Davidson County AFFIDAVIT
Recvd: 03/04/08 08:58 5 pgs
Fees:27.00 Taxes:0.00
20080304-0021325

Owner and Address:

Jerry W. Friedmann
766 Dry Creek Road
Goodlettsville, Tennessee 37072

Unimproved Property:

Map 025-00-0
Parcel 029.00
0 Dry Creek Road
Goodlettsville, TN 37072

AFFIDAVIT OF SURVORSHIP TENANT AND SUGGESTION OF DEATH OF JANICE FRIEDMANN AND LOUELLA HOOD

Comes now Jerry W. Friedmann, being first duly sworn, deposing and stating as follows, to wit:

1. My name is Jerry W. Friedmann, a citizen and resident of Davidson County, Tennessee.

2. On April 13, 1978, Earl Marshal Kemper and wife, Melba Kemper, did by warranty deed convey that certain unimproved property situated on Dry Creek Road, Goodlettsville, Davidson County, Tennessee, unto myself, Jerry W. Friedmann and wife, Janice S. Friedmann, and Louella Hood, as joint tenants, with right of survivorship, which was subsequently recorded in Book 5273, Page 969, Register's Office for Davidson County, Tennessee, said property being more particularly described as set forth on Exhibit "A" attached hereto and incorporated by reference herein.

3. Louella Hood, who is one and the same person as Lou Ella Hood, a joint tenant in and to the aforedescribed property, died on November 24, 2006. A copy of her certificate of death (redacted) is attached hereto as an exhibit to this instrument.

4. Janice Friedmann, who was one and the same person as Janice Sue Friedmann and Janice H. Friedmann, a joint tenant in and to the aforedescribed property, died on October 19, 2007. A copy of her certificate of death (redacted) is attached hereto as an exhibit to this instrument.

5. By virtue of the deaths of Janice Friedmann and Louella Hood, this affidavit is being given to reflect that I survived these joint tenants and by virtue of the survivorship rights I am here and now fully vested in full fee simple title in and to the aforedescribed unimproved real property.

FURTHER AFFIANT SAITH NOT.

WITNESS my hand on this the 3rd day of March, 2008.

JERRY W. FRIEDMANN

STATE ~~OF TENNESSEE~~
COUNTY OF Davidson

Personally appeared before me, a Notary Public in and for said County and State, the within named Jerry W. Friedmann, the bargainor, with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence) and who acknowledged that he executed the within instrument for the purpose therein contained.

Witness my hand and official seal at Goodlettsville, Tennessee, this 3rd day of March, 2008.

NOTARY PUBLIC

My Commission Expires: 12-21-2011

LARRY D. CRAIG
NOTARY PUBLIC AT LARGE
CHEATHAM COUNTY, TENN.

THIS INSTRUMENT PREPARED BY:

Larry D. Craig
Attorney at Law
305 Fourteenth Avenue, North
Nashville, Tennessee 37203

EXHIBIT "A"

Land lying and being in the 10th Civil District of Davidson County, Tennessee, and beginning at a point on the northeasterly side of Dry Creek Road, said point being in the westerly line of the property conveyed to Eula G. Winfrey by deed from E.L. Winfrey, of record in Book 1195, Page 440, Register's Office for said County; thence with said Winfrey's property lines as follows: North 2 deg. 30' East 595 feet, North 53 deg. 00" East 211.86 feet and North 83 deg. 15' East 534.6 feet to a point in the westerly line of the property conveyed to Eula G. Winfrey by deed from Lake O. Seaton and wife, as of record in Book 1943, Page 597, said Register's Office; thence with said Winfrey's last mentioned westerly line and continuing with the property line of the property conveyed to Elmo C. Pemerton and wife, by deed from James H. Miller and wife, of record in Book 2448, Page 71, said Register's Office, North 1 deg. 45' East 462 feet to a point; thence with said Pemerton's property line, North 70 deg. 00' West 445.5 feet and North 45 deg. 00' West 528 feet to said Pemertons' most northwesterly corner, said corner also being the most northerly common corner of Tracts Two and Three on said survey; thence with the line between said Tracts Two and Three, South 25 deg. 48' West 1,505 feet, more or less, to the northeasterly side of Dry Creek Road; thence with the northeasterly side of Dry Creek Road, southeasterly 820 feet to the point of beginning, containing 27 acres, more or less.

Being the same property conveyed to Jerry W. Friedmann and wife, Janice Friedmann, and Louella Hood, as Joint Tenants, with right of survivorship, by deed from Earl Marshal Kemper and wife, Melba Kemper, of record in Book 5273, Page 969, Register's Office for Davidson County, Tennessee.

