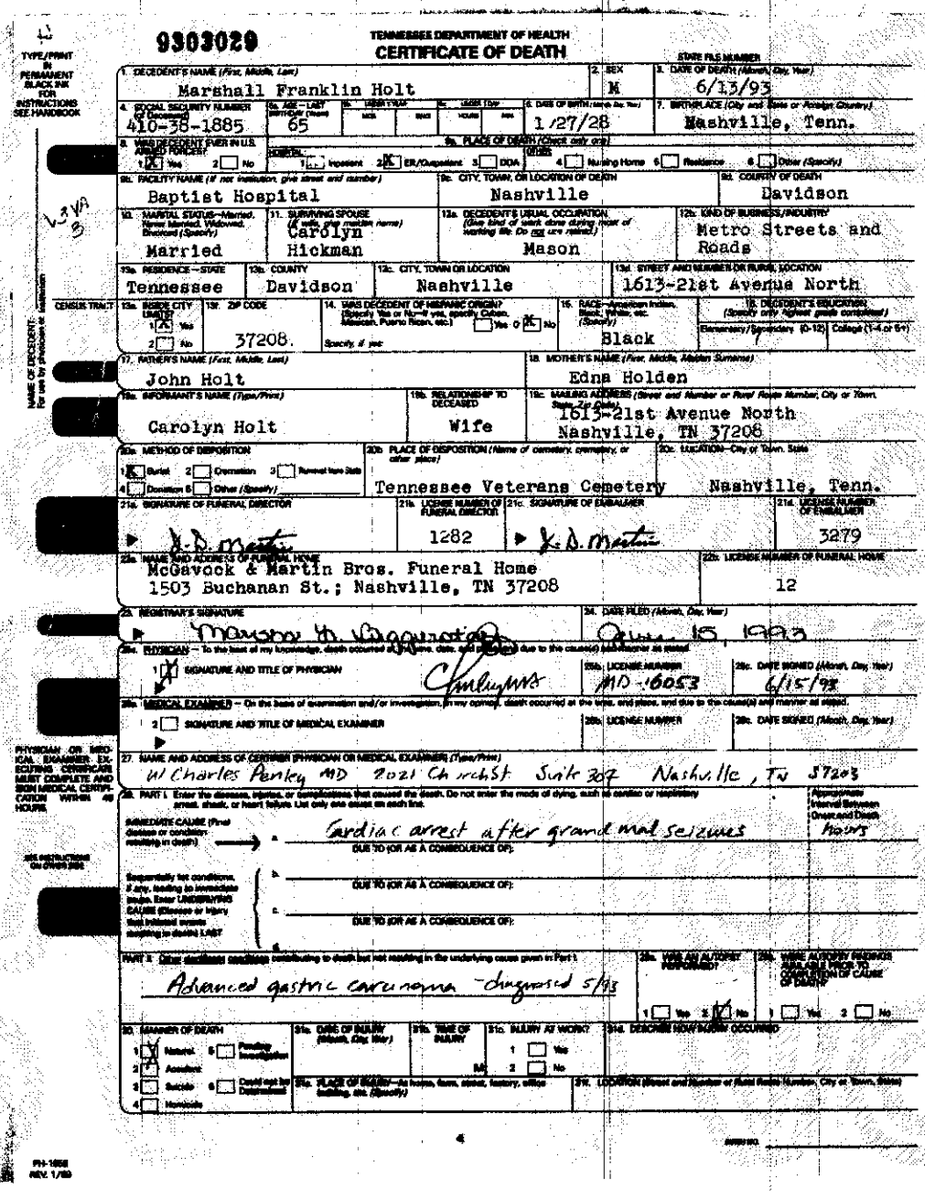
PATTY S. TRANTINA NOTARY PUBLIC AT LARGE SHELBY COUNTY, TENN.

PREPARED BY AND RETURN TO:

Richard J. Myers, Esq.
6000 Poplar Avenue, Suite 400
Memphis, TN 38119
(901) 756-6300

K:\tbulter-\rjm\household\Holt, Marshall (m)\death affidavit.wpd

METROPOLITAN GOVERNMENT OF
NASHVILLE & DAVIDSON COUNTY
Office of Vital Records



9303029

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last): Marshall Franklin Holt
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): 6/13/93
4. SOCIAL SECURITY NUMBER OF DECEASED: 410-38-1885
5a. AGE – LAST BIRTHDAY (Years): 65
5b. UNDER 1 DAY: HOURS / MIN
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (mm/dd/yy): 1/27/28
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tenn.
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 [X] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Baptist Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Carolyn Hickman
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Mason
12b. KIND OF BUSINESS/INDUSTRY: Metro Streets and Roads
13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1613-21st Avenue North
CENSUS TRACT:
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37208.
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – if yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes or [X] No
15. RACE – American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): ; College (1-4 or 5+):
NAME OF DECEDENT: For use by physician or coroner
17. FATHER'S NAME (First, Middle, Last): John Holt
18. MOTHER'S NAME (First, Middle, Maiden Surname): Edna Holden
19a. INFORMANT'S NAME (Type/Print): Carolyn Holt
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1613-21st Avenue North Nashville, TN 37208
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): Tennessee Veterans Cemetery
20c. LOCATION – City or Town, State: Nashville, Tenn.
21a. SIGNATURE OF FUNERAL DIRECTOR: K.D. Martin
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 1282
21c. SIGNATURE OF EMBALMER: K.D. Martin
21d. LICENSE NUMBER OF EMBALMER: 3279
22a. NAME AND ADDRESS OF FUNERAL HOME: McGavock & Martin Bros. Funeral Home 1503 Buchanan St.; Nashville, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 12
23. REGISTRAR'S SIGNATURE: Maureen M. Higginbotham
24. DATE FILED (Month, Day, Year): June 15, 1993
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: C. Parky MD
25b. LICENSE NUMBER: MD-16053
25c. DATE SIGNED (Month, Day, Year): 6/15/93
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: EXCEPTIONAL CIRCUMSTANCES MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): W. Charles Parky MD 2021 Church St. Suite 307 Nashville, Tn 37203
28. PART I. Enter the diseases, 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. Cardiac arrest after grand mal seizures — DUE TO (OR AS A CONSEQUENCE OF): — Approximate Interval: Hours
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: b. — DUE TO (OR AS A CONSEQUENCE OF): c. — DUE TO (OR AS A CONSEQUENCE OF): d.
SEE INSTRUCTIONS ON OTHER SIDE
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Advanced gastric carcinoma - diagnosed 5/93
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 [ ] No
30. MANNER OF DEATH: 1 [X] 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
31c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No
31d. DESCRIBE HOW INJURY OCCURRED
31e. PLACE OF INJURY – (ex. home, farm, street, factory, office building, etc.) (Specify)
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

FH-1058 REV. 1/89

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

[redacted]

Tonya Y. Rattler
Local Registrar

JUN 30 2003
Date Issued

CERTIFICATION OF VITAL RECORD