RECORDING REQUESTED BY:

LENDERS FIRST CHOICE

WHEN RECORDED MAIL TO:

RETURN TO REC. DEPT.
Lenders First Choice
3850 Royal Avenue
Simi Valley, CA 93063

Davidson County AFFIDAVIT
Recvd: 04/02/07 11:01 4 pg
Fees:22.00 Taxes:0.00
20070402-0038824

Space above this line reserved
for recorder's use

TITLE(S)

CONTINUOUS MARRIAGE AFFIDAVIT

any person or entity represented by the undersigned hereby expressly agrees to indemnify and save harmless Lenders First Choice from any and all loss and attorney's fees arising from claims from the inaccuracy of the above.

Rex H. Jenkins
REX B. JENKINS

2-23-07
Date

Date

State of ~~TN~~ FLORIDA)
) SS:
County of ~~DAVIDSON~~ OKEECHOBEE)

On the 23rd day of February, in the year 2007, before me personally came Rex H. Jenkins to me known to be the individual described in and who executed the foregoing instrument, and acknowledgement that he executed the same.

Produced Identification: ✓
Personally Known: ___
TN Driver's License

JUDY F. BASS
Notary Public - State of Florida
My Commission Expires Dec 13, 2009
Commission # DD462490
Bonded By National Notary Assn.

Judy F Bass
Notary Public Judy F. Bass

Instrument prepared by:
Rex B. Jenkins
766 Harpeth Knoll Road
Nashville, Tennessee 37221

CONTINUOUS MARRIAGE AFFIDAVIT

STATE OF ~~Tennessee~~ Florida

COUNTY OF ~~Davidson~~ Okeechobee

BEFORE ME , the undersigned authority, personally appeared Rex B. Jenkins, who, after being duly sworn as required by law, deposes and says:

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

   Lot No. 203 on the Plan of Harpeth Valley Park Section II, as of record in Book 3700, Page 129, Register's office for said County more particularly described in attached Exhibit A

2. that Affiant held title to the above-described property with his/her spouse and that said spouse Juneita Dawn Bond Jenkins died on April 25, 2006, as evidenced by the certified copy of said spouse's death certificate presented herewith;
3. that Affiant certifies he and Juneita Dawn Bond Jenkins, 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.

Rex H. Jenkins

Rex B. Jenkins (Name of Affiant)

H. RHJ

STATE OF FLORIDA
COUNTY OF OKEECHOBEE

The foregoing instrument was acknowledged before me this 23 day of February, 2007, by Rex H. Jenkins, who is personally known to me or who has produced a TN Driver's License as identification and who did take an oath.

Judy F Bass

Notary Public Judy F. Bass

My Commission Expires: 12/13/2009

JUDY F. BASS
Notary Public - State of Florida
My Commission Expires Dec 13, 2009
Commission # DD462490
Bonded By National Notary Assn.

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0602356

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): Juneita Dawn Bond Jenkins
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): April 25, 2006
4. SOCIAL SECURITY NUMBER: [redacted]-0537
5a. AGE-LAST BIRTHDAY (Years): 64
5b. UNDER 1 YEAR MOS. DAYS
5c. UNDER 1 DAY HOURS MIN.
6. DATE OF BIRTH (Month, Day, Year): Nov. 14, 1941
7. BIRTHPLACE (City and State or Foreign Country): Norene, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [X] 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): St. Thomas Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Rex H. Jenkins, Jr
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Legal Secretary
12b. KIND OF BUSINESS/INDUSTRY: State of Tennessee
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 766 Harpeth Knoll Road
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37221
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'S PHYSICIAN (If Known)

PARENTS

17. FATHER'S NAME (First, Middle, Last): James Horace Bond
18. MOTHER'S NAME (First, Middle, Maiden Surname): Erlene Williams

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Rex H. Jenkins, Jr.
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 766 Harpeth Knoll Rd., Nashville, TN 37221

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [X] Other (Specify) Entomb.
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Woodlawn Cross Mausoleum
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Brian S. Davidson
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5814
21c. SIGNATURE OF EMBALMER: ▶ Kenyon B. Gibbs
21d. LICENSE NUMBER OF EMBALMER: 3247
22a. NAME AND ADDRESS OF FUNERAL HOME: Bond Memorial Chapel, 1098 Weston Drive, Mt. Juliet, TN 37122
22b. LICENSE NUMBER OF FUNERAL HOME: 1041

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Robert W. Rhodes
24. DATE FILED (Month, Day, Year): May 01, 2006

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 ▶
25b. LICENSE NUMBER: MD-016053
25c. DATE SIGNED (Month, Day, Year): 4/28/06
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)

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): William Charles Penley, M.D. 300 20th Ave. No., #301, Nashville, TN 37203

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.

SEE INSTRUCTIONS ON OTHER SIDE.

Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Metastatic breast cancer — Original diagnosis 1997
DUE TO (OR AS A CONSEQUENCE OF): b.
DUE TO (OR AS A CONSEQUENCE OF): c.
DUE TO (OR AS A CONSEQUENCE OF): d.

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

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 [X] 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
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-1659 (REV. 6/96)

BIRTH NO.

RDA 1309

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. Alteration or erasure voids this certification.

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

Tonya Y. Ruttlen
Local Registrar

Date Issued: MAY 01 2006

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

CERTIFICATION OF VITAL RECORD