This instrument prepared by:

GEORGE J. DUZANE
Attorney at Law
603 Woodland Street
Nashville, TN 37206
(615) 259-1214

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE
COUNTY OF DAVIDSON

We, **LORA ANN HARVEY, JOYCE ADAMS, GARY ADAMS, JAMES BUCHANAN AND DAVID BUCHANAN,** after being duly sworn according to law, depose and state as follows:

1. We are all citizens and residents of Davidson County, Tennessee, residing as follows:

Lora Ann Harvey
1811 Lillian Street
Nashville, TN 37206

Joyce Adams
1811 Lillian Street
Nashville, TN 37206

Gary Adams
1205 Chester Avenue
Nashville, TN 37206

James Buchanan
212 Myatt Drive
Madison, TN 37115

David Buchanan
949 General George Patton
Nashville, TN 37221

Davidson County AFFIDAVIT
Recvd: 10/01/08 13:29 9 pgs
Fees:47.00 Taxes:0.00
20081001-0099718

2. We are all over the age of 18 years and are of sound mind and disposing memory.

3. Our mother, **GOLDIE LOUISE ADAMS**, also known as **LOUISE DICKENS ADAMS,** died on July 12, 2008, and at the time of her death, she was a widow. Her death certificate is attached hereto as Exhibit A. Her husband, **BELVIE ADAMS,** having predeceased

her on October 14, 2003. His death certificate is attached hereto as Exhibit B. Our mother did leave a will, a copy of which is attached hereto as Exhibit C. We are the surviving heirs of the Estate of Goldie Louise Adams.

4. At the time of her death, our mother, **GOLDIE LOUISE ADAMS,** also known as **LOUISE DICKENS ADAMS**, owned real property located at 1811 Lillian Street, Nashville, Davidson County, Tennessee, described as follows:

> Land in Davidson County, Tennessee, being Lot No. 122 on the Map of Edgefield Land Company's First Addition, of record in Book 57, Page 130, of the Register's Office for Davidson County, Tennessee.
>
> Said Lot No. 122 fronts 50 feet on the northerly side of Lillian Avenue and runs back between parallel lines 150 feet to an alley.
>
> Being the same property conveyed to Belvie Adams and wife, Louise Dickens Adams, by deed from Lorin Larkins and wife, Mary Satterfield Larkins, by deed of record in Deed Book 2595, Page 631, Register's Office for Davidson County, Tennessee. Louise Dickens Adams is the same person as Goldie Louise Adams.

5. As the surviving heirs of **GOLDIE LOUISE ADAMS**, also known as **LOUISE DICKENS ADAMS,** we are entitled to inherit the real estate located at 1811 Lillian Street, Nashville, Tennessee 37206.

6. Joyce Adams, Gary Adams, James Buchanan and David Buchanan do not wish to claim their share of the inheritance of the property located at 1811 Lillian Street, Nashville, Tennessee 37206 and forfeits their share of said property to our sister, Lora Ann Harvey.

DATED this 25th day of September, 2008.

Lora Ann Harvey
LORA ANN HARVEY

Sworn to and subscribed before me this 25th day of September, 2008.

NOTARY PUBLIC
My Commission Expires: 5/2/11

GEORGE J. DUZANE
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.

Joyce Adams
JOYCE ADAMS

Sworn to and subscribed before me this 15th day of Sept., 2008.

NOTARY PUBLIC
My Commission Expires: 3-10-12

FRANK E. MONDELLI, SR. STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

Gary Lee Adams
GARY ADAMS

Sworn to and subscribed before me this 15 day of SEPT., 2008.

NOTARY PUBLIC
My Commission Expires: 3-10-12

FRANK E. MONDELLI, SR. STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

JAMES BUCHANAN

Sworn to and subscribed before me this 28th day of August, 2008.

NOTARY PUBLIC
My Commission Expires: 5/2/11

STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

DAVID BUCHANAN

Sworn to and subscribed before me this 28th day of August, 2008.

NOTARY PUBLIC
My Commission Expires: 5/2/11

GEORGE J. DUZANE STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY, TENN.

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0305975

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): Belvie R. Adams
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): October 14, 2003
4. SOCIAL SECURITY NUMBER (of Decedent): 415-10-1440
5a. AGE - LAST BIRTHDAY (Years): 87
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): Nov 7, 1915
7. BIRTHPLACE (City and State or Foreign Country): Statesville, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] 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): 1811 Lillian St.
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Goldie Louise
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Truck Driver
12b. KIND OF BUSINESS/INDUSTRY: Interstate Paving
13a. RESIDENCE—STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1811 Lillian St.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37206
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No - if yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No
15. RACE—American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 3; College (1-4 or 5+):
NAME OF DECEDENT (For use by physician or institution)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Amos Adams
18. MOTHER'S NAME (First, Middle, Maiden Surname): Unknown