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0-606812

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Lou Ella Hood
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): November 24, 2006
4. SOCIAL SECURITY NUMBER: [redacted]9911
5a. AGE-LAST BIRTHDAY (Years): 86
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Feb. 17, 1920
7. BIRTHPLACE (City and State or Foreign Country): Franklin, 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 4 Nursing Home 5 Residence 6 [X] Other (Specify): Hospice
9b. FACILITY NAME (If not institution, give street and number): Alive Hospice at St. Thomas
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
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): Manager
12b. KIND OF BUSINESS/INDUSTRY: Worthington Industries
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 4487 Post Place, Apt. # 56
CENSUS TRACT
13e. RESIDENCE-INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37205
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify: Cuban, Mexican, Puerto Rican, etc.): Yes [ ] No [X]
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): Benjamin Hood
18. MOTHER'S NAME (First, Middle, Maiden Surname): Joanna Fitts

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Janice Hood Friedmann
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4487 Post Place, Apt #56, Nashville TN37205

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: [signature]
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5666
21c. SIGNATURE OF EMBALMER: Brandy Collier
21d. LICENSE NUMBER OF EMBALMER: 5828
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn-Roesch-Patton Funeral Home 660 Thompson Lane Nashville, Tennessee 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda R. Bowers
24. DATE FILED (Month, Day, Year): December 5, 2006

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: [signature] MD
25b. LICENSE NUMBER: 40340
25c. DATE SIGNED (Month, Day, Year): Dec. 4 2006
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): Dr. James Meadows 4220 Hardng Rd. Nashville, TN 37205

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.
Immediate Cause (Final disease or condition resulting in death): a. CEREBROVACULAR ACCIDENT — Approximate Interval Between Onset and Death
DUE TO (OR AS A CONSEQUENCE OF): b.
DUE TO (OR AS A CONSEQUENCE OF): c.
DUE TO (OR AS A CONSEQUENCE OF): d.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
PART II. Other significant conditions contributing to death but not resulting in the underlying causes 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 [ ] 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 1389

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]
Local Registrar

Tonya Y Foreman
Local Registrar

10/26/2007
Date Issued

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

METROPOLITAN GOVERNMENT NASHVILLE AND DAVIDSON COUNTY TENNESSEE

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

PRINT IN PERMANENT INK. SEE INSTRUCTIONS HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Janice Sue Friedmann
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): October 19, 2007
4. SOCIAL SECURITY NUMBER: [redacted]1498
5a. AGE-LAST BIRTHDAY (Years): 61
5b. UNDER 1 YEAR (Months)
5c. UNDER 1 DAY (Hours / Days)
6. DATE OF BIRTH (Month, Day, Year): Nov.01,1945
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): 1 Hospital 2 ER/Outpatient 3 [X] DOA 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): NorthCrest Medical Ceneter
9c. CITY, TOWN, OR LOCATION OF DEATH: Springfield
9d. COUNTY OF DEATH: Robertson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Jerry Friedmann,Sr
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Underwriter
12b. KIND OF BUSINESS/INDUSTRY: Loan Company
13a. RESIDENCE-STATE: TN
13b. COUNTY: Robertson
13c. CITY, TOWN, OR LOCATION: Springfield
13d. STREET AND NUMBER OR RURAL LOCATION: 6663 Owens Chapel Road
13e. WITHIN CITY LIMITS? 1 Yes 2 [X] No
13f. ZIP CODE: 37172
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No and if yes, specify Cuban, Mexican, Puerto Rican, etc.) Specify, if yes: Yes 0 [X] No
15. RACE-American Indian, Asian, Black, White, etc. (Specify): White
16. EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12th College (1-4 or 5+):

FATHER'S DATA

17. FATHER'S NAME (First, Middle, Last): William Archie Hood
18. MOTHER'S NAME (First, Middle, Maiden Surname): Lou Ella Hood

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Jerry Friedmann, Jr.
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 6663 Owens Chapel Road Springfield, TN 37172

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, TN

FUNERAL DIRECTOR

21a. SIGNATURE OF FUNERAL DIRECTOR: Robert Anderson, Jr.
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4342
21c. SIGNATURE OF EMBALMER: Jim Brewer
21d. LICENSE NUMBER OF EMBALMER: 2969
22a. NAME AND ADDRESS OF FUNERAL HOME: Anderson & Garrett Funeral Home 3501 Old Clarksville Pike, P O Box 68, Joelton, TN 37080
22b. LICENSE NUMBER OF FUNERAL HOME: 193

REGISTRAR

23. REGISTRAR'S SIGNATURE: Donna McEwing LR
24. DATE FILED (Month, Day, Year): Nov8,2007

PHYSICIAN

25a. 1 SIGNATURE AND TITLE OF PHYSICIAN: Vijaya Thekkeurmbil
25b. LICENSE NUMBER: MD 34848
25c. DATE SIGNED (Month, Day, Year): 10/19/07

MEDICAL EXAMINER

26a. 2 SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER
26c. DATE SIGNED (Month, Day, Year)

PHYSICIAN OR MEDICAL EXAMINER COMPLETING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITH 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Vijaya Thekkeurmbil, M.D., c/o NorthCrest Emer Room, Springfield, TN 37172 100 NorthCrest Drive

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. CARDIA RESPIRATORY ARREST
DUE TO (OR AS A CONSEQUENCE OF):
b. CORONARY ARTERY DISEASE
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

Sequentially list conditions, if any, leading to the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

Approximate Interval: Between Onset and Death

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I

28a. WAS AN AUTOPSY PERFORMED? 1 Yes 2 No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No

29. MANNER OF DEATH: 1 [X] Natural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation 6 Could not be Determined
30a. DATE OF INJURY (Month, Day, Year)
30b. TIME OF INJURY
30c. INJURY AT WORK? 1 Yes 2 No
30d. DESCRIBE HOW INJURY OCCURRED
30e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)
30f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

SEE INSTRUCTIONS ON OTHER SIDE

RDA 1999

2777687

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 Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Sharon M. Leinbach
STATE REGISTRAR

Donna McEwing, Local Registrar
Robertson County

Date Issued 12/5/07

CERTIFICATION OF VITAL RECORD