This instrument prepared by:

FRANK E. MONDELLI
Attorney at Law
603 Woodland Street
Nashville, TN 37206
(615) 259-1214

BILL GARRETT, Davidson County
Trans:T20090083155 AFFIDAVIT
Recvd: 12/09/09 11:33 8 pgs
Fees:42.00 Taxes:0.00
20091209-0112565

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE
COUNTY OF DAVIDSON

We, **SUZANNE WESLEY BINGHAM and VICTOR PHILIP WESLEY, JR.,** after being duly sworn according to law, depose and state as follows:

1. Suzanne Wesley Bingham is a citizen and resident of Tennessee, residing at 5505 Brookshire Drive, Nashville, Tennessee 37211.

2. Victor Phillip Wesley, Jr. is a citizen and resident of Tennessee, residing at 717 Vosswood Dr., Nashville, Tennessee 37205.

3. We are over the age of 18 years and we are of sound mind and disposing memory.

4. Our mother, **MARY DAVIS HOSTETTLER WESLEY**, died on September 30th, 2009. At the time of her death, she was a widow. Her death certificate is attached hereto as Exhibit A. Her husband, **VICTOR PHILIP WESLEY, SR.,** having predeceased her on October 18th, 1994. 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 surviving heirs of the Estate of Mary Davis Hostettler Wesley.

5. At the time of her death, our mother, **MARY DAVIS HOSTETTLER WESLEY,** owned real property located at 5057 Stillwood Drive, Nashville, Davidson County, Tennessee, described as follows:

   Being Lot No. 43 on the Plan of Crieve Hall Estates, Section I revised, as of record in Book 1835, pages 122, 123 and 124, Register's Office for Davidson County, Tennessee, described as follows:

   BEGINNING at a point in the westerly margin of Stillwood Drive at the corner of Lots 43 and 44; thence westwardly with the line between said two lots 185 feet to the corner of lots 43, 44 and 45; thence with the line between lots nos. 43 and 45 southwestwardly 86.1 feet to the common corner of lots 41, 43 and 45; thence southeastwardly with the line between lots 41 and 43, 55.9 feet to the corner of lots 41, 42 and 43; thence with the line between lots 43 and 42 eastwardly 204.1 feet to a

point in the westerly margin of Stillwood Drive; thence with the margin of the same northwardly 138 feet to the beginning.

Being the same property conveyed to Victor P. Wesley and wife, Mary Davis Wesley, by deed from Crieve Hall Estates, Inc., of record in Book No. 2140, page 65, Register's Office for Davidson County, Tennessee.

6. As the surviving heirs of **MARY DAVIS HOSTETTLER WESLEY,** we are entitled to inherit the real estate located at 5057 Stillwood Drive, Nashville, Tennessee 37220.

DATED this 9TH day of December, 2009.

Suzanne Wesley Brigham
SUZANNE WESLEY BINGHAM

Sworn to and subscribed before me this 9TH day of December, 2009.

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

NOTARY PUBLIC

My Commission Expires: 3-10-12

VICTOR PHILIP WESLEY, JR.

Sworn to and subscribed before me this 9TH day of December, 2009.

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

NOTARY PUBLIC

My Commission Expires: 3-10-12

STATE OF TENNESSEE
Office of Vital Records

0985478

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last): Mary Davis Hostettler Wesley
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): September 30, 2009
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]7367
5a. AGE-LAST BIRTHDAY (Years): 81
5b. UNDER 1 YEAR (Months)
5c. UNDER 1 DAY (Hours)
6. DATE OF BIRTH (Month, Day, Year): June 9, 1928
7. BIRTHPLACE (City and State or Foreign Country): Nashville, 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 E.R./Outpatient 3 DOA 4 Nursing Home 5 Residence 6 [X] Other (Specify): Hospice
9b. FACILITY NAME (If not institution, give street and number): Alive Hospice at St. Thomas
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.): Homemaker
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: 5057 Stillwood Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 No
13f. ZIP CODE: 37220
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+):
NAME OF DECEDENT For use by physician or medical examiner
17. FATHER'S NAME (First, Middle, Last): Frank Joseph Hostettler Sr.
18. MOTHER'S NAME (First, Middle, Maiden Surname): Theodosia Davis
19a. INFORMANT'S NAME (Type/Print): Victor P. Wesley Jr.
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 717 Vosswood Drive, Nashville, TN 37205
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): Calvary Cemetery
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Whitley, Don
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3098
21c. SIGNATURE OF EMBALMER: ▶ Plunk, Jeff
21d. LICENSE NUMBER OF EMBALMER: 4353
22a. NAME AND ADDRESS OF FUNERAL HOME: Harpeth Hills Funeral Home
9090 Hwy 100 PO Box 210242, Nashville, TN 37221
22b. LICENSE NUMBER OF FUNERAL HOME: 849
23. REGISTRAR'S SIGNATURE: ▶ [signature]
24. DATE FILED (Month, Day, Year): October 1, 2009
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: ▶ [signature]
25b. LICENSE NUMBER: 35969
25c. DATE SIGNED (Month, Day, Year): 09/30/09
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 DIRECTIVE: CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Martha P. Leonard 4330 Harding Rd Nashville, TN 37205
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. Acute Renal failure with hyperkalemia — Approximate Interval: Onset and Death: 1-2weeks
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to the immediate cause. Enter UNDERLYING CAUSE (Disease or injury) that initiated events resulting in death LAST: b. probable ischemic event with mesenteric ischemia — 1-2weeks
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: Fulminant Acute Liver Failure, Diabetes Mellitus Type 2
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. 8/99) BATCH NO. RDA 1390

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.

3560622

OCT 0 1 2009

Sharon M. Leinbach
STATE REGISTRAR

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

Date Issued

CERTIFICATION OF VITAL RECORD

EXHIBIT A

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

NOV 8 1994

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last): VICTOR PHILIP WESLEY, SR
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): 10-18-1994
4. SOCIAL SECURITY NUMBER: [redacted]-0233
5a. AGE-LAST BIRTHDAY (Years): 67
6. DATE OF BIRTH (Month, Day, Year): 02-14-1927
7. BIRTHPLACE (City and State or Foreign Country): NASHVILLE
8. RESIDENCE: [redacted]
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 No
10. RESIDENCE INSIDE CITY LIMITS? 1 Yes 2 No
11. RESIDENCE OUTSIDE U.S.? 1 Yes 2 No
12. PLACE OF DEATH: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
13a. FACILITY NAME (If not institution, give street and number): SOUTHERN HILLS
13b. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
13c. COUNTY OF DEATH: DAVIDSON
14. MARITAL STATUS (Married, Never Married, Widowed, Divorced): MARRIED
15. SURVIVING SPOUSE (If wife, give maiden name): MARY H.WESLEY POSTMAN
16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S.GOVERNMENT
16b. KIND OF BUSINESS/INDUSTRY: U.S.GOVERNMENT
17a. RESIDENCE - STATE: TENNESSEE
17b. COUNTY: DAVIDSON
17c. CITY, TOWN OR LOCATION: NASHVILLE
17d. STREET ADDRESS OR RURAL LOCATION: 5057 STILLWOOD DR
17e. CENSUS TRACT:
17f. ZIP CODE: 37220
18. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Yes 2 No
19. RACE - American Indian, Black, White, etc. (Specify): WHITE
20. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):
21. INFORMANT'S NAME (First, Middle, Last): VICTOR F. WESLEY
22. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 5057 STILLWOOD DR. NASHVILLE,TN.37220
23. NAME OF FATHER/PARENT (First, Middle, Last): MARY H.WESLEY
24. RELATIONSHIP TO DECEASED: WIFE
25a. METHOD OF DISPOSITION: 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify):
25b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): CALVARY CEMETERY
25c. LOCATION - City or Town, State: NASHVILLE,TN
26a. SIGNATURE OF FUNERAL DIRECTOR: Wm Whitley
26b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3098
26c. SIGNATURE OF EMBALMER: Doug Dobbs
26d. LICENSE NUMBER OF EMBALMER: 4337
26e. NAME AND ADDRESS OF FUNERAL HOME: WOODLAWN FUNERAL HOME 660 THOMPSON LN.NASHVILLE,TN.37204
26f. LICENSE NUMBER OF FUNERAL HOME: 933
27a. INFORMANT'S SIGNATURE: Patricia Bowers
27b. DATE FILED (Month, Day, Year): October 25, 1994
28a. CERTIFIER - 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:
28b. LICENSE NUMBER: 0020779
28c. DATE SIGNED (Month, Day, Year): 10-24-94
29a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 2 Signature and Title of Medical Examiner:
29b. LICENSE NUMBER:
29c. DATE SIGNED (Month, Day, Year):
29d. NAME AND ADDRESS OF CERTIFIER (Physician or Medical Examiner) (Type/Print):

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

30. 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. Acute MI -
Due to or as a consequence of: b. CA Cell Cancer head & Neck
Due to or as a consequence of: c. Polycythemia Rubra
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.

31a. WAS AN AUTOPSY PERFORMED? 1 Yes 2 No
31b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No

32. MANNER OF DEATH: 1 Natural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation 6 Could not be determined
33a. DATE OF INJURY (Month, Day, Year):
33b. TIME OF INJURY:
33c. INJURY AT WORK? 1 Yes -9 No
33d. DESCRIBE HOW INJURY OCCURRED:
33e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):
33f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

EXHIBIT B

OF

MARY DAVIS HOSTETTLER WESLEY

I, Mary Davis Hostettler Wesley, a resident of Davidson County, Tennessee, being of sound and disposing memory, do hereby make, publish and declare this to be MY LAST WILL AND TESTAMENT, hereby revoking all other Wills and Codicils heretofore made by me.

ARTICLE I.

I nominate and appoint my Husband, Victor Phillip Wesley, Sr., if he shall survive me, as Executor of this my LAST WILL AND TESTAMENT, and I direct that no further inventory be required and that no bond be required for the faithful performance of his duties as such Executor in any jurisdiction whatsoever. In the event my said Husband, Victor Phillip Wesley, Sr., shall predecease me or for any reason shall fail to qualify as Executor hereunder, or having qualified, shall resign or die, then in such event I hereby nominate my Son, Victor Phillip Wesley, Jr., as successor Executor and I direct that said successor Executor shall possess and exercise all powers and authority hereinabove conferred upon my Executor.

ARTICLE II.

I will and direct that all of my just debts (except debts secured by mortgages or other security instruments, which may be paid off or retained in the discretion of my Executor), including funeral expenses and testamentary expenses and expenses of my last illness, be paid as soon as may be convenient after my

EXHIBIT C

paid entirely out of my residuary estate as an expense of administration without apportionment, and with no right of reimbursement from any recipient or beneficiary of any such property.

I will and direct that the proceeds of any life insurance payable to my estate or to my Executor may be used for the payment of debts or taxes.

ARTICLE III.

I authorize my Executor (including any substitute or successor personal representative or Trustee) in the exercise of a reasonable discretion with respect to all property, real or personal, at any time forming part of my estate or Trust, to exercise any and all powers set forth in Section 3 of Chapter 110 of the Tennessee General Assembly of 1963, Tennessee Code Annotated, Section 35-50-110, to the extent applicable, all of which powers and provisions are incorporated herein by reference as fully and completely as if copied herein verbatim.

ARTICLE IV.

All of my insurance policies which provide indemnity for the loss of any of my personal or real property by fire, windstorm or other similar casualty (including any claim for the loss of or damage to any such property which I might have at the time of my death against any insurance company), I give and bequeath, respectively, to those persons, as the case may be, who shall become the owner of such properties by reason of my death, whether such ownership be acquired under the provisions of this

foregoing devises and bequests; all the rest, residue and remainder of the property which I own at the time of my death, real, personal and mixed, tangible and intangible, of whatsoever nature and wheresoever situate; including all property which I may acquire or become entitled to after the execution of this Will, and all lapsed legacies and devises, all life insurance payable to my estate, I hereby will, bequeath and devise unto my Husband, Victor Phillip Wesley, Sr., if he shall survive me. But if my said Husband shall predecease me, then I hereby will, devise and bequeath all property passing under this Article to my Son, Victor Phillip Wesley, Jr. and my Daughter, Suzanne Marie Wesley Mankin, to be divided equally.

ARTICLE VI.

I hereby bequeath to my Daughter, Suzanne Marie Wesley Mankin my yellow gold diamond ring and yellow gold wedding band. I hereby bequeath to my Son, Victor Phillip Wesley, Jr. my white gold diamong ring.

ARTICLE VII.

In the event my Husband and I die simultaneously, or under such circumstances which make it difficult to determine which of us died first, I direct that my Husband shall be deemed to have survived me for the purposes of this Will, and I direct further that the provisions of this Will shall be construed upon that assumption, irrespective of any provision of law establishing a contrary presumption or requiring survivorship for a fixed period as a condition of taking property by inheritance.

IN WITNESS WHEREOF, I have hereunto set my hand on this the 4 day of JANUARY, 1991, to this my LAST WILL AND TESTAMENT, and have also subscribed each of the preceding three (3) pages at the bottom thereof for the purpose of identification.

Mary Davis Hostettler Wesley
MARY DAVIS HOSTETTLER WESLEY

THE foregoing instrument (LAST WILL AND TESTAMENT), consisting of this and three (3) preceding typewritten pages, was signed, sealed and published and declared by Mary Davis Hostetter Wesley to be her LAST WILL AND TESTAMENT, in our presence and we, at her request, and in her presence, and in the presence of each other, have hereunto subscribed our names as witnesses, this the 4 day of JANUARY, 1991.

LINDA KING residing at SOUTHERN BANK 9TH AVE

JADA LUSTER residing at SOUTHERN BANK 9TH AVE

AFFIDAVIT OF WITNESSES

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

For the purposes expressed in Chapter No. 560 of the Public Acts, 1972, General Assembly of the State of Tennessee, Tennessee Code Annotated, Section 32-211, the undersigned individuals, first being duly sworn, depose and say:

1. That Mary Davis Hostettler Wesley, signified and declared to us that the foregoing instrument was her LAST WILL AND TESTAMENT and signed and published the same as such in our presence and sight; and we, the undersigned, at her request and in her presence and sight, and in the sight of each other, subscribed our names thereto as attesting witnesses.

2. That at the time of the execution of the aforesaid instrument by Mary Davis Hostettler Wesley, she was of sound and disposing mind and memory and was more than 18 years old.

Linda King