AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF TENNESSEE }
SS
COUNTY OF DAVIDSON }

Davidson County AFFIDAVIT
Recvd: 08/14/03 13:05 2pgs
Fees:12.00 Taxes:0.00
20030814-0117010

BEFORE ME, the undersigned Notary Public, personally appeared, Billie Jean Hardison, "Affiant", who upon being duly sworn, deposes and states upon his or her oath or affirmation, the following:

1. My name is BILLIE JEAN HARDISON and I reside at 1009 BERWICK TRAIL, MADISON, TN 37115

2. I owned real property as a joint tenant with THOMAS E. HARDISON such real property located in DAVIDSON County, State of TENNESSEE, described as follows:

~~See Attached Legal Description~~
Title deed is recorded in Book 5466, Page 169 in the office of the register of deeds in the county and state aforesaid.

3. THOMAS E. HARDISON, my joint tenant identified above, departed this life on the 10th day of JULY, ~~20~~ 1999. A copy of the death certificate of THOMAS E. HARDISON is attached.

4. On the date of the death of THOMAS E. HARDISON, the above described real estate was owned by THOMAS E. HARDISON and BILLIE JEAN HARDISON, as joint tenants and the joint tenancy had not been severed by any act of the parties or by operation of law.

5. Affiant is the sole surviving joint tenant of the property described above.

Dated this the 13th day of August, 20 03.

Billie Jean Hardison
Affiant

SWORN TO AND SUBSCRIBED before me this the 13th day of August, 20 03.

CHERE JOHNSON
NOTARY PUBLIC AT LARGE
DAVIDSON COUNTY, TENN.

Chere Johnson
NOTARY PUBLIC

My Commission Expires: 5/29/05

Prepared by:
Billie Jean Hardison
1009 Berwick Trail
Madison, TN 37115

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): THOMAS EUGENE HARDISON
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): July 10, 1999
4. SOCIAL SECURITY NUMBER (of Decedent): [redacted]-4141
5a. AGE-LAST BIRTHDAY (Years): 68
5b. UNDER 1 YEAR (Months)
5c. UNDER 1 DAY (Hours / Days)
6. DATE OF BIRTH (Month, Day, Year): July 20, 1930
7. BIRTHPLACE (City and State or Foreign Country): HENDERSONVILLE, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? X No
9. WAS AUTOPSY PERFORMED? No
10. PLACE OF DEATH (Check only one): X 5 Residence
9b. FACILITY NAME (If not institution, give street and number): 1009 BERWICK TRAIL
9c. CITY, TOWN, OR LOCATION OF DEATH: MADSION
9d. COUNTY OF DEATH: DAVIDSON
-3VA
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
11. SURVIVING SPOUSE (If wife, give maiden name): BILLIE JEAN
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): TRUCK DRIVER
12b. KIND OF BUSINESS/INDUSTRY: GATEWAY
13a. RESIDENCE STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: MADISON
13d. STREET AND NUMBER OR RURAL LOCATION: 1009 BERWICK TRAIL
CENSUS TRACT
13e. INSIDE CITY LIMITS? X Yes
13f. ZIP CODE: 37115
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) No
15. RACE - American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1-4 or 5+):
NAME OF DECEDENT FOR USE BY FUNERAL DIRECTOR OR INSTITUTION

PARENTS

17. FATHER'S NAME (First, Middle, Last): RUFUS K HARDISON
18. MOTHER'S NAME (First, Middle, Maiden Surname): DORA E WAGNER

INFORMANT

19a. INFORMANT'S NAME (Type/Print): BILLIE JEAN HARDISON
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1009 BERWICK TRAIL, MADISON, TN 37115

DISPOSITION

20a. METHOD OF DISPOSITION: X Burial
20b. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place): Spring Hill Cemetery
20c. LOCATION City or Town, State: Nashville TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ KEITH STAPLETON
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3236
21c. SIGNATURE OF EMBALMER: ▶ KEITH STAPLETON
21d. LICENSE NUMBER OF EMBALMER: 3612
22a. NAME AND ADDRESS OF FUNERAL HOME: Madison Funeral Home, 219 Old Hickory Blvd East, Madison, TN 37115-
22b. LICENSE NUMBER OF FUNERAL HOME: 690

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Marsha T. Jones
24. DATE FILED (Month, Day, Year): July 14, 1999

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.
1. X SIGNATURE AND TITLE OF PHYSICIAN: ▶ Fernando Mussenden
25b. LICENSE NUMBER: MD11379
25c. DATE SIGNED (Month, Day, Year): 7-14-99
26a. MEDICAL EXAMINER - On the basis of examination or of investigation, in my opinion, death occurred at the date 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): Fernando T. Mussenden 610 W. Due West, S-24, Madison, TN 37115

CAUSE OF DEATH

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.

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Cancer Lung — DUE TO (OR AS A CONSEQUENCE OF):
Approximate Interval Between Onset and Death: 4 years
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.

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

29a. WAS AN AUTOPSY PERFORMED? 2. X No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 2. X 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? 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):

PHI 1659
REV 3-98

BIRTH NO.

RDA 1390