This Instrument Prepared By:
David E. Heller, Esq.
Stites & Harbison, PLLC
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424 Church Street
Nashville, Tennessee 37219

Davidson County AFFIDAVIT
Recvd: 03/25/04 15:15 3pgs
Fees:17.00 Taxes:0.00
20040325-0033933

AFFIDAVIT OF HEIRSHIP

STATE OF ILLINOIS

COUNTY OF COOK

Personally appeared before me, the undersigned, Kenya L. Sanders, being of lawful age who, after being duly sworn, do depose and say:

1. That she is the daughter of Lee Roy Moore, and

2. That she has personal knowledge of the facts recited in this Affidavit; and

3. Lee Roy Moore died on December 21, 2001, a resident of Davidson County, Tennessee and was not predeceased but was divorced; and

4. That she is the only living heir of Lee Roy Moore; and

5. That this Affidavit is made and given pursuant to Section 30-2-712 of the Tennessee Code Annotated for the purposes of establishing the heirs of the said Lee Roy Moore.

IN WITNESS WHEREOF, we have hereunto set our hands this 2 day of Decembes, 2003.

Kenya L Sanders
Kenya L. Sanders

09500N:021062:520313:NASHVILLE
012803

STATE OF Illinois

COUNTY OF Cook

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, Kenya L. Sanders, with whom I am personally acquainted, and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand, at Office, this 2nd day of December, 2003.

"OFFICIAL SEAL"
Anna L. Davis
Notary Public, State of Illinois
My Commission Exp. 10/25/2006

Anna L. Davis
Notary Public

My Commission Expires:

09500N:021062:520313:NASHVILLE
012803

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0107136

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): Lee Roy Moore
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): December 27, 2001
4. SOCIAL SECURITY NUMBER (of Deceased): 353-58-9826
5a. AGE-LAST BIRTHDAY (years): 49
5b. UNDER 1 YEAR (MOS. / DAYS)
5c. UNDER 1 DAY (HOURS / MIN.)
6. DATE OF BIRTH (Month, Day, Year): 10/31/1952
7. BIRTHPLACE (City and State or Foreign Country): Mound Bayou, MS
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Summit Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Hermitage
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Divorced
11. SURVIVING SPOUSE (If wife, give maiden name):
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Material Handler
12b. KIND OF BUSINESS/INDUSTRY: Springs Industries
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 201 Thistle Lane
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37076
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No. Specify, if yes:
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 institution.

PARENTS

17. FATHER'S NAME (First, Middle, Last): Lenton Moore, Sr.
18. MOTHER'S NAME (First, Middle, Maiden Surname): Annie Baines

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Lela Denson
19b. RELATIONSHIP TO DECEASED: Sister
19c. MAILING ADDRESS (Street and Number or Rural Route number, City or Town, State, Zip Code): 1427 Clairmonte Circle Franklin, TN 37064

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): Lincoln Cemetery
20c. LOCATION-City or Town, State: Chicago, IL
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Henry L. Smith
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3167
21c. SIGNATURE OF EMBALMER: ▶ Steve Murphy
21d. LICENSE NUMBER OF EMBALMER: 4169
22a. NAME AND ADDRESS OF FUNERAL HOME: Smith Brothers Funeral Directors, Inc. 706 Monroe St. Nashville, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 0809

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ John P. Dunn
24. DATE FILED (Month, Day, Year): January 11, 2002

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 [ ] SIGNATURE AND TITLE OF PHYSICIAN ▶
25b. LICENSE NUMBER: 16439
25c. DATE SIGNED (Month, Day, Year): 1/11/02
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): Mitchell Toomey 5653 Frist Blvd #434 Hermitage TN 37076

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

Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death): → a. Lung Cancer — DUE TO (OR AS A CONSEQUENCE OF): — Approx. Interval: Months
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
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-1659 (REV. 6/99)
BIRTH NO.
RDA 1396

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.

JAN 11 2002

John P. Dunn
John P. Dunn
Local Registrar

Date Issued

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

METROPOLITAN GOVERNMENT NASHVILLE AND DAVIDSON COUNTY TENNESSEE

CERTIFICATION OF VITAL RECORD