Davidson County AFFIDAVIT
Recvd: 09/25/08 13:41 3 pg
Fees:17.00 Taxes:0.00
20080925-0097703

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Instrument Prepared By:
T. Adam Dozier
The Law Office of S. Brad Dozier
4825 Trousdale Drive, Suite 231
Nashville, TN 37220

The Actual Consideration or Value of this transaction, whichever is greater, is Zero and 00/100 Dollars ($0.00).

Jerry Caggiano Jr
Affiant

LISA D. STRAWN
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.

Sworn and subscribed to before me this 10th day of September 2008.

Lisa D. Strawn
Notary Public

My Commission Expires: My Commission Expires NOV. 22, 2010

ADDRESS OF NEW OWNER:
Jerry Caggiano, Jr.
2035 Breckenridge Drive
Mt. Juliet, TN 37122

SEND TAX BILLS TO:
Same

MAP/PARCEL:
Map 53-3 Parcel 16

Robert Joseph Caggiano
1619 Ridge North
Tifton, GA 31794

Jerry Caggiano, Jr. and Robert Joseph Caggiano, being first duly sworn according to law, state that they are persons of lawful age, and further depose and state as follows:

That they were the brother of Patricia M. Caggiano for many years and know personally that the following statements are correct and complete:

Patricia M. Caggiano died June 18th, 2006, a resident of Old Hickory, Davidson County, Tennessee. She was predeceased by her parents, Jerry Caggiano, Sr. and Deltah I. Caggiano. She was never married and died without children. She is survived by her two siblings, Jerry Caggiano, Jr., who currently lives in Mt. Juliet, Wilson County, Tennessee and Robert Joseph Caggiano, who currently lives in Tifton, Tift County, Georgia, we two brothers being her only heirs-at-law.

This affidavit is freely given pursuant to T.C.A. §§30-2-712 et. seq., to help establish and reflect the heirship with respect to any real or personal property owned by Patricia M. Caggiano in Davidson County, Tennessee or elsewhere.

Further Affiants saith not.

Robert Joseph Caggiano

STATE OF GEORGIA)
)
COUNTY OF Tift)

Personally appeared before me, the undersigned and a Notary Public, Robert Joseph Caggiano, 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 purposes herein contained.

WITNESS my hand, at office, this 15th day of September, 2008.

Notary Public

SHAWN GIPSON NOTARY PUBLIC TIFT COUNTY, GA

My Commission Expires:

Jerry Caggiano, Jr.

Notary Public, Tift County, Georgia
My Commission Expires Nov. 16, 2009

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned and a Notary Public, Jerry Caggiano, Jr., 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 purposes herein contained.

WITNESS my hand, at office, this 10th day of September, 2008.

Lisa D. Strawn
Notary Public

LISA D. STRAWN STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY, TENN.

My Commission Expires: My Commission Expires NOV. 22, 2010

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK — M 02437

ST NUI 2006 026773

DECEDENT

1 DECEDENT'S NAME (First Middle Last): Patricia Marie Caggiano
2 SEX: Female
3 DATE OF DEATH (Month Day Year): June 18, 2006
4 SOCIAL SECURITY NUMBER (of Decedent): [redacted]
5a AGE LAST BIRTHDAY (Years): 59
5b UNDER 1 YEAR MOS / DAYS
5c UNDER 1 DAY HOURS / MIN
6 DATE OF BIRTH (Month Day Year): May 9, 1947
7 BIRTHPLACE (City and State or Foreign Country): Old Hickory, TN
8 WAS DECEDENT EVER IN U S ARMED FORCES? 1 Yes 2 X No
8a PLACE OF DEATH (Check only one): HOSPITAL 1 Inpatient 2 ER/Outpatient 3 DOA; OTHER 4 Nursing Home 5 X Residence 6 Other (Specify)
9b FACILITY NAME (If not institution give street and number): 1215 Berry Street 910
9c CITY TOWN OR LOCATION OF DEATH: Old Hickory 094
9d COUNTY OF DEATH: Davidson 19
10 MARITAL STATUS—Married Never Married Widowed Divorced (Specify): Never Married
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): Sales Clerk
12b KIND OF BUSINESS/INDUSTRY: Dollar General Store
13a RESIDENCE STATE: Tennessee
13b COUNTY: Davidson
13c CITY TOWN OR LOCATION: Old Hickory
13d STREET AND NUMBER OR RURAL LOCATION: 1215 Berry Street
CENSUS TRACT: M
13e INSIDE CITY LIMITS? 1 Yes 2 X No
13f ZIP CODE: 37138
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes specify Cuban Mexican Puerto Rican etc.) Yes 0 X No — Specify if yes
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+): 2

NAME OF DECEDENT For use by physician or institution

PARENTS

17 FATHER'S NAME (First Middle Last): Jerry Caggiano
18 MOTHER'S NAME (First Middle Maiden Surname): Deltah Inman

INFORMANT

19a INFORMANT'S NAME (Type/Print): Jerry Caggiano, Jr
19b RELATIONSHIP TO DECEASED: Brother
19c MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code): 2035 Breckenridge Drive Mount Juliet, T

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: Barbara Crosslin
21b LICENSE NUMBER OF FUNERAL DIRECTOR: 5633
21c SIGNATURE OF EMBALMER:
21d LICENSE NUMBER OF EMBALMER:
22a NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Co - Hadley Chapel, 1700 Hadley Avenue, Old Hickory, Tennessee 37138
22b LICENSE NUMBER OF FUNERAL HOME: 1002

REGISTRAR

23 REGISTRAR'S SIGNATURE: Linda R. Brewer
24 DATE FILED (Month Day Year): June 22, 2006

CERTIFIER

25a PHYSICIAN — To the best of my knowledge death occurred at the time date and place and due to the cause(s) and manner as stated
1 X SIGNATURE AND TITLE OF PHYSICIAN: Don Vollmer MD
25b LICENSE NUMBER: 31287
25c DATE SIGNED (Month Day Year): 6/22/06
26a MEDICAL EXAMINER — On the basis of examination and/or investigation in my opinion death occurred at the time 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 CERTIF

27 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Donald Vollmer, M D 4200 Stammer Pl Nashville, TN 37215

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.

3096345

Sharon M. Leinbach
STATE REGISTRAR

Date Issued Sep-10-2008

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD