This instrument prepared by:
Deborah K. Barron, Esq.
2840 Call Hill Rd
Nashville, TN 37211

Davidson County AFFIDAVIT
Recvd: 05/23/04 13:32 2pgs
Fees:12.00 Taxes:0.00
20040623-0074552

AFFIDAVIT OF OWNERSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The undersigned affiant, JUDY J. WALLER, after being duly sworn according to law, for the purpose of providing further evidence regarding the disposition of real property, deposes and says:

1. That on November 21, 1984, Joseph Waller and wife, Judy J. Waller purchased property known as 144 Southridge Drive, Nashville, Davidson County, Tennessee, as tenants by the entirities, being described, to wit:

   Lot No. 114 on the plan of Section One, Oak Park Subdivision, of record in book 3600, Page 84, Register's Office for said County.

   Said Lot No. 114 fronts 93.0 feet on the southerly margin of Southridge Drive and extends back 144.97 feet on the easterly line and 138.54 feet on the westerly line to a broken line in the rear, measuring 134.02 feet.

   BEING the same property conveyed to Joseph Waller and wife, Judy Waller by deed from Samuel R. Pierce, Jr., dated November 21, 1984 and of record in Deed Book 6431, Page 404, Register's Office for Davidson County, Tennessee.

2. That Frank Joseph Waller passed away on July 5, 2003, and that he was still married to Judy J. Waller at the time of his death. Frank Joseph Waller and Joseph Waller are the same person. Attached as Exhibit A is the death certificate.

3. That as Frank Joseph Waller was still married to Judy J. Waller at the time of his death, and said property was held as tenants by the entirities, by operation of law Judy J. Waller is now the sole owner of the above referenced property in its entirety.

Further, affiant saith not.

Judy J. Waller
JUDY J. WALLER

Sworn to and subscribed before me this 21ST day of JUNE, 2004.

My Commission Expires: 9/30/2006

Laura L Venable
NOTARY PUBLIC

NOTARY PUBLIC AT LARGE STATE OF TN

METROPOLITAN GOVERNMENT OF
NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0303846

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): Frank Joseph Waller
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): July 5, 2003
4. SOCIAL SECURITY NUMBER (If Deceased): [redacted]-4429
5a. AGE - LAST BIRTHDAY (Years): 55
5b. UNDER 1 YEAR MOS. DAYS
5c. UNDER 1 DAY HOURS MIN.
6. DATE OF BIRTH (Month, Day, Year): May 8, 1948
7. BIRTHPLACE (City and State or Foreign Country): Christian County, KY
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ Yes 2 ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 ☐ 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): 144 Southridge Drive
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): Judy Johnson
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Consultant
12b. KIND OF BUSINESS/INDUSTRY: Saturn Corp.
13a. RESIDENCE - STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 144 Southridge Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 ☒ Yes 2 ☐ No
13f. ZIP CODE: 37207
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes ☒ 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+): 3

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Joseph Waller
18. MOTHER'S NAME (First, Middle, Maiden Surname): Edwina McDuffie

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Judy J. Waller
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 144 Southridge Drive Nashville, TN 37207

DISPOSITION

20a. METHOD OF DISPOSITION: 1 ☐ Burial 2 ☒ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): West Harpeth Crematory
20c. LOCATION City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Linda Johnson
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4063
21c. SIGNATURE OF EMBALMER
21d. LICENSE NUMBER OF EMBALMER
22a. NAME AND ADDRESS OF FUNERAL HOME: Johnson's House of Atena, 1107 Buchanan Street, Nashville TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 704

REGISTRAR

23. REGISTRAR'S SIGNATURE: Robert W. Johnson
24. DATE FILED (Month, Day, Year): 7/4/2003

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 ☐ SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER: 9981
25c. DATE SIGNED (Month, Day, Year): 7/7/03
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): F. Anthony Greco M. D., 250 25th Avenue North, Suite 100, Nashville, TN 37203

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

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. hepatocellular carcinoma — ~ 9 months
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)

BIRTH NO.

PH-1059 REV. 2-93

RDA 1399

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 Date Issued: JUL 14 2003

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

METROPOLITAN GOVERNMENT NASHVILLE AND DAVIDSON COUNTY

CERTIFICATION OF VITAL RECORD