Davidson County AFFIDAVIT
Recvd: 02/12/08 13:35 2 pgs
Fees:12.00 Taxes:0.00
20080212-0014167

AFFIDAVIT AS TO THE DEATH OF CARL TALLEY

The undersigned, being first duly sworn on oath, hereby deposes and says:

1. That Affiant is the closing manager for Secure One Title, Inc., the closing agent for the premises commonly known as 3920 Stilton Drive, Nashville, TN 37207, in Davidson County, Tennessee, further described in Chicago Title Commitment Number 07-0053 NOLLE; and legally described as follows:

> Land in Davidson County, Tennessee, being Lot No. 391, on the plan of Bellshire Estates, Section "A" of record in Book 2331, page 116, said register's Office, to which reference is hereby made for a more complete description.

Being the same property conveyed to Carl F. Talley and wife Mary S. Talley by deed from David M. Resha and wife Kathleen K. Resha of record in Book 4654, page 844, said Register's Office, dated November 7, 1972. And being the same property conveyed to Carl F. Talley by Quitclaim Deed from Mary S. Talley of record in Book 5348, page 91, said Register's Office dated October 3, 1978. And further being the same property conveyed to Carl F. Talley and wife Manolita C. Talley by Quitclaim Deed from Carl F. Talley of record in Instrument 200405120054937, said Register's Office, dated May 6, 2004.

2. That Carl Franklin Talley passed away on June 6, 2005.

3. Affiant has attached a certified copy of the death certificate for Carl Franklin Talley, as proof of the decedent's death.

DATED this 11th day of February, 2008.
at Davidson County, Tennessee.

Debra E. Paulsson

Debra E. Paulsson, Closing Manager for
Secure One Title, Inc.

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, Debra E. Paulsson, closing manager for Secure One Title, Inc., the within named Affiant, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), who made oath that the statements contained in the foregoing Affidavit are true of Affiant's own knowledge and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal this 11th day of February, 2008.

Notary Public

RANDI LEANN CRAWFORD
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

My Commission Expires:

My Commission Expires January 3, 2011

Prepared by and return to:
Secure One Title, Inc.
1000 Northchase Dr., #301
Goodlettsville, TN 37072

Notary Seal present,
but could not be reproduced.

Bill Garrett
Davidson County Register of Deeds

After Recording Return To:
Debbie Paulsson, Closing Manager
Secure One Title, Inc.
1000 Northchase Drive, Suite 301
Goodlettsville, TN 37072

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0503302

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last): Carl Franklin Talley		2. SEX: Male	3. DATE OF DEATH (Month, Day, Year): June 6, 2005
4. SOCIAL SECURITY NUMBER (of Decedent): [redacted]-4226	5a. AGE - LAST BIRTHDAY (Years): 71	6. DATE OF BIRTH: July 7, 1933	7. BIRTHPLACE (City and State or Foreign Country): Hohenwald, TN

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No

9a. PLACE OF DEATH (Check only one): 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN OR LOCATION OF DEATH	9d. COUNTY OF DEATH
3920 Stilton Dr.	Nashville	Davidson

10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	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.)	12b. KIND OF BUSINESS/INDUSTRY
Married	Manolita Cavilan	Tn. Dept. of Transportation	Transportation

13a. RESIDENCE-STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER OR RURAL LOCATION
TN	Davidson	Nashville	3920 Stilton Dr.

CENSUS TRACT

13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.)	15. RACE - American Indian, Black, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed)	
1 [X] Yes 2 [ ] No	37207	[ ] Yes [X] No. Specify, if yes:	White	Elementary/Secondary (0-12): 12	College (1-4 or 5+):

17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden Surname)
Claude Talley	Viola Mathis Durham

19a. INFORMANT'S NAME (Type/Print)	19b. RELATIONSHIP TO DECEASED	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
Manolita Talley	Wife	3920 Stilton Dr. Nashville, TN 37207

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION - City or Town, State
1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)	Bastin Cemetary	Hohenwald, TN

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER OF FUNERAL DIRECTOR	21c. SIGNATURE OF EMBALMER	21d. LICENSE NUMBER OF EMBALMER
▶ Richard Tate	3298	▶ Tate, Richard	3664

22a. NAME AND ADDRESS OF FUNERAL HOME	22b. LICENSE NUMBER OF FUNERAL HOME
McDonald Funeral Home - Hohenwald 20 West 2nd Street Hohenwald, TN 38462	132

23. REGISTRAR'S SIGNATURE	24. DATE FILED (Month, Day, Year)
▶ Donna H. Jones	June 14, 2005

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.

1 [X] SIGNATURE AND TITLE OF PHYSICIAN	25b. LICENSE NUMBER	25c. DATE SIGNED (Month, Day, Year)
▶ Michael E. Kuzur MD	MD010644	6/9/05

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 (IF SIGNING CERTIFICATE) MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Dr. Michael Kuzur, 3443 Dickerson Rd. Suite 760 Nashville, TN 37207

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.	Lung Cancer DUE TO (OR AS A CONSEQUENCE OF):	1y
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.

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

30. MANNER OF DEATH	31a. DATE OF INJURY (Month, Day, Year)	31b. TIME OF INJURY	31c. INJURY AT WORK?	31d. DESCRIBE HOW INJURY OCCURRED
1 [✓] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined		M	1 [ ] Yes 2 [ ] No	

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-1688 (REV. 6/99)

BIRTH NO. _____

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.

Tonya Y. Ruttlen
Tonya Y. Ruttlen
Local Registrar

6/16/2005
Date Issued

CERTIFICATION OF VITAL RECORD