This Instrument Prepared Without
Title Search, From Information
Provided By The Parties By:

Robert H. Stratton
Attorney at Law
4811 Lebanon Road - Suite 209
Hermitage, Tennessee 37076

Davidson County AFFIDAVIT
Recvd: 05/25/07 11:07 7 pgs
Fees:37.00 Taxes:0.00



20070525-0062560

Owner(s): **Robert E. McCord**
113 Benson Road
Nashville, Tennessee 37214

Map & Parcel No.:
096 - 010
019.00

Send Tax Notice To: **Robert E. McCord**
113 Benson Road
Nashville, Tennessee 37214

AFFIDAVIT OF INHERITANCE
(REAL ESTATE)

Comes now the undersigned, who, after being duly cautioned and sworn, depose and say as follows:

Lois Roberts McCord, the owner in fee simple of the following described real estate, To-wit:

BEING land in Davidson County, Tennessee, being a part of Lot No. 8 on the Map of Jere Bowen Lands, as of record in Plan Book 2, Page 134, Chancery Coury, and partly shown on a line survey of Benson Avenue, as of record in Book 1130, Page 70, and described according to a copy of a survey thereof made by J.R. Wauford & Co., Engineers, June 28, 1958, as follows:

Beginning at a point in the southerly margin of Benson Avenue, at an iron pin, being in the west line of the property conveyed to J.W. Etheridge, by deed of record in Book 882, Page 390, being E.D. Sanford's northwest corner; thence with Sanford's west line, South 7 degrees, 29 minutes West 182.9 feet to an iron pin in an old fence row; thence along said fence row, North 70 degrees, 20 minutes West 90 feet to an iron pin; thence North 7 degrees, 45 minutes East 164.7 feet to an iron pin in the south margin of Benson Avenue; thence with the margin of the same, North 88 degrees, East 90 feet to the point of beginning.

Being part of the property conveyed to William C. Armistead, Jr., and wife, Nancy Butts Armstead, by deed from Harry H. Maxwell and wife, as of record in Book 2102, Page 399, R.O.D.C..

Being the same property conveyed to Harley M. Gentry, by deed from William C. Armstead, Jr., and wife, Nancy Butts Armstead, as recorded in Book 2801, Page 163, R.O.D.C.

Being the same property conveyed to Wilson B. McCord and wife, Lois Roberts McCord, by deed from Harley M. Gentry, as recorded the 9th day of February, 1959, in Book 2875, Page 623, R.O.D.C.

And, being subject to all other easements, restrictions or conditions of record in the Register's Office for Davidson County, Tennessee.

This is substantially the same legal description as the prior deed of record.

This is improved property known as 113 Benson Road, Nashville, Tennessee 37214.;

died on the 21st day of April, 2007, as a citizen and resident of Davidson County, Tennessee. Lois Roberts McCord , being one and the same Lois R. McCord, was preceded in death by her spouse, Wilson Bryon McCord, being one and the same Wilson B. McCord, who died as a citizen and resident of Davidson County, Tennessee on September 4th, 1993.

The undersigned received the following described interest in the decedent's real estate described above by the laws of descent and distribution T.C.A. §§ 31-2-101 *et seq.* and pursuant to the terms of the Last Will and Testament of Lois R. McCord, being one and the same as Lois Roberts McCord. The undersigned party is the only child and sole surviving heir of the **Decedent, Lois Roberts McCord, and her deceased spouse , Wilson Bryon McCord,** and is entitled to receive Decedents' fee simple interest in said real property.

The Tennessee Inheritance Tax waiver has been received and is attached hereto and incorporated herein as **Exhibit "A".**

The Last Will and Testament of Lois R. McCord is attached hereto and incorporated herein as **Exhibit "B".**

There are no debts or encumbrances remaining which are or might become a lien on said interest in the above described real estate except: Current real estate taxes.

NOTE: **THIS INSTRUMENT PREPARED WITHOUT TITLE SEARCH, FROM INFORMATION PROVIDED BY THE PARTIESAND PREPARER MAKES NO CERTIFICATION AS TO THE VALIDITY OF THE TITLE THERETO.**

State of Tennessee)
County of Davidson)

BY: Robert E McCord
Robert E. McCord, Affiant
Son and sole heir.

WITNESSES:

BY: Beverly A. Stratton
4811 Lebanon Pike
Hermitage TN 37076

BY: Barbara Pearl
4012 Crystal Spring Lane
Hermitage, TN 37076

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared **Robert E. McCord,** the within named Affiant, **and Witnesses:** Beverly A. Stratton, **and** Barbara Pearl, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person described in the foregoing, who signed, sealed and delivered the foregoing instrument in my presence, and who, upon oath, acknowledged that he executed the foregoing instrument for the purposes therein contained as his free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said Hermitage, Tennessee 37076, on this the 21st day of May , 2007.

BY: _____
Notary Public

My Commission Expires: 3/24/2011

ROBERT H. STRATTON
STATE OF TENNESSEE
NOTARY PUBLIC
WILSON COUNTY

TENNESSEE DEPARTMENT OF REVENUE

INHERITANCE TAX RELEASE
FOR REAL OR PERSONAL PROPERTY

NOTICE: THIS DOCUMENT BECOMES AN OFFICIAL STATE RECORD WHEN COMPLETED. INFORMATION SHOULD BE TYPED OR PRINTED CLEARLY IN INK. COMPLETE A SEPARATE INHERITANCE TAX RELEASE FORM FOR EACH PARCEL OF REAL PROPERTY OR FOR EACH BANK OR CORPORATION.

NAME OF DECEDENT: Lois Roberts McCord

COUNTY OF RESIDENCE: Davidson

SOCIAL SECURITY NUMBER: [redacted]-1253

APPLICATION:

ATTACHED: YES X NO ___

ON FILE: YES ___ NO ___ IF SO DATE FILED ___

The Department of Revenue hereby waives the issuance of notice required by Section 67-8-417, Tennessee Code Annotated and consents to the transfer of the property now in your custody, or standing on your records in the name of the captioned decedent.

DESCRIPTION OF PROPERTY:
(List only one)

113 Benson Road
Nashville, Tennessee 37214

TENNESSEE DEPARTMENT OF REVENUE INHERITANCE TAX

Robert E McCord

Representative of the Estate
(Not valid unless signed)
Robert E. McCord

RETAIN PINK COPY FOR YOUR RECORDS. RETURN WHITE AND YELLOW COPIES TO THE TENNESSEE DEPARTMENT OF REVENUE, 500 DEADERICK ST., NASHVILLE, TN 37242.

DEPARTMENTAL USE ONLY

Amy Green

For Commissioner of Revenue
(By Tax Audit Manager - Audit Division)

MAY 25 2007

Date approved
Inheritance-Gift Tax Section

ROBERT H. STRATTON
ATTORNEY AT LAW
4811 Lebanon Road, Suite 209
Hermitage, Tennessee 37076
(615) 902-0311

Release will be mailed to address to the left. Type or print clearly in ink the complete address (include street number and zip code.) Address should be contained within the space provided.

RV-F1401501 (Rev. 6-00)

Metropolitan Government of Nashville and Davidson County

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 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.

SEP 8 1993

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: 9304522

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Wilson Bryon McCord
2. Male
3. DATE OF DEATH (Month, Day, Year): September 4, 1993
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-5250
5a. AGE – LAST BIRTHDAY (Years): 77
5b. UNDER 1 DAY: MOS. DAYS HOURS MIN
6. DATE OF BIRTH (Month, Day, Year): 5/26/1916
7. BIRTHPLACE (City and State or Foreign Country): Giles Co., Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] 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): Donelson 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): Lois Roberts
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Supervisor
12b. KIND OF BUSINESS/INDUSTRY: DuPont
13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 113 Benson Rd.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37214
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [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): 12; College (1-4 or 5+):

NAME OF DECEDENT, For use by Physician or Institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Robert McCord
18. MOTHER'S NAME (First, Middle, Maiden Surname): Blanche Orr

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Lois McCord
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 113 Benson Rd. Nashville,Tn. 37214

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): Woodlawn Cemetery
20c. LOCATION – City or Town, State: Nashville,Tn.
21a. SIGNATURE OF FUNERAL DIRECTOR: Paul H Wells
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2965
21c. SIGNATURE OF EMBALMER: Don Depew
21d. LICENSE NUMBER OF EMBALMER: 3374
22a. NAME AND ADDRESS OF FUNERAL HOME: Hibbett & Hailey Funeral Home 429 Donelson Pk. Nashville,Tn. 37214
22b. LICENSE NUMBER OF FUNERAL HOME: 492

REGISTRAR

23. REGISTRAR'S SIGNATURE: Marsha H Biggerstaff
24. DATE FILED (Month, Day, Year): September 8, 1993

CERTIFIER

25a. PHYSICIAN – To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
1 [X] SIGNATURE AND TITLE OF PHYSICIAN: James T. Eford Jr MD
25b. LICENSE NUMBER: MD015888
25c. DATE SIGNED (Month, Day, Year): 9/7/93
26a. MEDICAL EXAMINER – On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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): James T. Eford,Jr MD 3053 Lebanon Road Suite 207 Nashville TN 37214

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. Left Posterior Inferior Cerebellar Artery CVA — 2 months
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. DUE TO (OR AS A CONSEQUENCE OF):
c. DUE TO (OR AS A CONSEQUENCE OF):
d.

SEE INSTRUCTIONS ON OTHER SIDE

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Non-Hodgkins Lymphoma

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 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: 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)

BIRTH NO.

PH-1659
REV 1/89

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0702603

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): Lois Roberts McCord
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): April 21, 2007
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-1253
5a. AGE-LAST BIRTHDAY (Years): 90
5b. UNDER 1 YEAR MOS / DAYS
5c. UNDER 1 DAY HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): May 18, 1916
7. BIRTHPLACE (City and State or Foreign Country): Unknown
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 Inpatient 2 [X] ER/Outpatient 3 DOA; OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Summit Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Hermitage
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name): N/A
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Factory Worker
12b. KIND OF BUSINESS/INDUSTRY: Dupont
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 113 Benson Road
CENSUS TRACT: 8
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37214
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): Unknown; College (1-4 or 5+):

NAME OF DECEDENT (If other than physician or institution)

PARENTS
17. FATHER'S NAME (First, Middle, Last): Unknown (Adopted)
18. MOTHER'S NAME (First, Middle, Maiden Surname): Unknown

INFORMANT
19a. INFORMANT'S NAME (Type/Print): Robert McCord
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 113 Benson Road Nashville, Tennessee 37214

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): Woodlawn Memorial Park
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Charles H. Teague, II. ▶ Charles H. Teague, II.
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5845
21c. SIGNATURE OF EMBALMER: ▶ Brandy Allen
21d. LICENSE NUMBER OF EMBALMER: 5828
22a. NAME AND ADDRESS OF FUNERAL HOME: Hibbett & Hailey Funeral Home 429 Donelson Pike, Nashville, Tennessee 37214
22b. LICENSE NUMBER OF FUNERAL HOME: 492

REGISTRAR
23. REGISTRAR'S SIGNATURE ▶ Tonya Y. Foreman
24. DATE FILED (Month, Day, Year): May 10, 2007

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 ▶ James T. Elrod Jr.
25b. LICENSE NUMBER: MD 15888
25c. DATE SIGNED (Month, Day, Year): 5/1/07
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): James T. Elrod Jr, MD 5683 Frist Blvd Suite 630, Hermitage TN, 37076

SEE INSTRUCTIONS ON OTHER SIDE

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. Chronic Obstructive Pulmonary Disease — 15 years
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. DUE TO (OR AS A CONSEQUENCE OF):
d. DUE TO (OR AS A CONSEQUENCE OF):
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Alzheimer's Disease
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 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)

PH-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 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.

[redacted]

Tonya Y. Foreman
Local Registrar

MAY 10 2007
Date Issued

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

CERTIFICATION OF VITAL RECORD

This Instrument Prepared By:
Marshall M. Snyder, Attorney-at-Law
19 Music Square West
Nashville, TN 37203
615/742-0833

LAST WILL AND TESTAMENT

OF

LOIS R. McCORD

I, **LOIS R. McCORD**, a resident of Davidson County, Tennessee, being over and above the age of eighteen (18) years, and being of sound and disposing mind and memory, do hereby make this my Last Will and Testament, revoking any and all prior wills or codicils heretofore made by me.

I.

I nominate and appoint as Executor, my son, **ROBERT E. McCORD**, to serve without bond. I waive any legal requirement of a formal appraisement, accounting or inventory.

II.

I direct that there be first paid out of my estate all just debts which I might owe at the time of my death, including all expenses of my last illness, funeral expenses, estate and inheritance taxes, if any, and costs of administration, which are properly probated and allowed.

III.

I give, devise and bequeath the rest and remainder of my property, real, personal, and mixed, wheresoever situated, unto my son, **ROBERT E. McCORD.**

WITNESS my signature on this the 23rd day of September, 1993.

Lois R. McCord

LOIS R. McCORD

The above instrument was this day presented to us and it was declared, published and acknowledged by **LOIS R. McCORD** to be her Last Will and Testament, and she signed and subscribed the same in our presence as and for her Last Will and Testament, and the undersigned, at her request and in her presence and in the presence of each other, have signed and subscribed our names on this the 23rd day of September, 1993.

Kathleen de Markley residing at Nashville, Tennessee.
Witness

Elizabeth O'Donnell residing at Nashville, Tennessee.
Witness

AFFIDAVIT OF SELF-PROVING WILL

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

We, **LOIS R. McCORD**, Kathleen de Markley, and Elizabeth O'Donnell, the testatrix and the witnesses, respectively, whose names are signed to the foregoing instrument, being duly sworn, do declare to the undersigned officer that the testatrix signed the instrument as her Last Will and Testament and that she signed voluntarily and that each of the witnesses in the presence of the testatrix, at her request, and in the presence of each other signed the will as a witness and that to the best of the knowledge of each witness the testatrix was at the time eighteen (18) or more years of age, of sound mind, and under no constraint or undue influence.

Lois R. McCord
LOIS R. McCORD

Kathleen de Markley
Witness

Elizabeth O'Donnell
Witness

Subscribed to and sworn before me, a Notary Public, in and for the above County and State, on this the 23rd day of September, 1993.

Marshall M. Snyder
Notary Public

My Commission Expires: 7/22/95

MARSHALL M. SNYDER NOTARY PUBLIC AT LARGE STATE OF TENNESSEE