Davidson County AFFIDAVIT
Recvd: 11/14/07 13:02 3 pgs
Fees:17.00 Taxes:0.00
20071114-0133686

citibank®

DECEASED JOINT TENANCY AFFIDAVIT

Prepared by: Sameer Saylekar

STATE OF TN
COUNTY OF DAVIDSON ss.

Order No.

P.O Box 79 0017, MS 221, St. Lou's Mo 63179

SANDRA M. GOAD being duly sworn states that he/she resides at **738 KENT RD, NASHVILLE, TN 37214**.

That he/she was acquainted with **LILLIAN GOAD** deceased who, at the time of his/her death, was one of the owners of the land in **DAVIDSON** County, TN, described as:

SEE ATTACHED LEGAL DESCRIPTION

That the deceased died **05/12/1997** as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

[ ] Leaving no Last Will & Testament

[ ] Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproved will should be filed with the Clerk of the Probate Division of the Circuit Court of **DAVIDSON** County, TN.

[X] Leaving a Last Will & Testament which was filed in the Unproved Will Box of the Probate Division of the Circuit Court of **DAVIDSON** County, TN about N/A.

That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of N/A dollars.

Affiants make this affidavit for the purpose of inducing **CITIBANK, F.S.B** to extend a loan/line of credit to **SANDRA M. GOAD**, secured by a mortgage/deed of trust executed by the said **SANDRA M. GOAD** alone, covering the above-mentioned property.

(Outside of California)

Subscribed and sworn to before me by the said **SANDRA M. GOAD** this 19th day of October, A.D. 2007.

Notary Public Signature

Davidson County Ann Stathos Notary Public State of Tennessee

My Comm Exp 01/21/09

(Within California)

SANDRA M. GOAD 10/19/07
(Affiant's Signature) Date

STATE OF CALIFORNIA
COUNTY OF _____

Subscribed and sworn to (or affirmed) before me on this ___ day of _____, 20__, by [living titleholder]_____, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Seal_____ Signature_____

2nd

Schedule A

THE FOLLOWING REAL PROPERTY SITUATED IN THE COUNTY OF DAVIDSON, AND STATE OF TENNESSEE, DESCRIBED AS FOLLOWS:

BEING UNIT NO. 738, ON THE PLAN OF EMERY PLACE CONDOMINIUMS, OF RECORD IN P1ST BOOK 6250, PAGE 719, REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE, TO WHICH PLAT REFERENCE IS HEREBY MADE FOR A MORE COMPLETE DESCRIPTION.
BEING THE SAME PROPERTY CONVEYED TO SANDRA M. GOAD, UNMARRIED BY DEED FROM KENT DEVELOPMENT CORPORATION OF RECORD IN BOOK 9290, PAGE 650, SAID REGISTER'S OFFICE.
THE CONVEYANCE IS SUBJECT TO RESTRICTIVE COVENANTS OF RECORD IN BOOK 6715, PAGE 96, AMENDED IN BOOK 6783, PAGE 205, AND SECOND AMENDMENT OF RECORD IN BOOK 6845, PAGE 515, AND BY-LAWS OF RECORD IN BOOK 6715, PAGE 130, REGISTER'S OFFICE FOR SAID COUNTY.

BEING THE SAME PROPERTY CONVEYED TO THE GRANTORS(S) BY A DEED RECORDED 02/10/1997, IN THE REGISTER'S OFFICE OF DAVIDSON COUNTY, STATE OF TENNESSEE, IN DEED BOOK 10345, PAGE 710.

PARCEL: 096-090A-738-00CO

ADDRESS: 738 KENT RD

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.

9702027

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT: For use by physician or institution

1. DECEDENT'S NAME (First, Middle, Last): LILLIAN BROWN GOAD
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): APRIL 12, 1997
4. SOCIAL SECURITY NUMBER: [redacted]-4993
5a. AGE - LAST BIRTHDAY (Years): 79
5b. UNDER 1 YEAR (Months)
5c. UNDER 1 DAY (Hours)
5d. UNDER 1 DAY (Min.)
6. DATE OF BIRTH (Month, Day, Year): 9-18-1917
7. BIRTHPLACE (City and State or Foreign Country): JACKSON COUNTY, 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): 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)
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): HOUSEWIFE
12b. KIND OF BUSINESS/INDUSTRY: HOME
13a. RESIDENCE-STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 738 KENT ROAD
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 [X] No
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+):
17. FATHER'S NAME (First, Middle, Last): DRURA WESLEY BROWN
18. MOTHER'S NAME (First, Middle, Maiden Surname): LAVADA CURTIS
19a. INFORMANT'S NAME (Type/Print): SANDRA M. GOAD
19b. RELATIONSHIP TO DECEASED: DAUGHTER
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 738 KENT ROAD NASHVILLE, TENNESSEE
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 MAUSOLEUM
20c. LOCATION-City or Town, State: NASHVILLE, TENNESSEE
21a. SIGNATURE OF FUNERAL DIRECTOR: JIMMY BOND
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2230
21c. SIGNATURE OF EMBALMER: LYNN GAUTHIER
21d. LICENSE NUMBER OF EMBALMER: 4052
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODLAWN FUNERAL HOME 660 THOMPSON LN. NASHVILLE, TN 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 933
23. REGISTRAR'S SIGNATURE: [signature]
24. DATE FILED (Month, Day, Year): April 18, 1997

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

25a. PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner(s) stated.
1 [ ] SIGNATURE AND TITLE OF PHYSICIAN: [signature]
25b. LICENSE NUMBER: 28352
25c. DATE SIGNED (Month, Day, Year): 4/17/97
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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)
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): DOUGLAS RIETH 5651 FRIST BLVD. SUITE #601 HERMITAGE, TENNESSEE 37076

SEE INSTRUCTIONS ON OTHER SIDE

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. ACUTE [illegible] 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.

HIST [illegible] COPD [illegible] INFANT DEATH

29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [✓] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [✓] 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)

BIRTH NO.

PH-1659
REV. 2-93

RDA 1569