Prepared by:
Mark A. Ellmore, Jr., Attorney at Law
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Nashville, Tennessee 37210
(615) 365-6535

Davidson County AFFIDAVIT
Recvd: 03/10/09 09:40 3 pgs
Fees:17.00 Taxes:0.00
20090310-0021404

AFFIDAVIT OF HEIRSHIP

The undersigned individuals, Ngem Sily, Den Sily, Rayane Sily, and Khambang Sibounheuang, after first being duly sworn, each does make oath as follows:

1) Ramaney Sily, born October 21, 1973, died intestate May 13, 2008, a resident of 311 North 17th Street, Nashville, Davidson County, Tennessee 37206, at the age of thirty five (35).

2) Ramaney Sily was unmarried and had no children. Ramaney Sily is survived by his parents, Ngem Sily and Den Sily, and a brother, Rayane Sily, all residing at 3429 Ott Wilson Road, Springfield, Robertson County, Tennessee 37172, who constituted his heirs at law. Parents are United States citizens.

3) Ramaney Sily owned the realty known as 311 North 17th Street, Nashville, Davidson County, Tennessee 37206, of record in the Official Record Book, Instrument Number 20040603-0065483, June 3, 2004, in the Register's Office for Davidson County, Tennessee.

4) Ramaney Sily's estate was not probated and all assets passed to his heirs, Ngem Sily and Den Sily, parents, by operation of law, and the estate was non-taxable.

5) The undersigned individual, Khambang Sibounheuang, is very familiar with the Ramaney Sily family history, having been a family friend for many years. Khambang Sibounheuang is a retired Metropolitan Government court officer for the Honorable Judge Hamilton V. Gayden, Jr., and he is also active with the Islamic Center.

6) The foregoing statements, facts, and information are true and correct to the best of our knowledge and belief.

IN WITNESS WHEREOF, the said Ngem Sily, Den Sily, Rayane Sily and Khambang Sibounheuang have executed the forgoing Affidavit of Heirship pursuant to the Tennessee Code Annotated Section 30-2-712.

Witness our hand and official seal this 4th day of March 2009.

Ngem Sily
Ngem Sily (Father)

Den Sily
Den Sily (Mother)

Rayane Sily (Brother)

Khambang Sibounheuang (Friend)

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me the undersigned a Notary Public the within named, **Ngem Sily and Den Sily** the bargainors with whom I am acquainted (or proved to me on the basis of satisfactory evidence) that they executed the foregoing instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee this the 4th day of March 2009.

Elizabeth A. Christmas
Notary Public

My Commission Expires:

My Commission Expires SEPT. 19, 2009

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me the undersigned a Notary Public the within named, **Rayane Sily**, the bargainor with whom I am acquainted (or proved to me on the basis of satisfactory evidence) that he executed the foregoing instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee this the 4th day of March 2009.

Elizabeth A. Christmas
Notary Public

My Commission Expires

My Commission Expires SEPT. 19, 2009

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me the undersigned a Notary Public the within named, **Khambang Sibounheuang**, the bargainor with whom I am acquainted (or proved to me on the basis of satisfactory evidence) that he executed the foregoing instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee this the 4th day of March 2009.

Elizabeth A. Christmas
Notary Public

My Commission Expires

My Commission Expires SEPT. 19, 2009

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: 080813

TYPE/PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): RAMANEY SILY
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): May 13, 2008
4. SOCIAL SECURITY NUMBER (If not issued, enter "None"): 409-35-8851
5a. AGE-LAST BIRTHDAY (Years): 35
5b. UNDER 1 YEAR — MONTHS:
5c. UNDER 1 DAY — HOURS / MIN.:
6. DATE OF BIRTH (Month, Day, Year): OCT. 21, 1973
7. BIRTHPLACE (City and State or Foreign Country): LAOS
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (List): 1 Yes 2 X No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 Inpatient 2 X ER/Outpatient 3 DOA; OTHER: 4 Nursing Home 5 Residence 6 X Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Skyline Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): NEVER MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): NONE
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): CONTARTOR
12b. KIND OF BUSINESS/INDUSTRY: CONSTRUCTION
13a. RESIDENCE-STATE: TENNESSEE
13b. COUNTY: ROBERTSON
13c. CITY, TOWN OR LOCATION: SPRINGFIELD
13d. STREET AND NUMBER OR RURAL LOCATION: 2329 OTT WILSON ROAD
CENSUS TRACT:
13e. INSIDE CITY LIMITS? 1 Yes 2 X No
13f. ZIP CODE: 37172
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Yes 2 X No — Specify, if yes:
15. RACE-American Indian, Black, White, etc. (Specify): ASIAN
16. DECEDENT'S EDUCATION (Specify only highest grade completed) — Elementary/Secondary (0-12): 12 — College (1-4 or 5+): 0

PARENTS

17. FATHER'S NAME (First, Middle, Last): NGEM SILY
18. MOTHER'S NAME (First, Middle, Maiden Surname): DEN SILY

INFORMANT

19a. INFORMANT'S NAME (Type/Print): RAYANE SILY
19b. RELATIONSHIP TO DECEASED: BROTHER
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3429 OTT WILSON ROAD SPRINGFIELD, TENNESSEE 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): ISLAMIC CENTER CEMETERY
20c. LOCATION-City or Town, State: NASHVILLE, TENNESSEE
21a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
21b. LICENSE NUMBER OF FUNERAL DIRECTOR:
21c. SIGNATURE OF EMBALMER:
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: AL-FAROOQ ISLAMIC CENTER 1421 4TH AVENUE SOUTH, NASHVILLE, TENNESSEE 37210
22b. LICENSE NUMBER OF FUNERAL HOME:

REGISTRAR

23. REGISTRAR'S SIGNATURE: [signature] Robert W. Rhoda Jr. D.C.
24. DATE FILED (Month, Day, Year): May 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 X SIGNATURE AND TITLE OF PHYSICIAN:
25b. LICENSE NUMBER:
25c. DATE SIGNED (Month, Day, Year):
29a. 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 X SIGNATURE AND TITLE OF MEDICAL EXAMINER:
29b. LICENSE NUMBER: 34173
29c. DATE SIGNED (Month, Day, Year): 05/13/2008
PHYSICIAN OR MEDICAL EXAMINER RESPONSIBLE FOR CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Feng Li, M.D., Ph.D.; 850 R.S. Gass Blvd., Nashville, TN 37216; MEC08-1732

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. (Approximate Interval: Between Onset and Death)
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Pending
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? X 1 Yes 2 No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? X 1 Yes 2 No

30. MANNER OF DEATH: 1 Natural 2 Accident 3 Suicide 4 Homicide 5 X 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-1650 (REV. 6/02) — BIRTH NO. — RDA 1350

Add Time Ticket Number (s) 0962716922463,0967169224652
Delta Air Line

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]

Tonya Y. Foreman
Local Registrar

Date Issued: MAY 16 2008

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

METROPOLITAN GOVERNMENT NASHVILLE AND DAVIDSON COUNTY

CERTIFICATION OF VITAL RECORD