RECORDING REQUESTED BY

Old Republic Title Company

WHEN RECORDED MAIL TO

PREPARED BY

Name: Old republic Title Company

Address: 320 Springside Drive, STE 320

City, State Zip: Akron, OH 44333

Title Order No. 21138312

BILL GARRETT, Davidson County
Trans:T20100036824 AFFIDAVIT
Recvd: 06/17/10 09:42 2 pgs
Fees:12.00 Taxes:0.00
20100617-0047048

AFFIDAVIT OF SURVIVING SPOUSE

STATE OF Tennessee
COUNTY OF Davidson) ss.

Being first duly sworn according to law, the undersigned (hereinafter "Affiant"), does hereby state under penalties of perjury as follows:

1. My full legal name is: Tracey A. Whitlow-Crowder

2. By virtue of instrument dated 03/15/2002, recorded 03/21/2002, in Instrument No 20020321-0034991 of Davidson County Records, title was conveyed to Reginald D. Crowder and Tracey A. Whitlow-Crowder to the following described real estate:

   BEING LOT NO. 412 ON THE PLAN OF DUGGER HEIGHTS, SECTION IV, OF RECORD IN PLAT BOOK 2083, PAGE 86, REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE, TO WHICH REFERENCE IS HEREBY MADE FOR A MORE COMPLETE AND ACCURATE DESCRIPTION OF SAID LOT.

   TAX ID NUMBER: 08401003400

3. As evidenced by the certified copy of the death certificate attached Reginald D. Crowder is now deceased.

4. The purpose of this Affidavit is to transfer record title of the above described premises to the survivor Tracey A. Whitlow-Crowder.

Further, the Affiant sayeth naught.

AFFIANT:

Tracey A. Whitlow-Crowder

Tracey A. Whitlow-Crowder

Sworn to before me and subscribed in my presence this 17th day of November,

2009 by Tracey A. Whitlow-Crowder

Vivian B. Cothran

Notary

May 8, 2012

VIVIAN B. COTHRAN
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON

MY COMMISSION EXPIRES:
MAY 8, 2012

STATE OF TENNESSEE
Office of Vital Records

090121

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): Reginald D. Crowder
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): February 8, 2009
4. SOCIAL SECURITY NUMBER: [redacted]-2758
5a. AGE LAST BIRTHDAY (Years): 45
5b. UNDER 1 YEAR — Months / Days
5d. UNDER 1 DAY — Hours / Min.
6. DATE OF BIRTH (Month, Day, Year): Feb 3, 1964
7. BIRTHPLACE (City and State or Foreign Country): Whiteville, TN
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): St. Thomas 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): Tracey Whitlow
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Owner
12b. KIND OF BUSINESS/INDUSTRY: Restuarant
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 816 Rosebank Avenue
CENSUS TRACT
13e. INSIDE CITY LIMITS? [X] Yes [ ] No
13f. ZIP CODE: 37206
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): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): College (1-4 or 5+): 3

PARENTS

17. FATHER'S NAME (First, Middle, Last): Hugh Crowder
18. MOTHER'S NAME (First, Middle, Maiden Surname): Rosie Mae Giles

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Tracey Crowder
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 816 Rosebank Ave., Nash., TN 37206

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): Greenwood Cemetery
20c. LOCATION (City or Town, State): Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Henry L. Smith
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3167
21c. SIGNATURE OF EMBALMER: ▶ Reid Y. VanNess
21d. LICENSE NUMBER OF EMBALMER: 4275
22a. NAME AND ADDRESS OF FUNERAL HOME: Henry Louis Smith Funeral Directors & Cremation Svcs, 1503 Buchanan St., Nashville, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 1206

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Linda R. Bowers, DR
24. DATE FILED (Month, Day, Year): March 6, 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. 1 [X] SIGNATURE AND TITLE OF PHYSICIAN ▶
25b. LICENSE NUMBER: 24377
25c. DATE SIGNED (Month, Day, Year): 3/6/2009
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 THE MEDICAL CERTIFICATION WITHIN 48 HOURS

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): R.M.L. Crowder MD

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. Sudden Death
DUE TO (OR AS A CONSEQUENCE OF): b. Coronary Occlusion
DUE TO (OR AS A CONSEQUENCE OF): c. Coronary Artery Disease
DUE TO (OR AS A CONSEQUENCE OF): d.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.
SEE INSTRUCTIONS ON OTHER SIDE

PART II - Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: NONE
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-1639 (REV. 6/99)
BIRTH NO.
RDA 1389

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

3327241

Sharon M. Leinbach
STATE REGISTRAR

Local Registrar
Davidson County, Tennessee

MAR 06 2009
Date Issued

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD