SURVIVORSHIP AFFIDAVIT

BILL GARRETT, Davidson County
Trans:T20100040728 AFFIDAVIT
Recvd: 07/02/10 11:07 3 pgs
Fees:17.00 Taxes:0.00
20100702-0052020

STATE OF TENNESSEE }
SS:
COUNTY OF DAVIDSON}

LYNN E. POLLAN, being first duly sworn upon her oath, deposes and says:

1. That Gregory B. McCoy died on September 28, 2007 at Nashville, Tennessee.

2. That Gregory B. McCoy and I were duly and legally married at the time we acquired title as husband and wife to the following described real estate:

A certain Condominium Apartment in Davidson County, Tennessee, being Unit No. 8716, together with Carport No. 8716-C, of River Plantation, Section XI, Phase 1 A, Condominiums, a Horizontal Property Regime, created under Title 66, Section 27-101, et seq., as amended, Tennessee Code Annotated, and as established by a Master Deed for River Plantation, Section Eleven, Phase 1 A, Condominiums, of record in Book 10628, Page 661, and annexation of Section Eleven, Phase 1 A, in Book 11029, Page 592, Register's Office for Davidson County, Tennessee, including without limitation the By-Laws appended thereto, of record in Book 10628, Page 677, said Register's Office, together with the undivided percentage interest in the Common Elements appurtenant to said Unit, as set forth in said Master Deed. Reference is hereby made to the plan of River Plantation, Section XI, Phase 1 A, Condominiums, of record in Book 9700, Pages 694, said Register's Office, for a more complete identification and description of such Unit.

Being the same property conveyed to Gregory B. McCoy and wife, Lynn E. Pollan, by Deed from Michael Alvin Wyss and wife, Rebecca Romer Wyss, of record in Instrument No. 20060719-0087160, Register's Office for Davidson County, Tennessee.

3. That the marital relationship which existed between us at the time we acquired title to said real estate remained in effect and unbroken until the date of Gregory B. McCoy's death.

4. That all funeral expenses in connection with the death of said decedent have been paid in full.

5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life, were not sufficient to necessitate payment of Federal Estate Tax.
DEATH CERTIFICATE ATTACHED. LEP
Further affiant sayeth not.

Lynn E Pollan
LYNN E. POLLAN

Subscribed and sworn to before me, the undersigned, a Notary Public in and for the County of Davidson, State of Tennessee, Lynn E. Pollan, the affiant, this 2 day of July, 2010.

Samantha P Hilliard

My Commission Expires: May 6, 2013

SAMANTHA P HILLIARD
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

This Instrument prepared by
Lynn E. Pollan
8716 Sawyer Brown Road
Nashville, TN 37221
TN No. 019221[1]

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0705451

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): GREGORY BRITT McCOY
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): SEPTEMBER 28, 2007
4. SOCIAL SECURITY NUMBER (or Deceased): [redacted]-1547
5a. AGE-LAST BIRTHDAY (Years): 59
5b. UNDER 1 YEAR (MOS / DAYS)
5c. UNDER 1 DAY (HOURS / MIN.)
6. DATE OF BIRTH (Month, Day, Year): FEB 25, 1948
7. BIRTHPLACE (City and State or Foreign Country): POPLAR BLUFF, MISSOURI
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): CENTENNIAL MEDICAL CENTER
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): LYNN BREITENBACH
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): PRODUCTION MANAGER
12b. KIND OF BUSINESS/INDUSTRY: AEROSTRUCTURES
13a. RESIDENCE-STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 8716 SAWYER BROWN ROAD
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] 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
Specify, if yes:
15. RACE-American Indian, Black, White, etc. (Specify): WHITE
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): College (1-4 or 5+): 6

NAME OF DECEDENT: For use by physician or medical examiner

PARENTS

17. FATHER'S NAME (First, Middle, Last): T. R. McCOY
18. MOTHER'S NAME (First, Middle, Maiden Surname): BETTY GREER

INFORMANT

19a. INFORMANT'S NAME (Type/Print): LYNN E. POLLAN
19b. RELATIONSHIP TO DECEASED: WIFE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 8716 SAWYER BROWN ROAD NASHVILLE, TENNESSEE 37221

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [X] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): MUSIC CITY CREMATORY SERVICE
20c. LOCATION-City or Town, State: NASHVILLE, TENNESSEE
21a. SIGNATURE OF FUNERAL DIRECTOR: FRANK A. BURNS
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4448
21c. SIGNATURE OF EMBALMER
21d. LICENSE NUMBER OF EMBALMER
22a. NAME AND ADDRESS OF FUNERAL HOME: BURNS-GARRISON-SHORT FUNERAL & CREMATION PROVIDERS 530 THIRD AVE. SO., NASHVILLE, TENNESSEE 37210
22b. LICENSE NUMBER OF FUNERAL HOME: 1149

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda L. Barnes, DR
24. DATE FILED (Month, Day, Year): October 02, 2007

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
25b. LICENSE NUMBER: 29072
25c. DATE SIGNED (Month, Day, Year): 10/1/07
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 MEDICAL CERTIFICATION WITHIN 48 HOURS

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): DAVIS C. DRINKWATER 2400 PATTERSON ST. NASHVILLE TN 37205

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)

SEE INSTRUCTIONS ON OTHER SIDE:

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. CARDIAC DYSFUNCTION
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
b. REMOVAL FROM BIVAD SUPPORT
DUE TO (OR AS A CONSEQUENCE OF):
c. REDO CABG / MV REPAIR
DUE TO (OR AS A CONSEQUENCE OF):
d. PRIOR CABG / PTCAS.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] 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. 6/99)
BIRTH NO.
RDA 1399

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[redacted] Act of 1977.

[redacted]
Local Registrar

Tonya Foreman
Local Registrar

OCT 03 2007
Date Issued

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

CERTIFICATION OF VITAL RECORD