AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)

37115COUNTY OF DAVIDSON)

This document prepared by: Bill Hodde #2268
1994 Gallatin Rd, N.
Madison, TN

I, **CAROLE ANN NELSON HARRAH**, being duly sworn according to law, deposes and says:

1. I am an adult person more than eighteen (18) years of age, having Social Security Number, [redacted]-1248. At the time of the death of my husband, MARK ANTHONY HARRAH, was in a nursing home in Cheatham County. He and I were both residents of Davidson County, Tennessee, residing at 875 Rodney Drive, Nashville, Tennessee 37205.

2. MARK ANTHONY HARRAH and I were married September 30, 1976. A copy of our Marriage Certificate is attached to this Affidavit as **Exhibit A**. MARK ANTHONY HARRAH died on April 25, 2001. A copy of his Death Certificate is attached to this Affidavit as **Exhibit B**. At the time of his death, MARK ANTHONY HARRAH and I were married to one another. No separation or divorce was pending.

3. At the time of MARK ANTHONY HARRAH'S death, he and I owned two pieces of real property: one at 875 Rodney Drive; and, one at 1030 Drummond Drive, and both in Nashville, Davidson County, Tennessee.

4. At the time of his death the ownership of the above two tracts of real estate passed to me by operation of law as his surviving spouse, subject to any indebtedness thereagainst.

Davidson County AFFIDAVIT
Recvd: 11/17/03 15:33 4pgs
Fees:22.00 Taxes:0.00
20031117-0167575

F:\WORDPERF\WP51MAIN\HARRAH\HEIRSHIP.AFF

4. At the time of his death the ownership of the above two tracts of real estate passed to me by operation of law as his surviving spouse, subject to any indebtedness thereagainst.

5. He did not leave a Will and the purpose of this affidavit is to establish sole ownership in the name of CAROLE ANN NELSON HARRAH.

FURTHER this affiant saith not.

Carole Ann Nelson Harrah

Carole Ann Nelson Harrah, Affiant

SUBSCRIBED and sworn to before me this 14th day of November 2003.

NOTARY PUBLIC: Sheryl S. Hoddie

SHERYL S. HODDIE NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TENN.

My Commission Expires: 7/29/06

EXHIBIT A

STATE OF TENNESSEE

Marriage Certificate

RUTHERFORD **COUNTY**

This Certifies that Mark Anthony Harrah (31)

and Carole Ann Nelson (25)

were united by Rev. Joseph P. Breen in the

HOLY BONDS OF MATRIMONY

on the 30th day of Sept. in the year of our Lord 1976

as appears of record in Marriage Record Book 46 page 178

this 4th day of Oct. 1976

Ed Clam
COUNTY COURT CLERK

Pam Ramsey
DEPUTY CLERK

EXHIBIT B

CHEATHAM COUNTY HEALTH DEPARTMENT

199 Court Street
Ashland City, Tenn. 37015

Phone: (615) 792-4318

Fax: (615) 792-6794

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Mark Anthony Harrah
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): April 25, 2001
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-3957
5a. AGE-LAST BIRTHDAY (Years): 56
5b. IF UNDER 1 YEAR: MONTHS / DAYS
5c. IF UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): 01/25/1945
7. BIRTHPLACE (City and State or Foreign Country): Akron, Ohio
8. WAS THE DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA; OTHER: 4 [X] Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Cheatham County Health Ctr.
9c. CITY, TOWN, OR LOCATION OF DEATH: Ashland City
9d. COUNTY OF DEATH: Cheatham
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Carole Ann Nelson
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Self Employed
12b. KIND OF BUSINESS/INDUSTRY: Graphics/Signage
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 875 Rodney Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37205
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 4+; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Ralph Irvin Harrah
18. MOTHER'S NAME (First, Middle, Maiden Surname): Dorothy Walton

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Carole Harrah
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 875 Rodney Drive Nashville, TN. 37205

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [X] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Crawford Mortuary and Crematory
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Nada B. Crawford
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4114
21c. SIGNATURE OF EMBALMER:
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: Crawford Mortuary and Crematory 2714 Grandview Avenue Nashville, TN. 37211
22b. LICENSE NUMBER OF FUNERAL HOME: #713

REGISTRAR

23. REGISTRAR'S SIGNATURE: Martha West
24. DATE FILED (Month, Day, Year): April 27, 2001

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: [illegible] MD
25b. LICENSE NUMBER: MD15576
25c. DATE SIGNED (Month, Day, Year): 4/27/01
26a. MEDICAL EXAMINER - On the basis of examination and/or 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):

SEE INSTRUCTIONS ON OTHER SIDE

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. Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Hepatic Failure. DUE TO (OR AS A CONSEQUENCE OF):

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? 1 [ ] Yes 2 [✓] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] 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)

This is to certify that the above is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, Nashville, Tennessee by the local Health department.

April 27, 2001
DATE ISSUED

Martha West
LOCAL REGISTRAR/DEPUTY REGISTRAR
VITAL RECORDS