Davidson County AFFIDAVIT
Recvd: 01/18/05 08:44 3 pgs
Fees:17.00 Taxes:0.00
20050118-0005629

STATE OF Tennessee)
COUNTY OF Davidson) ss.

AFFIDAVIT OF FACTS RELATING TO TITLE
Re: Death of Joint Tenant

Being first duly sworn according to law, under penalties of perjury, the undersigned (hereinafter "Affiant"), does hereby state as follows:

1. My full legal name is: JOHN HALL

2. By virtue of instrument dated 4-12-96, recorded 4-23-96, in Volume 10023, Page 832 of Davidson County Records, title was conveyed to John Hall and wife, and Genevieve G. Hall as Joint Tenants with the right of survivorship to the real estate described in Exhibit "A" attached hereto.

3. As evidenced by the certified copy of the death certificate attached, GENEVIEVE G. HALL is now deceased.

4. The purpose of this Affidavit is to transfer record title of the above described premises to the survivor,

Further, the Affiant sayeth naught.

John Hall

Sworn to before me and subscribed in my presence by John Hall
this 28th day of December, 2004.

Notary Public
Commission expires 1/08/2006

AUGUSTA B. OILE NOTARY PUBLIC AT LARGE SUMNER COUNTY, TENN.

Prepared by:
WHEN RECORDED RETURN TO:
Old Republic Title
Attn: Post Closing-Recording
320 Springside Dr.
Suite 320
Akron, OH 44333
2047129

EXHIBIT 'A'

SITUATED IN THE DAVIDSON COUNTY, TENNESSEE, BEING LOT NO. 28 ON THE MAP OF GOODLETTSVILLE HEIGHTS, SECTION II, AS OF RECORD IN BOOK 1424, PAGE 120, AND 121, REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE.

SAID LOT NO. 28 FRONTS 151 FEET ON THE NORTHERLY SIDE OF MOSS TRAIL ROAD, AND RUNS BACK BETWEEN LINES 261.3 FEET ON THE WEST LINE AND 268.9 FEET ON THE EAST LINE TO A DEAD LINE IN THE REAR ON WHICH IT MEASURES 151.2 FEET THEREON.

BEING THE SAME PROPERTY CONVEYED TO JOHN HALL AND WIFE, GENEVIEVE G. HALL, BY DEED FROM MICHAEL R. REECE AND WIFE, JENNIE L. REECE, DATED APRIL 12, 1996, AND RECORDED APRIL 23, 1996, IN BOOK 10023, PAGE 832, SAID REGISTER'S OFFICE.

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0202152

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): Genevieve Hall
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): April 17, 2002
4. SOCIAL SECURITY NUMBER (of Deceased): 550-05-9997
5a. AGE - LAST BIRTHDAY (Years): 90
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Oct 28, 1911
7. BIRTHPLACE (City and State or Foreign Country): Chicago, Illinois
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 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 416 Moss Trail
9c. CITY, TOWN, OR LOCATION OF DEATH: Goodlettsville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): John Hall
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: Domestic
13a. RESIDENCE—STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Goodlettsville
13d. STREET AND NUMBER OR RURAL LOCATION: 416 Moss Trail
CENSUS TRACT: 3
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 0 [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+):

NAME OF DECEDENT (For use by physician or institution)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Alvin A. Johnson
18. MOTHER'S NAME (First, Middle, Maiden Surname): Jeneve Therien

INFORMANT

19a. INFORMANT'S NAME (Type/Print): John Hall
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 416 Moss Trail, Goodlettsville, TN 37076

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [X] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify) _____
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Affiliated Crematory
20c. LOCATION—City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Garland Briley
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4146
21c. SIGNATURE OF EMBALMER: ▶
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Company, 2707 Gallatin Road, Nashville, TN 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 331

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Robert W. Rhodes
24. DATE FILED (Month, Day, Year): April 23, 2002

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: ▶ Caymmi Fuller DO
25b. LICENSE NUMBER: D0009677
25c. DATE SIGNED (Month, Day, Year): 4/22/02
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)

CAUSE OF DEATH

28. PART I. Enter the disease, 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. Metabolic Acidosis
DUE TO (OR AS A CONSEQUENCE OF):
b. Advanced Hepatic Metastasis
DUE TO (OR AS A CONSEQUENCE OF):
c. Squamous Cell Bronchogenic Carcinoma
DUE TO (OR AS A CONSEQUENCE OF):
d. Tobacco Dependency

SEE INSTRUCTIONS ON OTHER SIDE

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
Chronic Obstructive Lung disease

28a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [ ] No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 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: 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. 2-93

BIRTH NO. _____

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.

John P. Dunn
John P. Dunn
Local Registrar

APR 23 2002
Date Issued

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

CERTIFICATION OF VITAL RECORD