Prepared By:
Affordable Closings, LLC
5115 Maryland Way
Brentwood, TN 37027

MAP 162-05-0-207

BILL GARRETT, Davidson County
Trans:T20090059389 AFFIDAVIT
Recvd: 08/31/09 10:32 3 pgs
Fees:17.00 Taxes:0.00
20090831-0081395

Re: **308 Ocala Circle**
Nashville, TN 37211

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE
COUNTY OF Davidson

Personally appeared before me, the undersigned, William S Banniza being of lawful age, who after being duly sworn, do depose and say;

1. That **William Scott Banniza,** is the only **Child** of **Harry L. Banniza, Jr. and wife, Diane W. Banniza, and**
2. That I have personal knowledge of the facts recited in this Affidavit; and
3. **Harry L. Banniza, Jr., died on** 9/27/08 **, a resident of Davidson County, Tennessee and at the time of his death was ___married, and**
4. **Diane W. Banniza, died on** 5/18/04 **, a resident of Davidson County, Tennessee and at the time of her death was ___married, and**
5. That he is the only child ever born to**. Harry L. Banniza, Jr. and wife, Diane W. Banniza, and**
6. **William Scott Banniza,** the child of **Harry L. Banniza, Jr. and wife, Diane W. Banniza,**
7. is the sole surviving heir at law of **Harry L. Banniza, Jr. and wife, Diane W. Banniza, ;** and
8. That this affidavit is made and given pursuant to Section 30-2-712 of the Tennessee Code Annotated for the purposes of establishing the heirs of the said **Harry L. Banniza, Jr. and wife, Diane W. Banniza, ;**
9. This affidavit is being executed of the affiant's own free will and is based upon his or her personal knowledge. Failure to state the truth in this affidavit shall subject the affiant to the penalties as prescribed by statue.

IN WITNESS WHEREOF, we have hereunto set our hands this 24th day of August 2009.

x William J. Lamoia 8/24/09

STATE OF TENNESSEE
COUNTY OF Davidson

Sworn to and subscribed before me this 24th day of August, 2009.

My Commission Expires: MARCH 7, 2011

Sandra Pfieffer
Notary Public

SANDRA PFIEFFER
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON

STATE OF TENNESSEE
Office of Vital Records

0805611

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): Harry Lawrence Banniza, Jr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): September 27, 2008
4. SOCIAL SECURITY NUMBER (If Deceased): 409-68-1186
5a. AGE-LAST BIRTHDAY (Years): 65
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Dec 24, 1942
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 [ ] 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): 308 Ocala Circle
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.): Assistant Director
12b. KIND OF BUSINESS/INDUSTRY: Metro Government
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 308 Ocala Circle
CENSUS TRACT: 51 31A
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37211
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.): [ ] Yes [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+):

NAME OF DECEDENT For use by physician or examiner

PARENTS

17. FATHER'S NAME (First, Middle, Last): Harry L. Banniza, Sr.
18. MOTHER'S NAME (First, Middle, Maiden Surname): Margaret Lassitter

INFORMANT

19a. INFORMANT'S NAME (Type/Print): William S. Banniza
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 728 Mason Tucker Dr., Smyrna, Tennessee 37167

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): Spring Hill Cemetery
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Wendell T Byrd
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2556
21c. SIGNATURE OF EMBALMER: Richard Manson
21d. LICENSE NUMBER OF EMBALMER: 3137
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Inc., Hickory Chapel 5852 Nolensville Road, Nashville, Tennessee 37211
22b. LICENSE NUMBER OF FUNERAL HOME: 760

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda R. Bowers, OR
24. DATE FILED (Month, Day, Year): September 30, 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: Steven H. Tai, MD
25b. LICENSE NUMBER: MD035765
25c. DATE SIGNED (Month, Day, Year): SEPT 30, 2008
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): Steven Tai, M.D. 222 22nd Ave. N., 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. Coronary Artery Disease — Approximate Interval Between Onset and Death: 3 years
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.

PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: End Stage Renal Disease
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 [ ] 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)

PH-1659 (REV. 6/98)
BIRTH NO.
RDA 1399

2739521

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

Tonya Y. Foreman
Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

SEP 30 2008
Date Issued

CERTIFICATION OF VITAL RECORD