Prepared By (and return to):
Bell Title & Escrow, Inc.
117 Two Mile Pike
Goodlettsville, TN 37072

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20100915-0073228

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Before me, the undersigned Notary Public in and for the said County and State, personally appeared Sherry Ogaz, known to me and being first duly sworn, depose(s), and say(s):

That upon personal knowledge of the Affiant, the following are known facts concerning the relationship to the deceased, or a statement of any fact(s) pertinent to ascertaining the persons legally entitled to any part of the estate of Susan E. Wright, decedent, at the time of her death on the 22nd day of August, 2010. See attached Exhibit "A" Death Certificate.

NAME	RELATIONSHIP	ADDRESS
Stephanie Hamby	Daughter	414 Sierra Court
		Clarksville, TN 37040

Whoever shall willfully, corruptly and falsely swear to any statement in any such affidavit known to him/her to be false, or about which he/she does not have sufficiently definite knowledge to justify his/her making such a sworn statement and such statement is false, shall be guilty of perjury, and on conviction shall be imprisoned in the penitentiary for not less than one year, nor more than five (5) years. T.C.A. Section 30-2-712.

Executed this 10th day of September, 2010.

Sherry Ogaz
Affiant

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

SONDRA REECE STATE OF TENNESSEE NOTARY PUBLIC SUMNER COUNTY

Subscribed and sworn to before me this 10th day of September, 2010.

Sondra Reece
Notary Public

My Commission Expires: 2/28/2012

STATE OF TENNESSEE
Office of Vital Records

D8048 96

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK (SEE INSTRUCTIONS IN SEPT. HANDBOOK)

NAME OF DECEDENT (For use by physician or institution)

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Susan Ethel Wright
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): August 22, 2010
4. SOCIAL SECURITY NUMBER: [redacted]442
5. AGE - Last Birthday (Years): 55
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
7. BIRTHPLACE (City and State or Foreign Country): Fargo, ND
8. RACE: White
9. PLACE OF DEATH: 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Nursing Home 5 [ ] Residence 6 [X] Other (Specify): Hospice
9b. FACILITY NAME (If not institution, give street and number): Skyline Alive Hospice, Madison
9c. CITY, TOWN, OR LOCATION OF DEATH: Madison
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS: Divorced
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): Housewife
12b. KIND OF BUSINESS/INDUSTRY: Homemaker
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Madison
13d. STREET AND NUMBER OR RURAL LOCATION: 108 Wychewood Cove
13e. WITHIN CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37115
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No - if yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 [ ] Yes 2 [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)): 6
College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Fred Ricker
18. MOTHER'S NAME (First, Middle, Maiden Surname): Marjorie Watson

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Stephanie Hamby
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route, City or Town, State, Zip Code): 414 Sierra Court Clarksville, Tennessee

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 Nashville Crematory
20c. LOCATION - City or Town, State: Nashville Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Terry L Hunt
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2530
21c. SIGNATURE OF EMBALMER: Adam Rodgers
21d. LICENSE NUMBER OF EMBALMER: 4622
22a. NAME AND ADDRESS OF FUNERAL HOME: Madison Funeral Home, 219 Old Hickory Blvd. East, Madison, Tennessee 37115-
22b. LICENSE NUMBER OF FUNERAL HOME: 690

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda K Bennett
24. DATE FILED (Month, Day, Year): August 24, 2010

CERTIFIER

25a. ENTICIAN — To the best of my knowledge, death occurred due to the cause(s) and manner as stated.
1 [X] SIGNATURE AND TITLE OF PHYSICIAN:
25b. LICENSE NUMBER: 44186
25c. DATE SIGNED (Month, Day, Year): 8.23.2010
26a. 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
26b. LICENSE NUMBER:
26c. DATE SIGNED (Month, Day, Year):

PHYSICIAN - OR MEDICAL EXAMINER COMPLETING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL PORTION WITHIN 48 HOURS

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): David Tribble MD 1718 Patterson Street Nashville TN 37203

CAUSE OF DEATH

PART I. Enter the disease, 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. Non Small Cell Lung Cancer
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. 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.
COPD

Approximate Interval Between Onset and Death

28a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

29. MANNER OF DEATH: 1 [ ] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
30a. DATE OF INJURY (Month, Day, Year):
30b. TIME OF INJURY:
30c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No
30d. DESCRIBE HOW INJURY OCCURRED:
30e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):
30f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

DH-1109 (Rev. 6/99)

BIRTH NO.

RDA 1500

4365179

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

Teresa J. Hendricks
STATE REGISTRAR

Date Issued: SEP 7 2010

Issued by: Local Registrar
Davidson County, Tennessee

CERTIFICATION OF VITAL RECORD

Exhibit "A"