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Goldie Louise Adams
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1811 Lillian St., Nashville, TN 37206

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): Mount Olivet Cemetery
20c. LOCATION—City or Town, State: Nashville TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Imogene Green
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4367
21c. SIGNATURE OF EMBALMER: Scotty Brewer
21d. LICENSE NUMBER OF EMBALMER: 4687
22a. NAME AND ADDRESS OF FUNERAL HOME: Ellis Funeral Home, 2627 Nolensville Road, Nashville, TN 37211-
22b. LICENSE NUMBER OF FUNERAL HOME: 775

REGISTRAR

23. REGISTRAR'S SIGNATURE: Robert Rhodes Jr
24. DATE FILED (Month, Day, Year): October 23, 2003

CERT FILER

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 [ ] SIGNATURE AND TITLE OF PHYSICIAN: B. Murphy MD
25b. LICENSE NUMBER: MD 0024994
25c. DATE SIGNED (Month, Day, Year): 10/22/03
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):
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Barbara Murphy 777 Preston Research Building Nashville TN 37205

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

CAUSE OF DEATH

28. PART I. Enter the disease, 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. Squamous Carcinoma, Sm — 1 Mon
DUE TO (OR AS A CONSEQUENCE OF):
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? 1 [ ] Yes 2 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [X] 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: 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):

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
Local Registrar

OCT 24 2003
Date Issued

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

8804042

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): Goldie Louise Adams
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): July 12, 2008
4. SOCIAL SECURITY NUMBER (If Deceased): 411-38-4866
5a. AGE-LAST BIRTHDAY (Years): 80
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): Sept. 19, 1927
7. BIRTHPLACE (City and State or Foreign Country): Temperance Hall, 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; OTHER: 4 Nursing Home 5 X Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 1811 Lillian Street
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.): Home Maker
12b. KIND OF BUSINESS/INDUSTRY: Own Home
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1811 Lillian Street
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 XX Yes 2 No
13f. ZIP CODE: 37206
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes O X No
Specify, if yes:
15. RACE-American Indian, Black, White, etc. (Specify): Caucasian
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 6th; College (1-4 or 5+):

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

PARENTS
17. FATHER'S NAME (First, Middle, Last): Ellis T. Dickens
18. MOTHER'S NAME (First, Middle, Maiden Surname): Tessie Mae Midgett

INFORMANT
19a. INFORMANT'S NAME (Type/Print): Lora Harvey
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1811 Lillian Street Nashville, Tennessee 37210

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): Mount Olivet Cemetery
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Michael Illobre
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5352
21c. SIGNATURE OF EMBALMER: ▶ Michael Illobre
21d. LICENSE NUMBER OF EMBALMER: 5353
22a. NAME AND ADDRESS OF FUNERAL HOME: Mount Olivet Funeral Home and Cemetery 1101 Lebanon Road Nashville Tennessee 37210 .
22b. LICENSE NUMBER OF FUNERAL HOME: 970

REGISTRAR
23. REGISTRAR'S SIGNATURE: ▶ Linda R. Bowers, OR
24. DATE FILED (Month, Day, Year): July 16, 2008

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 SIGNATURE AND TITLE OF PHYSICIAN: ▶ [signature]
25b. LICENSE NUMBER: 16963
25c. DATE SIGNED (Month, Day, Year): 7/16/08
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): 2021 Church St. #5209 Nashville, TN. 37203

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. COPD
DUE TO (OR AS A CONSEQUENCE OF):
Approximate Interval Between Onset and Death: yes
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: Atrial fibrillation, Alzheimers Dementia, CHF
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 X 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. 6/98)
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.

[redacted]
Local Registrar

Tonya Y Foreman
Tonya Y Foreman
Local Registrar

JUL 16 2008
Date Issued

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

CERTIFICATION OF VITAL RECORD

LAST WILL AND TESTAMENT
OF
GOLDIE LOUISE ADAMS

I, Goldie Louise Adams, of Nashville, Tennessee, revoke my former Wills and Codicils and declare this to be my Last Will and Testament.

ARTICLE I
IDENTIFICATION OF FAMILY

The names of my children are Lora Ann Harvey, Joyce Elizabeth Adams, Tim Adams, Gary Adams, Mike Adams, David Buchanan, Charles Adams, Georgia Jones, and James Buchanan. All references in this Will to "my children" are references to the above-named children.

ARTICLE II
PAYMENTS OF DEBTS AND EXPENSES

I direct that my just debts, funeral expenses, and expenses of last illness be first paid from my estate.

