RECORDING REQUESTED BY:
Financial Title Company

AND WHEN RECORDED MAIL TO:
CHRISTEL RASNIC
3840 ROUND ROCK DR
ANTIOCH, TN 37013-5628

Prepared by
RETURN TO RECORDING DEPT.
Lenders First Choice
3850 Royal Avenue
Simi Valley, CA 93063

Deal No.: 7145129

Davidson County AFFIDAVIT
Recvd: 01/20/05 10:59 3 pgs
Fees:17.00 Taxes:0.00
20050120-0007368

APN: 176-1-19

SPACE ABOVE THIS LINE FOR RECORDER'S USE

7145129

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF TENNESSEE)
) SS.
COUNTY OF DAVIDSON)

CHRISTEL RASNIC, who acquired title as CHRISTEL BROOKSHIRE of legal age, being first duly sworn, deposes and says:

Bradley Todd Rasnic is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person as **Todd Rasnic**, named as one of the parties in that certain deed dated **October 31, 2000**, executed by **Richard W. O'Brien and Diane L. O'Brien** to **Todd Rasnic and Christel Brookshire** as **joint tenants**, recorded on **November 3, 2000**, as **Instrument No. 200011030109490**, Official Records of DAVIDSON County, TENNESSEE describing the following real property:

LOT 105, SECTION A OF THE HICKORY WOODS SUBDIVISION.
SOURCE OF TITLE: DOCUMENT NO. 200011030109490 RECORDED: 11/03/2000
Most Commonly Known As: 3840 ROUND ROCK DR, ANTIOCH, TN 37013-5628

Dated: November 11, 2004

Christel Rasnic
CHRISTEL RASNIC

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said State,
this 11 day of NOVEMBER, 2004

Signature Everett Parrish

(This area for notary stamp)

ATTACH CERTIFIED COPY OF DEATH CERTIFICATE

RECORDERS MEMO
QUALITY OF WRITING, TYPING OR
PRINTING IN THIS DOCUMENT
UNSATISFACTORY WHEN RECEIVED

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

IMPORTANT: USE PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Bradley Todd Rasnic
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): March 19, 2004
4. SOCIAL SECURITY NUMBER (If Deceased): [redacted]-1416
5a. AGE - Last Birthday (Years): 30
5b. UNDER 1 YEAR - Months: | 5c. UNDER 1 DAY - Days: | Hours: | Minutes:
6. DATE OF BIRTH (Month, Day, Year): March 6, 1974
7. BIRTHPLACE (City and State or Foreign Country): Lexington Ky
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 XX No
9a. PLACE OF DEATH (Check only one): 1 Inpatient 2 ER/Outpatient 3 DOA 4 X Nursing Home 5 XX Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 6505 Graycroft Dr.
9c. CITY, TOWN, OR LOCATION OF DEATH: Knoxville
9d. COUNTY OF DEATH: Knox
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Christel Brookshire
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Security Police Officer
12b. KIND OF BUSINESS/INDUSTRY: Y-12
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Knox
13c. CITY, TOWN OR LOCATION: Knoxville
13d. STREET AND NUMBER OR RURAL LOCATION: 6505 Graycroft Dr.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 XX Yes 2 No
13f. ZIP CODE: 37918
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.): No
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+): 3

PARENTS

17. FATHER'S NAME (First, Middle, Last): William Rasnic
18. MOTHER'S NAME (First, Middle, Maiden Surname): Mary Jane Klimash

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Christel Rasnic
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 6505 Graycroft Drive Knoxville, TN 37918

DISPOSITION

20a. METHOD OF DISPOSITION: 1 Burial 2 XX Cremation 3 Removal from State 4 Donation 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): East Tn Cremation Co.
20c. LOCATION (City or Town, State): Maryville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Martin L. Bartlett
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2232
21c. SIGNATURE OF EMBALMER: None
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: Rose Mortuary Broadway Chapel 1621 N. Broadway, Knoxville, TN 37917
22b. LICENSE NUMBER OF FUNERAL HOME: lic #220

REGISTRAR

23. REGISTRAR'S SIGNATURE:
24. DATE FILED (Month, Day, Year): April 2, 2004

CERTIFIER

25a. PHYSICIAN – To the best of my (our) knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. 1 SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER
25c. DATE SIGNED (Month, Day, Year)
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 stated. 2 X SIGNATURE AND TITLE OF MEDICAL EXAMINER: Milenkovic M.D. Ph.D.
26b. LICENSE NUMBER: 36232
26c. DATE SIGNED (Month, Day, Year): March 30, 2004

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): Darinka Milenkovic M.D. Ph.D. 1924 Alcoa Hwy Knoxville, TN 37920

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. Contact gunshot wound of chest
Due to (or as a consequence of): b.
Due to (or as a consequence of): c.
Sequentially list conditions, if any, leading to the immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: 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 X No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No

30. MANNER OF DEATH: 1 Natural 5 Pending Investigation 2 Accident 3 X Suicide 6 Could not be Determined 4 Homicide
31a. DATE OF INJURY (Month, Day, Year): 03-19-04
31b. TIME OF INJURY:
31c. INJURY AT WORK? 1 Yes 2 X No
31d. DESCRIBE HOW INJURY OCCURRED: Self-inflicted gunshot wound
31e. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify): Home
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State): 6505 Graycroft Drive Knoxville, TN 37918

PH-1695 (Rev. 12-2003) RDA 1099

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.

Mark E. Jones
Director and Local Registrar
Knox County Health Department

Date Issued: APR 02 2004

CERTIFICATION OF VITAL RECORD

SCHEDULE "A"

LOT 105, SECTION A OF THE HICKORY WOODS SUBDIVISION. DAVIDSON, TN

SOURCE OF TITLE: DOCUMENT NO. 200011030109490
RECORDED: 11/03/2000

APN: 176-01-19.

Derivation Clause

The instrument constituting the source of the Borrower's interest in the foregoing described property was a Warranty Deed recorded 11-3-00 as document no. 200011030109490 in the Register's office of Davidson County, TN.