Davidson County AFFIDAVIT
Recvd: 03/04/08 08:59 4 pgs
Fees:22.00 Taxes:0.00
20080304-0021326

Owner and Address:

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

Improved Property:

Map 024-00-0
Parcel 127.00
766 Dry Creek Road
Goodlettsville, TN 37072

AFFIDAVIT OF SURVIVING TENANT BY THE ENTIRETIES
AND SUGGESTION OF DEATH OF JANICE H. FRIEDMANN

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 June 8, 1977, Lawrence D. Clinard and wife, Patricia S. Clinard, did by warranty deed convey that certain improved property now known as 766 Dry Creek Road, Goodlettsville, Davidson County, Tennessee, unto Jerry W. Friedmann and wife, Janice H. Friedmann, a tenancy by the entireties, which was subsequently recorded in Book 5156, Page 993, 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. Janice H. Friedmann, who was one and the same person as Janice Sue Friedmann and Janice Friedmann, died on October 19, 2007. A copy of her certificate of death (redacted) is attached hereto as an exhibit to this instrument.

4. On the date of death of Janice H. Friedmann we were lawfully married.

5. By virtue of the death of my spouse and by virtue of being the surviving tenant by the entirety, I am here and now fully vested in full fee simple title in and to the aforedescribed improved 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 in the 10th Civil District of Davidson County, Tennessee, and described according to an unrecorded survey made by Charles R. Simmons, dated the 29th day of July, 1975, as follows:

BEGINNING at an iron pin and a corner fence post on the south side of Dry Creek Road and the N.W. corner of this tract, thence: S 72 deg. E 167.8 (with the south margin of Dry Creek Road) feet to an iron pin; thence S 73 deg. 27' E 36.2 feet to an iron pin; thence leaving the road S 22 deg. 30' W 195.0 feet to an iron pin; thence S 21 deg. 30' E 784.0 feet more or less to an iron pin in the south property line fence; thence with fence S 75 deg. 01' W 40.0 feet to a corner fence post; thence with fence line N 32 deg. 12' W 857.2 feet to a corner fence post and iron pin; thence N 19 deg. E 283.4 feet with fence line to an iron pin on south margin of road, the point of BEGINNING, and containing 3.10 acres, more or less.

Being the same property conveyed to Jerry W. Friedmann and wife, Janice H. Friedmann, by deed from Lawrence D. Clinard and wife, Patricia S. Clinard, of record in Book 5156, Page 993, Register's Office for Davidson County, Tennessee.

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

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
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
9. PLACE OF DEATH (Check only one): 1 Inpatient 2 ER/Outpatient 3 X DOA 4 Nursing Home 5 Residence 6 Other (Specify)
9a. 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
11. SURVIVING SPOUSE: Jerry Friedmann,Sr
12a. DECEDENT'S USUAL OCCUPATION: 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. CITY: [redacted]
13f. ZIP CODE: 37172
14. WAS DECEDENT OF HISPANIC ORIGIN? 1 Yes 2 X No
15. RACE: White
16. EDUCATION: Elementary/Secondary (0-12): 12th; College (1-4 or 5+):
17. FATHER'S NAME (First, Middle, Last): William Archie Hood
18. MOTHER'S NAME (First, Middle, Maiden Surname): Lou Ella Hood
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
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
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
23. REGISTRAR'S SIGNATURE: ▶ Donna McEwing LR
24. DATE FILED (Month, Day, Year): Nov 8, 2007
25a. INTERVAL - 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: ▶ Vijaya Thekkeerambil.
25b. LICENSE NUMBER: MD 34848
25c. DATE SIGNED (Month, Day, Year): 10/19/07
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):
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Vijaya Thekkeerambil, 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.
Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. CARDIA RESPIRATORY ARREST
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to the immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST
b. CORONARY ARTERY DISEASE
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.
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
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):

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, LR
Donna McEwing, Local Registrar
Robertson County

Date Issued 12/5/07

CERTIFICATION OF VITAL RECORD