Prepared by ~~and after recording return to~~	
Name:	
Company:	Richmond Title Services
Address:	2901 N. Dallas Parkway
Address 2:	Suite 100
City, State, Zip:	Plano, Texas 75093
Phone:	214-291-8808
GF#	1062501

Davidson County AFFIDAVIT
Recvd: 11/01/07 14:30 3 pgs
Fees:17.00 Taxes:0.00

20071101-0129069

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AFFIDAVIT OF DEATH - JOINT TENANT

STATE OF TENNESSEE

COUNTY OF DAVIDSON

Herbert Richards, of legal age, being first duly sworn, deposes and says:

1. That Ronda J. Richards, the decedent mentioned in the attached original, or original certified-stamped, Certificate of Death, is the same person as Ronda J. Richards named as one of the parties in that certain Warranty Deed dated 9/12/06, executed by Beverly K. Hedgepath to Herbert Richards and Ronda J. Richards, as tenants by the entirety, recorded in Document 20060918-0115586 on 9/18/06 in the Office of the Register of the County of Davidson, Tennessee, covering the following described property situated in the said County, State of Tennessee:

LAND IN DAVIDSON COUNTY, TENNESSEE, BEING LOT NO. 168 ON THE MAP OF BATTLEWOOD, SECTION II, AS OF RECORD IN BOOK 1835, PAGES 95 AND 96, REGISTER'S OFFICE FOR SAID COUNTY. SAID LOT NO. 168 RUNS 92 FEET ON THE EASTERLY SIDE OF DRUMMOND DRIVE AND RUNS BACK BETWEEN LINES 260.40 FEET ON THE NORTHERLY LINE AND 221.51 FEET ON THE SOUTHERLY LINE TO A DEAD LINE IN THE REAR ON WHICH IT MEASURES 132 FEET.

BEING THE SAME PROPERTY CONVEYED TO RONNIE LEE HEDGEPATH AND WIFE, BEVERLY K. HEDGEPATH ON 05/31/1973 BY DEED FROM FIRST INDUSTRIAL CORP., FILED FOR RECORD ON 06/05/1973 IN BOOK 4714, PAGE 366, REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE. RONNIE LEE HEDGEPATH HAVING SINCE DIED LEAVING TITLE VESTED SOLELY TO BEVERLY K. HEDGEPATH.

Affiant knows that RICHMOND TITLE SERVICES, its affiliates and their respective underwriter(s) are relying on the statements contained herein to be true and correct and without the true facts contained herein said RICHMOND TITLE SERVICES its affiliates and their respective underwriter(s) would not issue its policy.

FURTHER AFFIANT SAYETH NOT.

41070454-02

Recording Requested by &
When Recorded Return To:
mail TO: US Recordings, Inc.
2925 Country Drive Ste 201
St. Paul, MN 55117

Herbert Richards

Affiant
Herbert Richards

ACKNOWLEDGMENT

State of Tennessee

County of Davidson

The foregoing instrument was acknowledged before me this 25th day of September September 2007, by Herbert Richards.

Notary Public Signature

(seal)

Gloria M. Jackson

Printed Name

My commission expires: My Commission Expires MAR. 21, 2009

GLORIA M. JACKSON
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

419704454-01

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: 1 3 6 5 0 8 8

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Ronda J. Richard
2. SEX: female
3. DATE OF DEATH (Month, Day, Year): September 8, 2007
4. SOCIAL SECURITY NUMBER (for Deceased): [redacted]
5a. AGE-LAST BIRTHDAY (Years): 44
5b. UNDER 1 YEAR (Mos.) / 5c. UNDER 1 DAY (Days / Hours / Min.)
6. DATE OF BIRTH (Month, Day, Year): Sept.21,1962
7. BIRTHPLACE (City and State or Foreign Country): Nashville,TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [X] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 8 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Southern Hills Medical Center
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): Herbert Richard
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Cook
12b. KIND OF BUSINESS/INDUSTRY: Vanderbilt
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 806 Drummond Dr.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37211
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): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12th; College (1-4 or 5+): 4

PARENTS

17. FATHER'S NAME (First, Middle, Last): Leo Ronald Summers
18. MOTHER'S NAME (First, Middle, Maiden Surname): Rebecca Summers

INFORMANT

18a. INFORMANT'S NAME (Type/Print): Herbert Richard
18b. RELATIONSHIP TO DECEASED: husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 806 Drummond Dr. Antioch, TN 37211

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): Greenwood Cemetery-Main
20c. LOCATION-City or Town, State: Nashville,TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▸ [signature]
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4502
21c. SIGNATURE OF EMBALMER: ▸ Rick Greene
21d. LICENSE NUMBER OF EMBALMER: 4256
22a. NAME AND ADDRESS OF FUNERAL HOME: Smith Brothers Funeral Directors, Inc. 706 Monroe Street, Nashville, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 809

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▸ [signature]
24. DATE FILED (Month, Day, Year): September 14, 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 [ ] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER
25c. DATE SIGNED (Month, Day, Year)
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 [X] SIGNATURE AND TITLE OF MEDICAL EXAMINER: ▸ [signature] MD
26b. LICENSE NUMBER: 28369
26c. DATE SIGNED (Month, Day, Year): 09/09/2007
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): Thomas Deering, M.D.; 850 R.S. Gass Blvd., Nashville, TN 37216; MEC07-2944

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. Pending
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.
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 [ ] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [X] Pending Investigation 8 [ ] 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

U41970454-02RD02
AFF/DEATH/JT TNT
LOAN# 2000505
US Recordings

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

Date Issued SEP 14 2007

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

CERTIFICATION OF VITAL RECORD