CONTINUOUS MARRIAGE AFFIDAVIT

Davidson County AFFIDAVIT
Recvd: 08/04/06 11:08 3 pgs
Fees:17.00 Taxes:0.00
20060804-0095664

STATE OF Tennessee

COUNTY OF Davidson

PREPARED BY AND
RETURN TO RECORDING DEPT.
Lenders First Choice
3850 Royal Avenue
Simi Valley, CA 93063
bl-8022935

BEFORE ME , the undersigned authority, personally appeared Andrew W. McClain, who, after being duly sworn as required by law, deposes and says:

1. that Affiant legally owns the certain real property described as follows:

   See Exhibit A attached.

2. that Affiant held title to the above-described property with his/her spouse and that said spouse, Mattie McClain, died on June 13, 1970, as evidenced by the certified copy of said spouse's death certificate presented to Lenders First Choice;
3. that Affiant certifies that he and Mattie McClain, were married on the date of taking title to the above-described property and remained continuously married until the date of her death;
4. this affidavit is for the express purpose of inducing Lender's First Choice to issue a policy of title insurance on the above-described property; and
5. a certified copy of the death certificate is on file with the county recording office for such above-described property and is also attached as an exhibit to this affidavit.

Andrew W. McClain

STATE OF Tennessee
COUNTY OF Davidson

The foregoing instrument was acknowledged before me this 12th day of May, 2006, by Andrew W. McClain, who is personally known to me or who has produced Drivers License as identification and who did take an oath.

Notary Public

My Commission Expires: My Commission Exp. July 19, 2008

ERIC STEWART
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY

EXHIBIT "A"

THE FOLLOWING DESCRIBED PROPERTY LOCATED IN THE COUNTY OF DAVIDSON LAND IN DAVIDSON COUNTY, TENNESSEE, BEING THE EASTERLY 65 FEET OF LOT NO. 93 ON THE MAP OF WAVERLY PLACE, AS OF RECORD IN BOOK 57, PAGE 95, REGISTER'S OFFICE DAVIDSON COUNTY, TENNESSEE, TO WHICH PLAN REFERENCE IS HEREBY MADE FOR A MORE COMPLETE DESCRIPTION. SAID PART OF SAID LOT FRONTS 65 FEET ON THE SOUTHERLY SIDE OF GLEN AVENUE AND RUNS BACK BETWEEN PARALLEL LINES, 200 FEET TO AN ALLEY.

FOR INFORMATIONAL PURPOSES ONLY: THE APN IS SHOWN BY THE COUNTY ASSESSOR AS 105-13-0-398-00; SOURCE OF TITLE IS BOOK 3895, PAGE 958 (RECORDED 05/28/65)

STATE OF TENNESSEE
Office of Vital Records

1944
25
1944
BIRTH NO.

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH FILE NO. 70-016963
DIVISION OF VITAL STATISTICS

DECEASED — NAME 1. FIRST: Mattie	MIDDLE	LAST: McClain		DATE OF DEATH (MONTH, DAY, YEAR) 2. 6-13-70	
RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)) 3.	SEX 4. Female	AGE — LAST BIRTHDAY (YEARS) 5a. 51	UNDER 1 YEAR MOS. / DAYS 5b.	UNDER 1 DAY HOURS / MIN. 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 6. Oct 4 1918
COUNTY OF DEATH 7a. Davidson	CITY, TOWN, OR LOCATION OF DEATH 7b. Nashville	INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. yes	HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. Baptist Hospital		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Tenn	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Married	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. Andrew W. McClain		
SOCIAL SECURITY NUMBER 12a.	SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE) 12b.	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Beautician	KIND OF BUSINESS OR INDUSTRY 13b.		
RESIDENCE — STATE 14a. Tenn	COUNTY 14b. Davidson	CITY, TOWN, OR LOCATION 14c. Nashville	INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. yes	STREET AND NUMBER 14e. 2705-Buchanan	
FATHER — NAME 15. Demer Langley	MOTHER — MAIDEN NAME 16. Blanche Smith	INFORMANT — NAME 17. Andrew W. McClain	MAILING ADDRESS 2705-Buchanan		

PHYSICIAN — CERTIFICATION I ATTENDED THE DECEASED AND DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21a. SIGNATURE: Roye Bunn	DEGREE: M.D.		DATE SIGNED (MONTH, DAY, YEAR) 21b. 6-15-70
MEDICAL EXAMINER — CERTIFICATION ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a. SIGNATURE	TITLE		DATE SIGNED (MONTH, DAY, YEAR) 22b.
CERTIFIER — NAME (TYPE OR PRINT) 23a.	MAILING ADDRESS STREET OR R.F.D. NO. 23b.	CITY OR TOWN	STATE / ZIP
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	DATE (MONTH, DAY, YEAR) 24b. 6-16-70	CEMETERY OR CREMATORY — NAME 24c. Hills of Calvary	LOCATION 24d. CITY OR TOWN: Nashville / STATE: Tenn
FUNERAL HOME — NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 25. K Gardner Funeral Home 1511 Jefferson Nashville	REGISTRAR — SIGNATURE 26a. Cordie D. Hodges	DATE RECEIVED BY LOCAL REGISTRAR 26b. 6-18-70	

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.

Paula Taylor
Paula Taylor
State Registrar

MAR 0 5 1996
Date Issued

CERTIFICATION OF VITAL RECORD