58b

This instrument prepared by:
Marshall L. Hix, Esquire
Hix & Gray, PLC
1620 AmSouth Center
315 Deaderick Street
Nashville, Tennessee 37238

Davidson County AFFIDAVIT
Recvd: 08/03/04 09:21 7pgs
Fees:37.00 Taxes:0.00
20040803-0092518

Address New Owner	Send Tax Bills To:	Map & Parcel Nos.:
Charles Michael Hinson	SAME	Map and Parcel No. 95-02-0A-110.00 CO

AFFIDAVIT OF HEIRSHIP

Charles Michael Hinson and Terri Lynn Dye, Affiants, of lawful age, being duly sworn according to the law, and under oath say:

That the statement hereinafter set forth constitutes a true and correct statement of the status of the ownership of real property described in Exhibit "A" hereto attached, pursuant to Tennessee Code Annotated section 30-2-712:

1. We are the only heirs at law of, Billie Jean McConnell, who died on October 29, 2003, as evidenced in Exhibit "B" hereto attached and made a partof.

2. The said Billie Jean McConnell was the Grantee of the real property described in Exhibit "A", by deed dated March 2, 1993, from Michael L. Mokros and wife, Dawn B. Mokros, of record in Book 8880, page 320, Register's Office for Davidson County, Tennessee.

3. There were no unpaid bills or obligations due by Billie Jean McConnell that have not been satisfied completely, including federal and state income or estate taxes.

4. The property described in Exhibit "A" is improved property and known as 110 Cottage Place Nashville, Tennessee 37214.

5. Said Bille Jean McConnell died with a will as evidenced in Exhibit "C" hereto attached and made a part of.

Witness our hands this 19 day of July, 2004.

Charles Michael Hinson

Charles Michael Hinson

Terri Lynn Dye

Terri Lynn Dye

STATE OF WASHINGTON
COUNTY OF Whatcom

Personally appeared before me, the undersigned, a Notary Public for the State and County aforesaid, Charles Michael Hinson, with whom I am personally acquainted, and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and seal at office this 19th day of July, 2004.

Notary Public

My Commission Expires: 1-9-05

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public for the State and County aforesaid, Terri Lynn Dye, with whom I am personally acquainted, and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and seal at office this 30th day of July, 2004.

Notary Public

SHARI A. THOMPSON
NOTARY PUBLIC AT LARGE
DAVIDSON COUNTY, TENN.

My Commission Expires: 1-29-05

Exhibit "A"

Land in Davidson County, Tennessee being Unit No. 10 on the Plan of Cottage Place Condominiums, of record in Book 6520, pages 816-823, Register's Office for Davidson County, Tennessee, together with an undivided interest in the common elements, all as described in the Master Deed, Declaration of Covenants, Conditions and Restrictions of record in Book 6520, page 745, said Register's Office, as amended by Amendment to Master Deed, Declaration of Covenants, Conditions and Restrictions, of record in Book 6569, page 212, said Register's Office, and by Second Amendment to Master Deed, Declaration of Covenants, Conditions and Restrictions of record in Book 6636, page 722, said Register's Office.

Being the same property conveyed to Billie Jean McConnell, unmarried from Michael L. Mokros and wife, Dawn B. Mokros by Warranty Deed dated March 2, 1993 and of record in Book 8880, page 320, Register's Office for Davidson County, Tennessee. Said Billie Jean McConnell having since died, leaving title vested in her heirs at law, Charles Michael Hinson and Terri Lynn Dye.

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

EXHIBIT "B"

0306131

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK - SEE INSTRUCTIONS IN HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Billie Jean McConnell
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): October 29,2001
4. SOCIAL SECURITY NUMBER: 349-34-8191
5a. AGE-LAST BIRTHDAY: 62
6. DATE OF BIRTH (Month, Day, Year): March 26,1941
7. BIRTHPLACE (City and State or Foreign Country): Gideon, Missouri
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? No
9a. PLACE OF DEATH: Nursing Home
9b. FACILITY NAME: 110 Cottage Place
9c. CITY, TOWN, OR LOCATION OF DEATH: Donelson
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS: Divorced
11. SURVIVING SPOUSE
12a. DECEDENT'S USUAL OCCUPATION: Sales Manager
12b. KIND OF BUSINESS/INDUSTRY: Paymaxx
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Donelson
13d. STREET AND NUMBER OR RURAL LOCATION: 110 Cottage Place
13e. INSIDE CITY LIMITS? Yes
13f. ZIP CODE: 37214
14. WAS DECEDENT OF HISPANIC ORIGIN? No
15. RACE: White
16. DECEDENT'S EDUCATION: 12