ARTICLE III
DISPOSITION OF PROPERTY

Residuary Estate. I direct that my residuary estate be distributed to Lora Ann Harvey, of Nashville, Tennessee. If such beneficiary does not survive me, my residuary estate shall be distributed to Joyce Elizabeth Adams, of Nashville, Tennessee. If such beneficiary does not survive me, my residuary estate shall be distributed to my heirs-at-law, their identities and respective shares to be determined under the laws of the State of Tennessee, then in effect, as if I died intestate at the time fixed for distribution under this provision.

ARTICLE IV
NOMINATION OF EXECUTOR

I nominate Lora Ann Harvey, of Nashville, Tennessee, as the Executor,without bond or security. If such person or entity does not serve for any reason, I nominate Joyce Elizabeth Adams, of Nashville, Tennessee, to be the Executor, without bond or security.

ARTICLE V
EXECUTOR POWERS

My Executor, in addition to other powers and authority granted by law or necessary or appropriate for proper administration, shall have the right and power to lease, sell, mortgage, or otherwise encumber any real or personal property that may be included in my estate, without order of court and without notice to anyone.

My Executor shall have the right to administer my estate using "informal", "unsupervised", or "independent" probate or equivalent legislation designed to operate without unnecessary intervention by the probate court.

ARTICLE VI
MISCELLANEOUS PROVISIONS

A. Paragraph Titles and Gender. The titles given to the paragraphs of this Will are inserted for reference purposes only and are not to be considered as forming a part of this Will in interpreting its provisions. All words used in this Will in any gender shall extend to and include all genders, and any singular words shall include the plural expression, and vice versa, specifically including "child" and "children", when the context or facts so require, and any pronouns shall be taken to refer to the person or persons intended regardless of gender or number.

B. Liability of Fiduciary. No fiduciary who is a natural person shall, in the absence of fraudulent conduct or bad faith, be liable individually to any beneficiary of my estate, and my estate shall indemnify such natural person from any and all claims or expenses in connection with or arising out of that fiduciary's good faith actions or nonactions as the fiduciary, except for such actions or nonactions which constitute fraudulent conduct or bad faith.

C. Beneficiary Disputes. If any bequest requires that the bequest be distributed between or among two or more beneficiaries, the specific items of property comprising the respective shares shall be determined by such beneficiaries if they can agree, and if not, by my Executor.

IN WITNESS WHEREOF, I have subscribed my name below, this 6 day of October, 2006.

Testator Signature: Goldie Louise Adams

Goldie Louise Adams

We, the undersigned, hereby certify that the above instrument, which consists of _____ pages, including the page(s) which contain the witness signatures, was signed in our sight and presence by Goldie Louise Adams (the "Testator"), who declared this instrument to be his/her Last Will and Testament and we, at the Testator's request and in the Testator's sight and presence, and in the sight and presence of each other, do hereby subscribe our names as witnesses on the date shown above.

Witness Signature: Janet Burch
Name: Janet Burch
City: Nashville
State: Tennessee

Witness Signature: Mary E. Graves
Name: Mary Graves
City: Nashville
State: Tennessee

Witness Signature: Randall Abston
Name: Randall Abston
City: Nashville
State: Tennessee

AFFIDAVIT

I, Goldie Louise Adams, the Testator, sign my name to this instrument this 6 day of October, 2006, and being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as my Will and that I sign it willingly, in the presence of the undersigned witnesses, that I execute it as my free and voluntary act for the purposes expressed in the Will, and that I am eighteen years of age or older, of sound mind, and under no constraint or undue influence.

Testator Signature: Goldie Louise Adams

Goldie Louise Adams

We, Janet Burch and Mary Graves and Randall Abston, the witnesses, sign our names to this instrument, being first duly sworn, and do hereby declare to the undersigned authority that the Testator signs and executes this instrument as the Testator's will and that the Testator signs it willingly in our presence, and that the Testator executes it as the Testator's free and voluntary act for the purposes expressed in the will, and that each of us, in the presence and hearing of the Testator, at the Testator's request, and in the presence of each other, hereby signs this will, on the date of the instrument, as witness to the Testator's signing, and that to the best of our knowledge the Testator is eighteen years of age or older, of sound mind and memory, and under no constraint or undue influence, and the witnesses are of adult age and otherwise competent to be witnesses.

Witness Signature: Janet Burch

Name: Janet Burch
City: Nashville
State: Tennessee

Witness Signature: Mary E Graves

Name: Mary Graves
City: Nashville
State: Tennessee

Witness Signature: Randall Abston

Name: Randall Abston
City: Nashville
State: Tennessee

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Subscribed, sworn to and acknowledged before me by Goldie Louise Adams, the Testator; and subscribed and sworn to before me by Janet Burch and Mary Graves and Randall Abston, witnesses, this 6 day of October, 06.

Gayla Collins

Notary public, or other officer authorized to take and certify acknowledgments and administer oaths

GAYLA COLLINS
NOTARY PUBLIC
STATE OF TENNESSEE
COUNTY OF RUTHERFORD