This Instrument Prepared by:
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Davidson County AFFIDAVIT
Recvd: 05/08/08 10:42 2 pg
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AFFIDAVIT OF HEIRSHIP

The undersigned, being first duly sworn, deposes and says as follows:

1. I am an adult, a U.S. citizen, a resident of Davidson County, Tennessee, and the surviving spouse of Richard Z. Fields, deceased.

2. Richard Z. Fields died in Davidson County, Tennessee, on February 6, 2004, as evidenced by the Certificate of Death issued by the Metropolitan Government of Nashville and Davidson County on February 17, 2004, a true and correct copy of which is attached hereto as Exhibit A and incorporated by reference.

3. At the time of his death, the decedent and I held title, as tenants by the entirety, to the improved real property commonly known as 4086 Port Cleburne Court, Hermitage, TN, 37076, by virtue of the Warranty Deed from Wall Construction Company, Inc., recorded March 12, 1973 at Book 4688, page 283, Register's Office for Davidson County, Tennessee, and upon decedent's death I succeeded to all of his interest in said property as his surviving spouse.

4. Decedent died intestate, but with personal property valued at less than $25,000.00, and decedent's estate was exempt from Probate under the provisions of Section 30-4-101 of the Probate Code.

5. This Affidavit is freely given pursuant to the provisions of Tennessee Code Annotated Section 30-2-712, to help establish the heirship with respect to any real or personal property owned by the decedent Richard Z. Fields in Davidson County, Tennessee, or elsewhere.

I make the above statements based on my own personal knowledge, and to the best of my knowledge and belief these statements are true, correct and complete.

IN WITNESS WHEREOF, the undersigned has executed this Affidavit as of the 8th day of May, 2008.

Joyce W. Fields

Joyce W. Fields

STATE OF TENNESSEE
COUNTY OF DAVIDSON

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

Witness my hand and official seal at Nashville, Tennessee, this 8th day of May, 2008.

Carol R. Weiler

Notary Public

CAROL R. WEILER
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

[SEAL]

My Commission Expires March 7, 2011

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0400775

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Richard Zackary Fields
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): February 6, 2004
4. SOCIAL SECURITY NUMBER: [redacted]-9908
5a. AGE LAST BIRTHDAY (Years): 73
5b. UNDER 1 YEAR (Months)
5c. UNDER 1 DAY (Hours / Days)
6. DATE OF BIRTH (Month, Day, Year): Aug. 25, 1930
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] 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): Summitt Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Hermitage, Tennessee
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Willodean Cruse
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Military Service
12b. KIND OF BUSINESS/INDUSTRY: Tennessee Army National Guard
13a. RESIDENCE STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Hermitage
13d. STREET AND NUMBER OR RURAL LOCATION: 4086 Port Cleburne Court
CENSUS TRACT: 12
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37076
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): 12; College (1-4 or 5+):

NAME OF DECEDENT (For use by physician or medical examiner)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Doris Emery Fields
18. MOTHER'S NAME (First, Middle, Maiden Surname): Jennie Mai Long

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Joyce Fields
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4086 Port Cleburne Court Hermitage, Tennessee 37076

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): Hermitage Memorial Gardens
20c. LOCATION (City or Town, State): Hermitage, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Brad Raines
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4992
21c. SIGNATURE OF EMBALMER: ▶
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: Hermitage Funeral Home 535 Shute Lane, P. O. Box 757, Hermitage, Tennessee 37076
22b. LICENSE NUMBER OF FUNERAL HOME: 540

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ [signature]
24. DATE ACCEPTED BY LR (Month, Day, Year): February 17, 2004

CERTIFIER

26a. 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]
26b. LICENSE NUMBER: 16436
26c. DATE SIGNED (Month, Day, Year): 2/11/04
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. Mitchell Toomey, 5653 Frist Boulevard, Suite 434, Hermitage, Tennessee 37076

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.

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Lung Cancer — DUE TO (OR AS A CONSEQUENCE OF): — Approximate Interval Between Onset and Death: months

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 [ ] 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: M
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

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

Date Issued: FEB 17 2004

CERTIFICATION OF VITAL RECORD