PARENTS

17. FATHER'S NAME: Albert Sanchez
18. MOTHER'S NAME: Rachel Porter

INFORMANT

19a. INFORMANT'S NAME: Mike Hinson
19b. RELATIONSHIP TO DECEDENT: Son
19c. MAILING ADDRESS: 5225 W. 33rd Drive, Ferndale, WA 98248

DISPOSITION

20a. METHOD OF DISPOSITION: Cremation
20b. PLACE OF DISPOSITION: Affiliated Crematory
20c. LOCATION: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Rick Smith
21b. LICENSE NUMBER: 5194
21c. SIGNATURE OF EMBALMER: N/A
21d. LICENSE NUMBER OF EMBALMER
21e. NAME AND ADDRESS OF FUNERAL HOME: Spring Hill, 3110 Gallatin Rd. Nashville, TN 37216
21f. LICENSE NUMBER OF FUNERAL HOME: 1046

CERTIFIER

22a. CERTIFIER'S SIGNATURE: Robert W. Rhodes Jr.
22b. DATE FILED: October 30, 2003

23a. 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.
23b. SIGNATURE AND TITLE OF PHYSICIAN
23c. LICENSE NUMBER
23d. DATE SIGNED

23e. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
23f. SIGNATURE AND TITLE OF MEDICAL EXAMINER
23g. LICENSE NUMBER
23h. DATE SIGNED
23i. NAME AND ADDRESS OF CERTIFIER (Type or Print)

PHYSICIAN OR MEDICAL EXAMINER MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS

CAUSE OF DEATH

24. 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. Pancreatic Cancer — 3 months
DUE TO (OR AS A CONSEQUENCE OF):
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.

25a. WAS AN AUTOPSY PERFORMED? No
25b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? No

26. MANNER OF DEATH: Natural
27. IF FEMALE: Not Pregnant
28. DATE OF INJURY (Month, Day, Year)
29. TIME OF INJURY
30. INJURY AT WORK? No
31. PLACE OF INJURY (e.g., home, street, factory, office building, etc.)
32. LOCATION (Street and Number or Rural Route Number, City or Town, State)

STATE FILE NO.

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.

Tonya W. Ruttlen
Local Registrar

11/6/2003
Date Issued

CERTIFICATION OF VITAL RECORD

EXHIBIT
tabbies
"C"

LAST WILL AND TESTAMENT

OF

BILLIE JEAN McCONNELL

I, **BILLIE JEAN McCONNELL**, a citizen and resident of Davidson County, Tennessee, being of sound mind and disposing memory, do hereby make, declare, and publish this my Last Will and Testament, hereby revoking all wills and codicils thereto heretofore made by me.

ITEM I: I direct that my Executor, hereinafter named, pay out of the first moneys coming into his hands, all my just debts of every kind and nature, including funeral expenses and the costs of administration of my estate.

ITEM II: I give, devise, and bequeath all of my property of every kind and nature, real, personal, and mixed, and wheresoever the same may be located, including the proceeds of any life insurance benefits that I may own at the time of my death, to my children, Terri Dye and Charles Michael Hinson, to be theirs equally, share and share alike.

ITEM III: I nominate and appoint my son, Charles Michael Hinson, as Executor of this my Last Will and Testament, and I direct that no bond, inventory, or accounting be required of him.

In the event my said son, Charles Michael Hinson, shall be unable, or for any reason desires not to serve in this capacity, I nominate and appoint my daughter, Terri Dye, as Executrix of this my Last Will and Testament, and I direct that no bond, inventory, or accounting be required of her.

IN WITNESS WHEREOF, I have hereunto set my hand to this my Last Will and Testament, and declared and published it as such, in the presence of witnesses, on this the 28th day of August, 2003.

Billie Jean McConnell

BILLIE JEAN McCONNELL
Testatrix

The foregoing instrument, consisting of three typewritten pages, this page included, was signed, sealed, published, and declared by the said **BILLIE JEAN McCONNELL**, the Testatrix, to be her Last Will and Testament, in our sight and presence, and we, at her request, and in her sight and presence, and in the sight and presence of each other, have hereunto subscribed our names as witnesses, in Donelson, Tennessee, on the day and date above written.

Ronald O. Sisk residing at 4075 Lake Parkway Hermitage 37076
SISK

Virginia N. Mann residing at 109 Cottage Place
Nashville, TN 37214

Page Three – Last Will and Testament of Billie Jean McConnell
Testatrix