This instrument prepared by:

DANIEL C. MASTEN #009815
UAW Legal Services Plan
100 Stephen P. Yokich Parkway
P.O. Box 1797
Spring Hill, TN 37174-1797

Davidson County AFFIDAVIT
Recvd: 08/17/06 10:24 3 pgs
Fees:17.00 Taxes:0.00
20060817-0101407

AFFIDAVIT OF INHERITANCE

STATE OF _____)
COUNTY OF _____)

Comes now your Affiant, Sharon King, and having first been duly sworn according to law, deposes and states as follows:

1. My name is Sharon King, and I am an adult citizen and resident of HuronCounty, residing at 3883 Prospect Road, New London, OH 44851.

2. Alice Daniel Hyder died June 18, 2000 at the age of 70 years, a resident of Davidson County residing at 3533 Central Avenue, Nashville, Tennessee 37209. A copy of the Certificate of Death of Alice Daniel Hyder is attached hereto.

3. On December 30, 1996, Alice Daniel Hyder, acquired a fee simple in certain real property located in Davidson County, Tennessee, commonly known as 3533 Central Avenue, Nashville, Tennessee 37209, Map 104-5-391, and of record in Book 10305, Page 879, Register's Office for Davidson County, Tennessee, more particularly described as follows:

> Land in Davidson County, Tennessee, being Lot No. 120 on the Map of Richland Realty Company's Second Subdivision, Division "B", as of record in Book 332, page 92, Register's Office for Davidson County, Tennessee.
>
> Said Lot No. 120 fronts 50 feet on the southerly side of Central Avenue and runs back between lines, 192.5 feet on the westerly line and 192 feet on the easterly line to an alley in the rear on which it measures 50 feet.
>
> Being the same property conveyed to Alice Daniel Hyder from Katherine L. Daniel, surviving tenant by the entirety, by Quitclaim Deed of record in Book 10305, Page

879, Register's Office for Davidson County, Tennessee.

4. The following are all the heirs at law of Alice Daniel Hyder:

Sharon King
3883 Prospect Road
New London, OH 44851

Gene T. Miller, Jr.,
30064 Glenwood Avenue
Inkster, MI 48181

FURTHER AFFIANT SAYETH NOT.

WITNESS my hand this the 16th day of August, 2006.

SHARON KING

Sworn to and subscribed before me this the 16th day of Aug, 2006.

DENISE MAYO
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY of DAVIDSON

NOTARY PUBLIC

My Commission Expires: March 2010

Metropolitan Government of Nashville and Davidson County

Bill Purcell, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

This is to certify that this 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.

John P. Dunne
LOCAL REGISTRAR
0003602

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): ALICE LOU DANIEL HYDER
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): June 18, 2000
4. SOCIAL SECURITY NUMBER: [redacted]-0244
5a. AGE-LAST BIRTHDAY (Years): 70
5b. UNDER 1 YEAR MOS.
5c. UNDER 1 DAY HOURS MINS.
6. DATE OF BIRTH (Month, Day, Year): April 21, 1930
7. BIRTHPLACE (City and State or Foreign Country): Charlotte, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [XX] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [XX] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Baptist Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name): None
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Clerk-Washington Manufacturing Co.
12b. KIND OF BUSINESS/INDUSTRY: Clothing Manufacturer
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 3533 Central Avenue
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [XX] Yes 2 [ ] No
13f. ZIP CODE: 37206
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [XX] 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+): 0

PARENTS

17. FATHER'S NAME (First, Middle, Last): William Robert Daniel
18. MOTHER'S NAME (First, Middle, Maiden Surname): Katherine Lindsey

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Gene Miller
19b. RELATIONSHIP TO DECEASED: Brother-In-Law
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2213 Hwy 48 N Dickson, Tn. 37055

NAME OF SPOUSE: For wife, by husband or informant

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [XX] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Dickson Co. Memorial Gardens
20c. LOCATION-City or Town, State: Burns, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Joseph T. Baumgartl
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3710
21c. SIGNATURE OF EMBALMER: James W. Noland
21d. LICENSE NUMBER OF EMBALMER: 3592
22a. NAME AND ADDRESS OF FUNERAL HOME: Taylor Funeral Home 214 North Main St. Dickson, Tn. 37055
22b. LICENSE NUMBER OF FUNERAL HOME: 689

REGISTRAR

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

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 [X] SIGNATURE AND TITLE OF PHYSICIAN: A.K. Ravindranath MD
25b. LICENSE NUMBER: 875
25c. DATE SIGNED (Month, Day, Year): 6/28/00
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.

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. Acute Cardiopulmonary Arrest
DUE TO (OR AS A CONSEQUENCE OF): b. Severe COPD / Respiratory Failure
DUE TO (OR AS A CONSEQUENCE OF): c. Bronchogenic CA
DUE TO (OR AS A CONSEQUENCE OF): d. NASCLC & Systemic Mets

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

SEE INSTRUCTIONS ON OTHER SIDE

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 [ ] Natural 5 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide
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-1663 (REV. 6/99)
BIRTH NO.
RDA 1339