Davidson County AFFIDAVIT
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20041005-0119779

This instrument was prepared by:
John H. Lowe & Assoc.
405 A Two Mile Pike
Goodlettsville, TN 37072
(615) 859-9665

Affidavit of Heirship

Mary Edna Vanberg, Decedent

Comes now the undersigned, Dale Joseph Vanberg, and after being first duly sworn according to law, deposes and states as follows:

1. I am Dale Joseph Vanberg. I am an adult and I have knowledge of facts material to this matter.

2. I am a resident of Davidson County, Tennessee, 2915 Kinwood Drive, Antioch, Tennessee 37013.

3. I am the surviving spouse and sole surviving heir of all the real property of the Decedent pursuant to the Last Will and Testament of the Decedent duly admitted to probate and of record in the Davidson County, Tennessee Seventh Circuit Court (Probate Division) in the matter of The Estate of Mary Edna Vanberg , docket # 01P-877.

4. This affidavit is freely given pursuant to Tenn. Code Ann. Sec. 30-2-712 et seq. to help establish and reflect the heirship with respect to any real property owned by the Decedent in DAVIDSON County, Tennessee.

FURTHER AFFIANT SAYETH NOT.

Dale Joseph Vanberg
Dale Joseph Vanberg

STATE OF Tennessee)
COUNTY/PARRISH OF Davidson)

Sworn to and subscribed before me this the 29 day of Septbr, 2004 by Dale Joseph Vanberg with whom I am personally acquainted.

Notary Public
my commission expires: 3/2[illegible]

PAUL WILLIAM LUTZ
NOTARY PUBLIC AT LARGE
DAVIDSON COUNTY TENN

Metropolitan Government of Nashville and Davidson County

Bill Purcell, Mayor

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

MAY 15 2001

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.

John P. Dunn
LOCAL REGISTRAR

01102577

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. NAME OF DECEDENT (First, Middle, Last): Mary Edna Vanberg
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): April 27, 2001
4. SOCIAL SECURITY NUMBER: [redacted]-2659
5a. AGE-LAST BIRTHDAY (Years): 75
5b. UNDER 1 YEAR: MON. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): 5-5-1925
7. BIRTHPLACE (City and State or Foreign Country): Knoxville, TN
8. EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
8a. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [X] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
8b. FACILITY NAME (If not institution, give street and number): Alive Hospice
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): Dale Vanberg
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): LPN
12b. KIND OF BUSINESS/INDUSTRY: Medical
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Antioch
13d. STREET AND NUMBER OR RURAL LOCATION: 2915 Kinwood Dr.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37013
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): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0 - 12): 12; College (1 - 4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Henry Swopshire
18. MOTHER'S NAME (First, Middle, Maiden Surname): Jamina Knight

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Dale Vanberg
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2915 Kinwood Dr. Antioch, TN 37013

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): Middle Tn. Veterans
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Dick Morrison
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2403
21c. SIGNATURE OF EMBALMER: ▶ Matthew Sellars
21d. LICENSE NUMBER OF EMBALMER: 5267
22a. NAME AND ADDRESS OF FUNERAL HOME: Mount Olivet Funeral Home, 1101 Lebanon Rd., Nashville, TN 37210
22b. LICENSE NUMBER OF FUNERAL HOME: 970

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ John P. Dunn
24. DATE FILED (Month, Day, Year): May 15, 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 [ ] SIGNATURE AND TITLE OF PHYSICIAN: ▶
25b. LICENSE NUMBER: 34321
25c. DATE SIGNED (Month, Day, Year): 5-1-01
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): Dr. John Mulder, 1718 Patterson St., 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)
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Lung Cancer
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.

SEE INSTRUCTIONS ON OTHER SIDE

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)

PH-1659 (REV. 6/99)
BIRTH NO
RDA 1396