BILL GARRETT, Davidson County
Trans:T20090084702 AFFIDAVIT
Recvd: 12/16/09 10:51 3 pgs
Fees:17.00 Taxes:0.00
20091216-0114507

STATE OF TENNESSEE
COUNTY OF SHELBY

NOTICE OF DEATH NOT RECORDED IN PREVIOUSLY RECORDED INSTRUMENT

Before me, the undersigned authority, personally appeared Deborah Murdock, Attorney at Law (the "Affiant"), who, after being by me first duly sworn, deposes and says as follows:

1. That a written instrument (the "Instrument"), prepared and recorded by Affiant, the instrument more particularly described below, has heretofore been recorded in the Office of the Register of Deeds of Davidson County, Tennessee.

A. Description of Instrument:
Parcel ID #098090A08100CO
Being Lot No. 198 on the plan of Lake Shore, Phase 2-A, of record in Plat Book 7900, page 425, Register's Office of Davidson County, Tennessee, to which plat reference is hereby made for a more complete description.

B. Date of Instrument:
July 10, 2009

C. Parties to Instrument:
Grantor = Andrea K. Helm, sole Trustee of the Andrea K. Helm Living Trust
Grantee = Andrea K. Helm, Trustee of the George Helm Jr. Testamentary Family Trust

D. Recording Information of Instrument:
Instrument # = 200909140085647, Instrument Type = Quit Claim Deed

2. That the Instrument contains the following described error (the "Error"):
Omission of notice of death of previous Grantee, George Helm Jr.

3. That the following is the correct information to give notice of the Error:
George Helm Jr. died on December 18, 2008
Copy of Death Certificate enclosed

4. This Affidavit is prepared, executed and recorded, for the purpose of giving notice of the omission in the Instrument.

5. The preparer of this document is:
Deborah E. Murdock
319 Poplar View Lane W, Ste 2
Collierville, TN 38017

This 14th day of December, 2009.

Deborah Murdock, Attorney At Law, Affiant

STATE OF TENNESSEE
COUNTY OF SHELBY

I, the undersigned, a Notary Public in and for the County and State aforesaid, hereby certify that Deborah Murdock, Attorney at Law and Affiant ("Affiant"), personally known to me or known to me by said Affiant's presentation of said Affiant's Tennessee Driver's License, personally appeared before me this day and acknowledged the due and voluntary execution of the foregoing Affidavit.

Witness my hand and official stamp or seal, this 14th day of December, 2009.

Patricia P Keen
Notary Public

My Commission expires: NOV. 2nd, 2013



STATE OF TENNESSEE
Office of Vital Records

0 8 0 7 5 8 1

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

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

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): George Neville Helm, Jr
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): December 18, 2008
4. SOCIAL SECURITY NUMBER (of Decedent): 405-36-6895
5a. AGE-LAST BIRTHDAY (Years): 76
5b. UNDER 1 YEAR (Months): 5c. UNDER 1 DAY (Hours): 5d. UNDER 100 HOURS (Minutes)
6. DATE OF BIRTH (Month, Day, Year): Dec 2, 1932
7. BIRTHPLACE (City and State or Foreign Country): Hickman, Kentucky
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? [X] Yes [ ] No
9a. PLACE OF DEATH (Check only one): [ ] Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA; [ ] Not in Hospital: 4 Nursing Home 5 Residence; [X] 6 Other (Specify): Alive Hospice
9b. FACILITY NAME (If not institution, give street and number): The Residence @ Alive Hospice
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): Andrea K Ebel
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): USS Navy
12b. KIND OF BUSINESS/INDUSTRY: Military
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Hermitage
13d. STREET AND NUMBER OR RURAL LOCATION: 5429 Mainsail Drive
CENSUS TRACT: 71.31
13e. INSIDE CITY LIMITS? [X] Yes [ ] No
13f. ZIP CODE: 37076
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+): 7

PARENTS

17. FATHER'S NAME (First, Middle, Last): George Neville Helm, Sr
18. MOTHER'S NAME (First, Middle, Maiden Surname): Mabel Marshall

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Andrea Helm
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 5429 Mainsail Drive Hermitage, Tennessee 37076

DISPOSITION

20a. METHOD OF DISPOSITION: [X] 1 Burial [ ] 2 Cremation [ ] 3 Removal from State [ ] 4 Donation [ ] 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Middle Tennessee Veterans Cemetery
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Charles H Teague
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5845
21c. SIGNATURE OF EMBALMER: Mary K Moore
21d. LICENSE NUMBER OF EMBALMER: 5995
22a. NAME AND ADDRESS OF FUNERAL HOME: Hibbett & Hailey Funeral Home, 429 Donelson Pike, Nashville, Tennessee 37214
22b. LICENSE NUMBER OF FUNERAL HOME: 492

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda K Boulware DR
24. DATE FILED (Month, Day, Year): January 2, 2009

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. [X] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER: 44186
25c. DATE SIGNED (Month, Day, Year): 12-31-2008
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. [ ] 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): David B Trabue M.D. 1718 Patterson St. Nashville TN 37203

SEE INSTRUCTIONS ON OTHER SIDE

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.	Squamous Cell Cancer of Lung with Liver Mets	
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.
29a. WAS AN AUTOPSY (Was Not) PERFORMED? [ ] Yes [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? [ ] Yes [X] No
Emphysema; Bladder Cancer; Crohn's Disease

30. MANNER OF DEATH: [X] 1 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)

PH-1650 (REV. 8/99)
BIRTH NO.
REVA 1999

2751835

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, Local Registrar
Davidson County, Tennessee

JAN 02 2009
Date Issued

CERTIFICATION OF VITAL RECORD