This Instrument Prepared by:

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(615) 242-6767

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)
The actual consideration or value whichever is greater, for this transfer is $ -0- and exempt from the transfer tax according to T.C.A. §67-4-409.

Rick T. Greenfield, Affiant and
Executor of the Estate of Michael D. Greenfield
Subscribed and sworn to before me, this the 24th day of April, 2007.

KIMBERLY R. GARLAND
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

NOTARY PUBLIC
My Commission expires: 22 November 2010

AFFIDAVIT OF HEIRSHIP

FROM: **MICHAEL D. GREENFIELD, DECEASED**

TO: **LYLE E. GREENFIELD, HEIR-AT-LAW AND ONLY HEIR OF DECEDENT**

PROPERTY: **5282 LICKTON PIKE**
NASHVILLE, TN 37072

DOCUMENT: **DB-00001338 0000388**

PARCEL ID NO.: **02300006300**

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Rick T. Greenfield, Executor of the Estate of Michael D. Greenfield, being first duly sworn, deposes as follows:

1. I, Affiant, am a citizen and resident of Davidson County, Tennessee;

2. This affidavit is made upon the personal knowledge of the Affiant pursuant to the provisions of TCA § 30-2-712;

3. Michael D. Greenfield, died in Nashville, Davidson County, Tennessee, on October 17, 2006, as evidenced by the attached death certificate.

Davidson County AFFIDAVIT
Recvd: 04/24/07 12:11 3 pgs
Fees:17.00 Taxes:0.00
20070424-0048718

4. The heir-at-law and only beneficiary/heir of decedent, Lyle E. Greenfield, pursuant to the Last Will and Testament of Michael D. Greenfield as evidenced in the Seventh Circuit Court of Davidson County, Tennessee, bearing Docket No.: 06P-1862, is the recipient of the property located at 5282 Lickton Pike, Nashville, Davidson County, Tennessee 37072, described as follows to wit:

A tract of land in the 10th Civil District of Davidson County, Tennessee, being a Part of Lot No. 5 on the Plan of the Partition of the Land of John Cummings, deceased, described according to a loan survey made by T. R. Sanford, Surveyor, dated July 2, 1956, as follows:

Beginning at a point in the center of Lickton Pike, said point being located North 38 deg. West 372 feet from the Northeast corner of the Property conveyed to Fred True and Wife, Frances True, by deed from J. B. True, as of record in Book 1338, page 388, said Register's Office; thence with the center line of said Pike, South 7 deg. West 222.2 feet to a point; thence North 81 deg. West with a fence line 219.3 feet to a point; thence North 7 deg. East with a fence line of 199.3 feet to a point; thence South 88 deg. East with a fence line 220 feet to the point of beginning.

BEING same property conveyed to Fred True and Wife, Frances True, now deceased, by deed of record in Book 1338, page 388, Register's Office for Davidson County, Tennessee, leaving as their heirs a son, Fred Thomas True, Jr. and a daughter Betty Jo Greenfield, who is now deceased leaving as heirs two sons, Richard Greenfield and Michael D. Greenfield.

BEING property reconveyed in order to create sole ownership to Michael D. Greenfield, who is now deceased and his heirs and assigns, by quitclaim deed of record in Book 7266 page 867 in the Register's Office of Davidson County, Tennessee.

FURTHER AFFIANT SAYETH NAUGHT on this the 24 day of April, 2007.

Rick T. Greenfield, Affiant

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)
Subscribed and sworn to before me, this the 24 day of April, 2007.

NOTARY PUBLIC

KIMBERLY R. GARLAND
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

My Commission expires: 22 November 2008

STATE OF TENNESSEE
Office of Vital Records

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): Michael Dewayne Greenfield
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): October 17, 2006
4. SOCIAL SECURITY NUMBER (of Deceased): 408-06-1675
5a. AGE-LAST BIRTHDAY (Years): 49
5b. UNDER 1 YEAR (MOS. / DAYS)
5c. UNDER 1 DAY (HOURS / MIN.)
6. DATE OF BIRTH (Month, Day, Year): Dec 31, 1956
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] 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): TVHS, York VA Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Murfreesboro
9d. COUNTY OF DEATH: Rutherford
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Divorced
11. SURVIVING SPOUSE (If wife, give maiden name): NA
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Maintenance
12b. KIND OF BUSINESS/INDUSTRY: Springs Global
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Goodlettsville
13d. STREET AND NUMBER OR RURAL LOCATION: 5282 Lickton Pike
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37072
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.): 1 [ ] Yes 2 [X] No
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

NAME OF DECEDENT: For use by physician or medical examiner

PARENTS

17. FATHER'S NAME (First, Middle, Last): Hardin Thomas Greenfield JR
18. MOTHER'S NAME (First, Middle, Maiden Surname): Betty Jo True

INFORMANT

19a. INFORMANT'S NAME (Type/Print): TVHS, York VA Medical Center; VA Medical Center Records
19b. RELATIONSHIP TO DECEASED: None
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3400 Lebanon Pike, Murfreesboro, TN 37129

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): Forest Lawn Memorial Gardens
20c. LOCATION-City or Town, State: Goodlettsville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Wayne Slighter
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5243
21c. SIGNATURE OF EMBALMER: ▶ Don Garrison
21d. LICENSE NUMBER OF EMBALMER: 4287
22a. NAME AND ADDRESS OF FUNERAL HOME: Cole & Garrett Funeral Home and Cremation Services - (G), 127 N Main St., Goodlettsville, TN 37072
22b. LICENSE NUMBER OF FUNERAL HOME: 718

REGISTRAR

23. REGISTRAR'S SIGNATURE: Lisa Kilgore
24. DATE FILED (Month, Day, Year): Oct. 31, 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.
VA [X] SIGNATURE AND TITLE OF PHYSICIAN: ▶ [signature] MD
25b. LICENSE NUMBER: MD36658
25c. DATE SIGNED (Month, Day, Year): October 25, 2006
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): Geetha Govindaswamy, M.D., 3400 Lebanon Pike, Murfreesboro, TN 37129

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)

SEE INSTRUCTIONS ON OTHER SIDE.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. CARDIOPULMONARY ARREST
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. SQUAMOUS CELL CANCER TONGUE — 2 YEARS
DUE TO (OR AS A CONSEQUENCE OF):
c. SQUAMOUS CELL CANCER LUNG — 1 MONTH
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 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [X] No

30. MANNER OF DEATH: 1 [X] 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
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)

FH-1659 (REV. 6/99)
BIRTH NO.
RDA 1399

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.

Sharon M. Leinbach
STATE REGISTRAR

Lisa G. Kilgore, Local Registrar
Rutherford Co. Health Department

NOV 01 2006
Date Issued

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD