Davidson County AFFIDAVIT
Recvd: 06/13/07 15:12 4 pgs
Fees:22.00 Taxes:0.00
20070613-0071072

This Instrument Prepared By:
ANNA EVERTON HAAS, ESQ. • 4525 Harding Rd., Suite 323 • Nashville, TN 37205

This deed was prepared without the benefit of a title search and the description of the property was furnished by the parties. The preparer of this deed assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

Address New Owner:	***Send Tax Bills To:***	***Map-Parcel***
Marilyn M. Moore, Terry Wayne McCoy, and Deloras A. Wilee C/O Marilyn M. Moore 515 Wallace Drive Goodlettsville, Tennessee 37072	Same	061-06-0- 132.00

AFFIDAVIT OF OWNERSHIP

STATE OF TENNESSEE)
COUNTY OF Davidson)

The undersigned, being duly sworn, deposes and says as follows:

Lena McCoy, a resident of Davidson County, State of Tennessee, who died March 25, 2007, as evidenced by a copy of the death certificate attached as Exhibit A, held a 99.5% interest in the following described real estate:

> Land in Davidson County, Tennessee, being Lot No. 38 on the Plan of Maplewood Heights Subdivision, of record in Book 547, pages 77 and 78, Register's Office for said County.
>
> Said Lot No. 38 fronts 100 feet on the easterly side of Saunders Avenue and runs back between parallel lines 300 feet to the Westerly margin of the Louisville and Nashville Railroad right of way. The rear line measuring 99.9 feet.
>
> Being the same property conveyed to Kenneth R. McCoy and wife, Lena Mae McCoy, (Kenneth R. McCoy having predeceased his wife), by deed from Castleman Construction Company, dated April 30, 1962, of record in Book 3375, Page 137, Register's Office for Davidson County, Tennessee.
>
> This being the same property conveyed in which Lena Mae McCoy conveyed a .5% interest to Marilyn M. Moore, Terry Wayne McCoy and Deloras A. Wilee, with rights of survivorship as between them, by deed of

record in Instrument Number 20011004-0107970, Register's Office for Davidson County, Tennessee.

Pursuant to the rights of survivorship spelled out in the said Instrument, at the death of Lena Mae McCoy, her 99.5% interest in the above-described property vested between Marilyn M. Moore, Terry Wayne McCoy and Deloras A. Wilee, with rights of survivorship between them. With said 99.5% passing at the death of Lena Mae McCoy, Affiants are owners of 100% of the subject property as joint tenants with right of survivorship between them.

The Affiants take this property subject to all Governmental zoning and subdivision ordinances in effect thereon.

T.C.A. §67-4-409(a)(3)(D) exempts this instrument from tax and T.C.A. §67-4-409(a)(5) further provides the valuation oath is unnecessary, this affidavit being used to evidence ownership of title to the property.

This improved property is known as: 4210 Saunders Avenue, Nashville, TN 37216.

Marilyn M. Moore
MARILYN M. MOORE

Deloras A. Wilee
DELORAS A. WILEE

Terry W McCoy
TERRY WAYNE MCCOY

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared MARILYN M. MOORE, the within named bargainor, 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 said person executed the foregoing instrument for the purposes therein contained as such person's free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said County, on this 29th day of May, 2007.

Notary Public
My commission expires: November 22, 2008

STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared TERRY WAYNE MCCOY, the within named bargainor, 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 said person executed the foregoing instrument for the purposes therein contained as such person's free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said County, on this 29th day of May, 2007.

Fred C Burr
Notary Public
My commission expires: November 22, 2008

FRED C. BURR STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared DELORAS A. WILEE, the within named bargainor, 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 said person executed the foregoing instrument for the purposes therein contained as such person's free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said County, on this 29th day of May, 2007.

Fred C Burr
Notary Public
My commission expires: November 22, 2008

FRED C. BURR STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0701672

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): Lena Mae McCoy
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): March 25, 2007
4. SOCIAL SECURITY NUMBER (of Deceased): 412-18-5596
5A. AGE LAST BIRTHDAY (Years): 89
5B. UNDER 1 YEAR: MOS. / DAYS
5C. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Oct. 16, 1917
7. BIRTHPLACE (City and State or Foreign Country): Sykes, Tennessee
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 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [X] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Vanco Manor
9c. CITY, TOWN, OR LOCATION OF DEATH: Goodlettsville
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.): Homemaker
12b. KIND OF BUSINESS/INDUSTRY: Own Home
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Sumner
13c. CITY, TOWN OR LOCATION: Goodlettsville
13d. STREET AND NUMBER OR RURAL LOCATION: 515 Wallace Drive
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.) [ ] 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): 8; College (1-4 or 5+):

Name of Decedent For use by Department of Education

PARENTS

17. FATHER'S NAME (First, Middle, Last): William Palace Hall
18. MOTHER'S NAME (First, Middle, Maiden Surname): Vera Pearl Cheek

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Ann Wilee
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2223 Fernwood Drive Nashville, Tennessee 37216

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): Hermitage Memorial Gardens
20c. LOCATION-City or Town, State: Hermitage, 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 Collier
21d. LICENSE NUMBER OF EMBALMER: 5828
22a. NAME AND ADDRESS OF FUNERAL HOME: Hermitage Funeral Home, 535 Shute Lane, P. O. Box 757, Hermitage, Tennessee 37076
22b. LICENSE NUMBER OF FUNERAL HOME: 540

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda R. Bowers
24. DATE FILED (Month, Day, Year): April 5, 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: P. C. Yim
25b. LICENSE NUMBER: MD27718
25c. DATE SIGNED (Month, Day, Year): 4/4/07.
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): PAUL YIM P.O.Box 568 White House, TN 37188

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. Urosepsis
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.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.: Vaginal Cancer - metastatic

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. 6/99)
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
Tonya Y Foreman
Local Registrar

Date Issued [redacted] 2007

CERTIFICATION OF VITAL RECORD

EXHIBIT A