BILL GARRETT, Davidson County
Trans:T20100011542 AFFIDAVIT
Recvd: 02/26/10 12:59 2 pgs
Fees:12.00 Taxes:0.00
20100226-0014894

AFFIDAVIT OF HEIRSHIP

The undersigned William Bomer, having been duly sworn according to law deposes and says:

1. That, Robert Bomer, the decedent at the time of death was the joint owner of fee simple interest in the following described real estate in Davidson County, Tennessee to wit;

   Land in Davidson County, Tennessee being lot No. 310 on the Plan of Haynes Manor, Section II, as of record in Book 3700, page 88 Register's Office for Davidson County Tennessee.

   Said lot No. 310 fronts 75 feet on the northerly martin of Rowan Drive and extends back between lines 136.9 feet on the westerly line, passing a witness line at 107.2 feet and 139 feet on the easterly line passing a witness line at 100 feet to a rear line on which it measures 65.25 feet.

   This is improved property known as 722 Rowan Drive, Nashville, Tennessee 37207.

2. That the Decedent died on September 6, 2009 with no living heirs.

3. That William Bomer received the Decedent interest in the real estate described above by the law of decent and distribution as the only living relative of the decedent..

4. That the Affiant is the brother of the decedent and can affirm and attest to the validity of this document.

Further Affiant Sayeth Not,

William K Bomer
Affiant

State of Tennessee)
County of Davidson)

Personal appeared before me, June Tull, a Notary Public in and for said County and State, the within named William Bomer, the Affiant with whom I am personal acquainted (or proven to me on the basis of satisfactory evidence), and who acknowledge that he/she executed the within instrument for the purposes theirin contained.

Witness my hand and official seal at office this 23rd day of Feb, 2010.

My Commission expires:
5/8/2012

JUNE N. TULL
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

Notary Public

This Instrument was prepared by ABL Realty Services, 3704-A Clarksville Highway, Nashville, Tennessee 37218

CERTIFICATION OF DEATH RECORD

CHICAGO, ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2009 0065241 — DATE ISSUED 09/17/2009

DECEDENT'S LEGAL NAME: ROBERT BOMER		SEX: MALE	DATE OF DEATH: SEPTEMBER 06, 2009
COUNTY OF DEATH: COOK	AGE AT LAST BIRTHDAY: 80 YEARS	DATE OF BIRTH: NOVEMBER 03, 1928	
CITY OR TOWN: OAK LAWN	HOSPITAL OR OTHER INSTITUTION NAME: ADVOCATE CHRIST MEDICAL CENTER		
PLACE OF DEATH: INPATIENT			
BIRTHPLACE: NASHVILLE, TN	SOCIAL SECURITY NUMBER: [redacted]1131	MARITAL STATUS AT TIME OF DEATH: DIVORCED	SURVIVING SPOUSE'S NAME:	EVER IN U.S. ARMED FORCES? YES
RESIDENCE: 9156 S JUSTINE	APT. NO:	CITY OR TOWN: CHICAGO	INSIDE CITY LIMITS? YES
COUNTY: COOK	STATE: IL	ZIP CODE: 60620	FATHER'S NAME: ROBERT BOMER JR	MOTHER'S NAME PRIOR TO FIRST MARRIAGE: KATIE MITCHELL
INFORMANT'S NAME: CALVIN BOMER	RELATIONSHIP: NEPHEW	MAILING ADDRESS: 7100 COMMONWEALTH CIRCLE, NASHVILLE, TN, 37221	
METHOD OF DISPOSITION: BURIAL	PLACE OF DISPOSITION: EVERGREEN CEMETERY	LOCATION - CITY OR TOWN AND STATE: EVERGREEN PARK, IL	DATE OF DISPOSITION: SEPTEMBER 12, 2009
FUNERAL HOME: CAGE MEMORIAL CHAPEL, 7651 S JEFFERY BLVD, CHICAGO, IL, 60649			
FUNERAL DIRECTOR'S NAME: S JANE C BERTCG			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 034012209
LOCAL REGISTRAR'S NAME: DAVID ORR			DATE FILED WITH LOCAL REGISTRAR: SEPTEMBER 9, 2009

CAUSE OF DEATH — PART I: SEPSIS

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. _____ Due to (or as a consequence of):

b. PNEUMONIA Due to (or as a consequence of):

c. _____ Due to (or as a consequence of):

_____ Due to (or as a consequence of):

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART II. Enter other ***significant conditions contributing to death*** but not resulting in the underlying cause given in PART I.

WAS AN AUTOPSY PERFORMED? NO

WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A

DID TOBACCO USE CONTRIBUTE TO DEATH? NO	FEMALE PREGNANCY STATUS: NOT APPLICABLE	MANNER OF DEATH: NATURAL	
DATE OF INJURY	TIME OF INJURY:	PLACE OF INJURY:	INJURY AT WORK?
LOCATION OF INJURY			
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY:
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE: SEPTEMBER 04, 2009	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH: 10:15 AM
CERTIFIER: PHYSICIAN			DATE CERTIFIED: SEPTEMBER 08, 2009
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH: PRAKASH, RAJAT, 217 W 55TH ST, CLARENDON HILLS, ILLINOIS, 60514			PHYSICIAN'S LICENSE NUMBER: 036086830

This is to certify that this is a true and correct copy from the official death record filed with Illinois Department of Health.

David Orr
David Orr
Cook County Clerk

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE