Davidson County AFFIDAVIT
Recvd: 10/27/06 15:17 4 pgs
Fees:22.00 Taxes:0.00
20061027-0133845

This Instrument Prepared by:
Frank C. Ingraham, Esq
Ingraham & Pautienus
2100 Parkway Towers
Nashville, TN 37219

AFFIDAVIT OF HEIRSHIP
As to
JOE NEIL SPAIN

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

I, Paula Tyree, of lawful age and a resident of Davidson County, Tennessee, being first duly sworn, upon oath depose and say:

1. That Joe Neil Spain's wife Helen Fayc Spain preceded him in death on August 24, 2005 at the age of 73, as evidenced by the attached death certificate (Exhibit A);

2. That Joe Neil Spain's only children were Deborah Elaine McCormick and Paula Tyree both of Nashville, Tennessee. Deborah McCormick passed away, having no children, on September 10, 1998 at the age of 45, as evidenced by the attached death certificate (Exhibit B); and

3. That Paula Tyree is the only living daughter and sole heir to the of Estate Joe Neil Spain, which is administered in the Seventh Circuit Court for Davidson County, Tennessee (Probate Division) Docket No. 06P-856.

FURTHER THE AFFIANT SAITH NOT.

Dated this 26th day of October, 2006.

Paula Tyree
PAULA TYREE

Sworn to and subscribed to before me this 26th day of October 2006.

Jo Ann Smith
Notary Public
My Commission Expires: 5-22-2010

JO ANN SMITH
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY

My Commission Expires MAY 22, 2010

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned authority, a Notary Public in and for said County and State, the within named PAULA TYREE, the bargainor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at office this 26th day of October, 2006.

Jo Ann Smith
Notary Public

My Commission expires:

5-22-2010

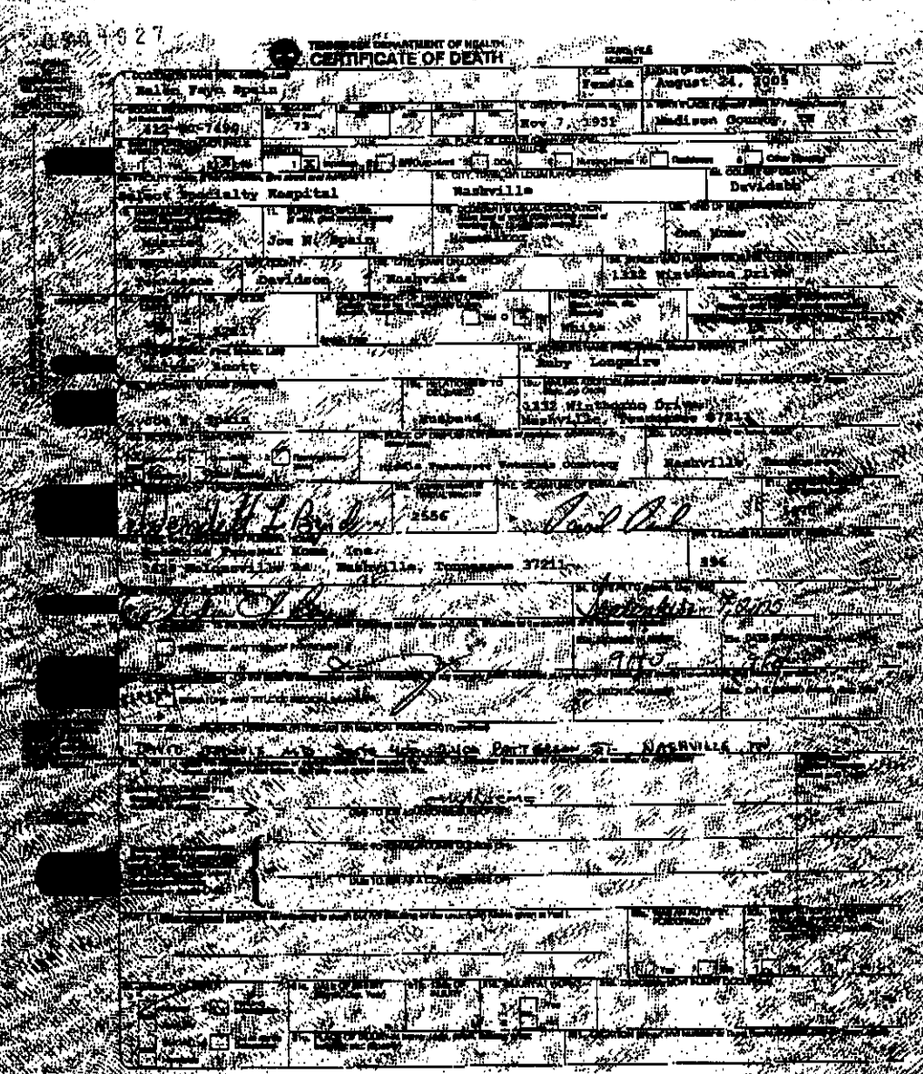
JO ANN SMITH
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY, TENN.

My Commission Expires MAY 22, 2010

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

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

Exhibit A



CERTIFICATE OF DEATH

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.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Tonya V. Ruffin
Local Registrar

SEP 07 2006
Date Issued

CERTIFICATION OF VITAL RECORD

Exhibit B

Metropolitan Government of Nashville and Davidson County

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

Philip Bredesen, 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 [illegible] with the Tennessee Department of Health [illegible] Health Department of Nashville and Davidson County.

This is valid only when [illegible] Nashville and Davidson County is affixed.

SEP 22 1998

John F. Oldham

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last)	DEBORAH ELAINE MCCORMICK
2. SEX	FEMALE
3. DATE OF DEATH (Month, Day, Year)	09/10/1998
4. SOCIAL SECURITY NUMBER	415-90-9275
5. AGE-Last Birthday (Years)	45
6. DATE OF BIRTH (Month, Day, Year)	09-26-52
7. BIRTHPLACE (City and State or Foreign Country)	Jackson, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES?	No
9. RACE	White
10. FACILITY NAME (If not institution, give street address)	St. Thomas
10a. CITY, TOWN, OR LOCATION OF DEATH	Nashville
10b. COUNTY OF DEATH	DAVIDSON
11. MARITAL STATUS (Married, Never Married, Widowed, Divorced)	Married
12. SURVIVING SPOUSE (If wife, give maiden name)	Donald McCormick
13. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	Beautician
14. KIND OF BUSINESS/INDUSTRY	Illusions Salon
15. RESIDENCE-STATE	Tennessee
15a. COUNTY	Cheatham
15b. CITY, TOWN, OR LOCATION	Chapmansboro
15c. STREET AND NUMBER OR RURAL LOCATION	1507 Poplar Ridge Lane
15d. INSIDE CITY LIMITS?	No
15e. ZIP CODE	37035
15f. WAS RESIDENCE OF HISPANIC ORIGIN? (Yes, No, If Yes, specify Cuban, Mexican, etc.)	No
16. RACE	White
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+)	12th
18. FATHER'S NAME (First, Middle, Last)	Joe H. Spain
19. MOTHER'S NAME (First, Middle, Maiden)	Helen Scott
20. INFORMANT'S NAME (Type/Print)	Donald E. McCormick
20a. RELATIONSHIP TO DECEASED	Husband
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	1507 Poplar Ridge Lane Chapmansboro, TN 37035
21. METHOD OF DISPOSITION	Burial
22. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	Cheatham Memorial Gardens
22a. LOCATION (City or Town, State)	Pleasantview, TN
23. SIGNATURE OF FUNERAL DIRECTOR	Harmon Potts
23a. LICENSE NUMBER OF FUNERAL DIRECTOR	1600
23b. SIGNATURE OF EMBALMER	Timothy B. Bond
23c. LICENSE NUMBER OF EMBALMER	4259
23d. NAME AND ADDRESS OF FUNERAL HOME	Woodbine Funeral Home, Inc. 3620 Nolensville Road Nashville, Tennessee 37211
23e. LICENSE NUMBER OF FUNERAL HOME	
24. INFORMANT'S SIGNATURE	Teresa L. Bowen
24a. DATE SIGNED (Month, Day, Year)	December 17, 1998
25. CERTIFICATION - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) stated.	
25a. SIGNATURE AND TITLE OF PHYSICIAN (Only)	
25b. LICENSE NUMBER	
25c. DATE SIGNED (Month, Day, Year)	
26. MEDICAL EXAMINER - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) stated.	
26a. SIGNATURE AND TITLE OF MEDICAL EXAMINER	
26b. LICENSE NUMBER	29160
26c. DATE SIGNED (Month, Day, Year)	9/10/1998
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER)	Bruce P. Levy, M.D.:84 Hermitage Ave:Nashville TN 37210: MEC98-1886
28. PART I. Enter the chain of events, diseases, or injuries that directly caused the death. Do not enter the words of dying, such as 'cardiac arrest,' 'respiratory arrest,' or 'ventricular fibrillation' without showing the etiology. List only one cause on each line.	
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Anoxic encephalopathy
Sequentially list conditions, if any, leading to the immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST.	b. Asphyxia c. Mechanical airway obstruction
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.	
28a. WAS AN AUTOPSY PERFORMED?	Yes
28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETION OF CAUSE OF DEATH?	Yes
29. MANNER OF DEATH	Accident
30. DATE OF INJURY (Month, Day, Year)	09/09/1998
31. TIME OF INJURY	11:45AM
32. INJURY AT WORK?	Yes
33. DESCRIBE HOW INJURY OCCURRED	Aspirated and choked on bolus of food
34. PLACE OF INJURY (e.g., home, street, factory, office building)	Nashville