THIS INSTRUMENT PREPARED BY:

HELEN SFIKAS ROGERS
ROGERS & ASSOCIATES
The Wind in the Willows Mansion
2205 State Street
Nashville, Tennessee 37203
Phone No. (615) 320-0600
Fax No. (615) 320-9933

Davidson County AFFIDAVIT
Recvd: 06/16/05 13:51 2 pgs
Fees:12.00 Taxes:0.00
20050616-0069134

AFFIDAVIT OF HEIRSHIP

Affiant, ***PAUL GREEN CRENSHAW***, after first being duly sworn according to law, states that he is an adult citizen, formerly of Hendersonville, Sumner County, Tennessee, and now a resident of Naples, Collier County, State of Florida, being Seventy (70) years of age, having been born on December 24, 1934, and being the surviving spouse of ***NOEL ANN CRENSHAW***, who died at the age of Sixty-Five (65) years on August 26, 2003, of record in the Chancery Court for Sumner County, Tennessee, Probate Division, Docket No. 03-2003P-308 (See the attached Death Certificate, ***Exhibit "A"***).

This Affidavit is freely given pursuant to *Tennessee Code Annotated §§ 30-2-712 et seq.*, to help establish and reflect my heirship with respect to any real or personal property, owned jointly or individually, by my deceased wife and I, in Davidson and Sumner County, Tennessee, or elsewhere.

Further Affiant saith not.

Paul Green Crenshaw
PAUL GREEN CRENSHAW

STATE OF TENNESSEE }

COUNTY OF DAVIDSON }

Personally appeared before me, Gwen Ray, a Notary Public in and for said County and State, the within named ***PAUL GREEN CRENSHAW***, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) and who acknowledged **that HE executed the within instrument for the purposes of therein contained.**

WITNESS my hand at Nashville, Davidson County, Tennessee, this the 15th day of June, 2005.

Gwen Ray
NOTARY PUBLIC

GWEN RAY NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TENNESSEE

My Commission Expires: 3.22.08
DATE

1005 Union School Road
Gallatin, TN 37066
Phone: (615) 206-1100
Fax: (615) 206-9742

Sumner County Health Department

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR STRUCTIONS E HANDBOOK

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Noel Ann Crenshaw
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): August 26, 2003
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-0600
5a. AGE-LAST BIRTHDAY (Years): 65
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): 12-25-1937
7. BIRTHPLACE (City and State or Foreign Country): Clarksville, 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 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 102 Carriage Lane
9c. CITY, TOWN, OR LOCATION OF DEATH: Hendersonville
9d. COUNTY OF DEATH: Sumner
10. MARITAL STATUS-Married, Never Married, Widowed Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Paul Crenshaw
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): House Wife
12b. KIND OF BUSINESS/INDUSTRY: Own Home
13a. RESIDENCE-STATE: TN.
13b. COUNTY: Sumner
13c. CITY, TOWN OR LOCATION: Hendersonville
13d. STREET AND NUMBER OR RURAL LOCATION: 102 Carriage Lane
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37075
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): ; College (1-4 or 5+): 2

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Lewis B. Waller
18. MOTHER'S NAME (First, Middle, Maiden Surname): Dorothy Easley

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Paul Crenshaw
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 102 Carriage Lane Hendersonville, TN. 37075

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): Hendersonville Memory Gardens
20c. LOCATION-City or Town, State: Hendersonville, TN.
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Thomas W. Bowers
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3049
21c. SIGNATURE OF EMBALMER: ▶ Stephen Murphy
21d. LICENSE NUMBER OF EMBALMER: 4169
22a. NAME AND ADDRESS OF FUNERAL HOME: Hendersonville Funeral Home 353 East Main Street; Hendersonville, TN. 37075
22b. LICENSE NUMBER OF FUNERAL HOME: 1127

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Melanie K. Turner, D.R.
24. DATE FILED (Month, Day, Year): September 10, 2003

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 ▶ James H. Johnson
25b. LICENSE NUMBER: MD13476
25c. DATE SIGNED (Month, Day, Year): Sept. 4, 2003
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):
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)

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

SEE INSTRUCTIONS ON OTHER SIDE

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. metastatic bronchiolo alveolar carcinoma	~ 2 yrs.
	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.	

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 [Y] 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)

DEPT. OF HEALTH SUMNER COUNTY GALLATIN TENNESSEE

HI-1659 (REV. 6/99) BIRTH-NO BDA 1999

This is to certify that the above is a true and correct copy of the record filed with the Division of Vital Records, Tennessee Department of Health, by the local Health Department. This is valid only when the embossed seal of the issuing local Health Department is affixed.

Melanie K. Turner, D.R.
DEPUTY REGISTAR

ALL-STATE LEGAL®
EXHIBIT
"A"