RECORDING REQUESTED BY
ServiceLink
4000 Industrial Blvd.
Aliquippa, PA 15001

~~WHEN RECORDED MAIL TO:~~
JERRY ALEX BROWN
7021 STILL SPRING HOLLOW DR
NASHVILLE, TN 37221-2128
Order No: 2060509

BILL GARRETT, Davidson County
Trans:T20090083049 AFFIDAVIT
Recvd: 12/09/09 09:21 4 pgs
Fees:22.00 Taxes:0.00
20091209-0112415

Chicago Title
Servicelink Division
4000 Industrial Blvd
Aliquippa, PA 15001

* PREPARED BY SEE PG 2

Affidavit of Death of Spouse

State of TN
County of DAVIDSON

JERRY ALEX BROWN, being first duly sworn, deposes and says: That he/she was validly married to MARY ALICE BROWN immediately prior to the latter named party's death, and that the affiant in conjunction with the decedent held title as "husband and wife" or as "husband and wife as community property" to the following described property:

See Exhibit "A" attached hereto and made a part hereof

Tax ID: 128-16-0-A00-60-0CO

That the affiant and the above-named decedent were married on 6-7-58 and affiant is the widow/widower of decedent and;

That MARY ALICE BROWN died on 1/18/2006 as evidenced by a certified copy of the Certificate of Death attached hereto and;

That the affiant has carefully examined all of the decedent's personal possessions, letters, papers, effects, and belongings and is certain that either:

1) No will was executed or otherwise declared by the decedent, based not only on affiant's failure to discover a will, but because affiant was never informed of decedent having executed or declared a will, and affiant is certain that he/she would have been consulted, or would at least have had knowledge of that fact if a testamentary disposition were attempted, or
2) If a will is present that it is the last complete will (with codicils and/or other amendments) and that this will devised the subject property to the affiant; and

That the above-described property has been at all times since acquisition considered the community property of decedent and affiant and that any and all contributions to said property from whatever source were also considered by decedent and affiant to be community in nature; and

That, with respect to the above-described property, there has not been nor will there be an election filed pursuant to Probate Code 649.1 (b), (c) or (d) in any probate proceedings in any court or competent jurisdiction; and

That this affidavit is made for the protection and benefit of the grantee or grantees of the subject property, in conjunction with the successors, assigns and personal representatives of the grantee or grantees and all other parties hereafter dealing with or who may acquire an interest in the property herein described, and particularly for the benefit of Chicago Title Insurance Company which is preparing to insure the title to said property in reliance upon the assurances of affiant contained in this affidavit and otherwise; and

That affiant will testify, declare, depose, or certify before any tribunal, officer, or person, in any case now pending or which may hereafter be instituted, to the truth of the particular facts hereinabove set forth.

Dated Oct 24, 2009

Jerry Alex Brown

JERRY ALEX BROWN

State of Tennessee

County of Davidson

Subscribed and sworn to (or affirmed) before me this 24 day of Oct, 2009 by Jerry Alex Brown, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(seal)

Signature

PEGGY L. NIEMANN
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON CO., TN

My Commision Expires
JULY 5, 2011

* JACQUE NASTASI
METLIFE
700 CORPORATE BLVD
NEWBURGH NY 12550

Exhibit "A"
Legal Description

All that certain parcel of land situated in City of NASHVILLE, County of DIVIDSON, State of TENNESSEE, being known and designated as follows:

BEING LOT NO. 15 ON THE PLAN OF STILL SPRING HOLLOW, SECTION 1, PHASE 1, AS SHOWN ON PLAT OF RECORD IN BOOK 7900, PAGE 135, REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE, TO WHICH REFERENCE IS HEREBY MADE FOR A MORE COMPLETE AND ACCURATE DESCRIPTION OF SAID LOT.

Being the same property as conveyed from GREATER MIDDLE TENNESSEE DEVELOPMENT PARTERBNERSHIP, A TENNESSEE GENERAL PARTNERSHIP COMPOSED OF OAKLAND INVESTMENTS, LTD, A DELWARE CORPORATION, to JERRY ALEX BROWN AND WIFE, MARY ALICE BROWN as described in GRANT Deed, Dated 08/05/1993, Recorded 08/06/1993 , in Official Records Document No 49258 book 9039 page 389.

Tax ID: 128-16-0-A00-60-0CO

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0600018

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): Mary Alice Brown
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): January 19, 2006
4. SOCIAL SECURITY NUMBER (If Deceased): 2098
5a. AGE-LAST BIRTHDAY (Years): 69
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Min.
6. DATE OF BIRTH (Month, Day, Year): Jun 9 1936
7. BIRTHPLACE (City and State or Foreign Country): Pahokee, FL
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): 1 [X] Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Baptist Hospital
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): Jerry Brown
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Office Manager
12b. KIND OF BUSINESS/INDUSTRY: Baptist Hospital
13a. RESIDENCE STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 7021 Still Spring Hollow Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? [X] Yes [ ] No
13f. ZIP CODE: 37221
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+): 4

PARENTS

17. FATHER'S NAME (First, Middle, Last): Clinton Smith
18. MOTHER'S NAME (First, Middle, Maiden Surname): Roberta Chard

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Jerry Brown
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 7021 Still Spring Hollow Dr. Nashville, TN 37221

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): Ft. Myers Memorial
20c. LOCATION (City or Town, State): Ft. Myers FL
21a. SIGNATURE OF FUNERAL DIRECTOR: Jeff Pins
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4427
21c. SIGNATURE OF EMBALMER: Jeff Pins
21d. LICENSE NUMBER OF EMBALMER: 4353
22a. NAME AND ADDRESS OF FUNERAL HOME: Harpeth Hills Funeral Home, 9090 Highway 100, Nashville, TN 37221
22b. LICENSE NUMBER OF FUNERAL HOME: 849

REGISTRAR

23. REGISTRAR'S SIGNATURE:
24. DATE FILED (Month, Day, Year): 1/21/06

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 (If other than certifier): Tracie T. Carpenter MD
25b. LICENSE NUMBER: TN 25217
25c. DATE SIGNED (Month, Day, Year): 1/21/06
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 AT MEDICAL CERTIFICATION WITHIN 48 HOURS

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Tracie T. Carpenter 2010 Church St. #210 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.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Pneumonia due to Group A Streptococcus — Interval Between Onset and Death: Days
SEE INSTRUCTIONS ON OTHER SIDE
DUE TO (OR AS A CONSEQUENCE OF): b.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
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: Cirrhosis, Spinal stenosis
29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? [ ] Yes [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? [ ] Yes [ ] 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)

DEATH NO.

PH-1659 (REV. 6-96) RDA 1309

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.

FEB 01 2006

Tonya Y. Ruttlen
Tonya Y. Ruttlen
Local Registrar

Date Issued

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

CERTIFICATION OF VITAL RECORD