This Instrument Prepared upon
Information Furnished by the Party:
Beth Boone, Esquire
404 James Robertson Parkway, Suite 1800
Nashville TN 37219
(615) 242-8107

Davidson County AFFIDAVIT
Recvd: 10/22/04 11:09 4pgs
Fees:22.00 Taxes:0.00
20041022-0127265

PROPERTY: 210 Walnut Hill Drive, Nashville, Tennessee, 37214
MAP/ PARCEL NO.:
OWNER: Catherine Balthrop, 1174 Dimple Road, Chapmansboro, TN, 37035
SEND TAX NOTICE TO: Same

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Affiant, Catherine Balthrop, being first duly sworn, states that she is an adult citizen and resident of Cheatham County, Tennessee. She further states that she is the sole heir at law of Dan Hoyt Boggs, who died on March 11, 1978, and Myra Lucille Boggs, who died on September 19, 2004, as owner of 210 Walnut Hill Drive, Nashville, Tennessee, 37214, more specifically described as follows:

Land in Davidson County, Tennessee, being Lot 39 on the map of Donelson Meadows as of record in Book 1835, Page 35, Register's Office for Davidson County, Tennessee.

Said Lot No. 39 is described as beginning at a point in the westerly margin of Walnut Hill Drive, the common corner of Lots 38 & 39; thence with the line between said lots westwardly 180 feet to a point in the easterly line of Lot 27; thence with the easterly line of lots 27 and 26, northwardly 85 feet to the common corner of Lots 39 and 40; thence with the line between said lots eastwardly 180 feet to a point in the westerly margin of Walnut Hill Drive, thence with the margin of said drive, southwardly 85 feet to the beginning.

Being a part of the property conveyed to R.W.Cravens Construction Co., a corporation, by deed of Southern Trust Company dated August 24, 1950, of record in Book 1880, Page 407.

Subject to all easements and restrictions of record affecting said property including 60 foot building set-back line, 10 foot easement for public utilities and owner's certificate as shown on plat of record in Book 1835, Page 35, Register's Office for Davidson County, Tennessee, and restrictions of record in Books 412, Page 351, 1788, Page 509, and 1847, Page 469, said Register's Office.

Being the same property conveyed to Dan Hoyt Boggs and wife, Myra Lucille Boggs, from R.W. Cravens Construction Company, Inc., a corporation, of record in Book 1915, Page 301, Register's Office for Davidson County, Tennessee.

A copy of the death certificates of Dan Hoyt Boggs and wife, Myra Lucille Boggs, are attached as Exhibits A and B to this Affidavit of Heirship. The undersigned received her interest pursuant to the Tennessee laws of descent and distribution.

This Affidavit of Heirship is freely given pursuant to Tenn.Code Ann. § 30-2-712 to establish and reflect the heirship with respect to real property, 210 Walnut Hill Drive, Nashville, Tennessee,

37214, owned by Catherine Balthrop.

Further, affiant saith not.

Cathy Balthrop
Catherine Balthrop

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

On this the 18th day of October, 2004, before me personally appeared Catherine Balthrop, to me known or proved to me on the basis of satisfactory evidence to be the person described in and who executed the foregoing instrument and acknowledged that she executed the same as her free act and deed.

Witness my hand and notarial seal.

MARY BETH BOOME
Notary Public At Large
DAVIDSON COUNTY, TENN.
My Commission Expires January 26, 2008

Mary Beth Boome
NOTARY PUBLIC

My commission expires:

1/26/08

Metropolitan Government of Nashville and Davidson County

Richard H. Fulton, Mayor

J. M. BISTOWISH, M.D.
DIRECTOR OF HEALTH

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

BIRTH NO. _____ STATE FILE NO.

1 DECEASED—NAME (FIRST, MIDDLE, LAST): DAN HOYT BOGGS

2 DATE OF DEATH (MONTH, DAY, YEAR): March 11, 1978

3a AGE—LAST BIRTHDAY (YEARS): 61
3b UNDER 1 YEAR: MOS / DAYS
3c UNDER 1 DAY: HOURS / MIN

4 DATE OF BIRTH (MONTH, DAY, YEAR): August 22, 19[illegible]6

5 RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY): White

6 SEX: Male

7a COUNTY OF DEATH: DAVIDSON

7b CITY, TOWN OR LOCATION: Nashville

7c INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes

7d HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.): VA Hospital

7e IF HOSP. OR INST., INDICATE DOA, OP, OR BID, EMERGENT (SPECIFY): Inpatient

8 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): South Carolina

9 CITIZEN OF WHAT COUNTRY: U. S. A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married

11 SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Lucille Wright

12a SOCIAL SECURITY NUMBER (IF NONE, SPECIFY): [redacted]-2678

12b SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE): WW II

13a USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Supervisor

13b KIND OF BUSINESS OR INDUSTRY: Cement Company

14a RESIDENCE—STATE: Tennessee

14b COUNTY: Davidson

14c CITY, TOWN, OR LOCATION: Nashville

14d STREET AND NUMBER: 210 Walnut Hill Dr.

14e INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes

14f CENSUS TRACT NO.: 152

15 FATHER—NAME: Hoyt Dan Boggs

16 MOTHER—MAIDEN NAME: Ruth O'Neal

17 INFORMANT—NAME, MAILING ADDRESS: Lucille W. Boggs, S/A as veteran

18a BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial

18b DATE (MONTH, DAY, YEAR): March 13, 1978

18c CEMETERY OR CREMATORY—NAME: Forest Lawn

18d LOCATION—CITY OR TOWN, STATE: Goodlettsville, Tennessee

18e FUNERAL DIRECTOR (SIGNATURE):

18f LICENSE NO.:

19a EMBALMER (SIGNATURE):

19b LICENSE NO.:

20 FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Hibbett & Hailey, Donelson, Tennessee

21a REGISTRAR—SIGNATURE: Esther D. Grok

21b DATE RECEIVED BY LOCAL REGISTRAR: April 4 1978

22a PHYSICIAN—I CERTIFY THAT I ATTENDED THE DECEASED FROM _____ TO _____, THAT I LAST SAW THE DECEASED ALIVE ON _____, AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED: SIGNATURE [signature] DEGREE: M.D.

22b DATE SIGNED (MONTH, DAY, YEAR):

23a MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED: SIGNATURE _____ TITLE _____

23b DATE SIGNED (MONTH, DAY, YEAR):

24a CERTIFIER—NAME (TYPE OR PRINT): W. G. Rhea, Jr., M. D.

24b MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): VA Hospital Nashville Tennessee 37203

25. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

IMMEDIATE CAUSE (a): Widely metastatic lung cancer with probable metastasis to brain

DUE TO, OR AS A CONSEQUENCE OF (b):

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST — DUE TO, OR AS A CONSEQUENCE OF (c):

INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

26. AUTOPSY (YES OR NO): No

27a ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):

27b DATE OF INJURY (MONTH, DAY, YEAR):

27c HOUR: _____ M.

27d DESCRIBE HOW INJURY OCCURRED:

27e INJURY AT WORK (SPECIFY YES OR NO):

27f PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY):

27g LOCATION—STREET OR R.F.D. NO., CITY OR TOWN, STATE:

J. M. BISTOWISH, M.D., REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY

APR 4 1978

J. M. Bistowish M.D.

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, 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.

08-018 (11/71)

STATE OF TENNESSEE
Office of Vital Records

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): Myra Lucille Boggs
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): September 19, 2004
4. SOCIAL SECURITY NUMBER (of Deceased): 414-01-4730
5a. AGE-LAST BIRTHDAY (Years): 91
5b. UNDER 1 YEAR: MONTHS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): July 21, 1913
7. BIRTHPLACE (City and State or Foreign Country): Rutherford County, Tn.
8. WAS 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): Montgomery County Nursing Home
9c. CITY, TOWN, OR LOCATION OF DEATH: Clarksville
9d. COUNTY OF DEATH: Montgomery County
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Widow
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.): Homemaker
12b. KIND OF BUSINESS/INDUSTRY:
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 210 Walnut Hill Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 No
13f. ZIP CODE: 37214
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes 0 [X] No
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): Unavailable; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): James Henry Wright
18. MOTHER'S NAME (First, Middle, Maiden Surname): Julia Almira Westbrooks

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Catherine Balthrop
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1174 Dimple Rd. Chapmansboro, Tennessee 37035

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): Forest Lawn Cemetery
20c. LOCATION-City or Town, State: Goodlettsville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Mary Ann Morgan
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3839
21c. SIGNATURE OF EMBALMER: Alfred E. Knight, III.
21d. LICENSE NUMBER OF EMBALMER: 4934
22a. NAME AND ADDRESS OF FUNERAL HOME: Forest Lawn Funeral Home 1150 Dickerson Rd. Goodlettsville, Tn. 37072
22b. LICENSE NUMBER OF FUNERAL HOME: 927

REGISTRAR

23. REGISTRAR'S SIGNATURE: Jacqueline T. Haynes
24. DATE FILED (Month, Day, Year): 9-29-2004

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: Stephen A. White, M.D.
25b. LICENSE NUMBER: MD14198
25c. DATE SIGNED (Month, Day, Year): 9/29/2004
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): Stephen A. White, MD; 1811 Memorial Circle; Clarksville, TN; 37043

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. myocardial infarction — 5 weeks
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. arteriosclerotic heart disease — years
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.
atrial fibrillation; dementia

29a. WAS AN AUTOPSY PERFORMED? 1 Yes 2 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF DEATH? 1 Yes 2 No

30. MANNER OF DEATH: 1 [X] 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):

BIRTH NO.

P11-1658 (REV. 6/99) 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 Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

SEP 29 2004

April D. Elliott
Local Registrar
Montgomery Co. Health Dept.

Date Issued

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD