This Instrument Prepared by:
Jacquelyn Breeding Kennedy
2151 Key Drive, Brentwood, TN 37027
(615) 598-1218
DPA

BILL GARRETT, Davidson County
Trans:T20100072929 AFFIDAVIT
Recvd: 11/17/10 12:12 5 pgs
Fees:27.00 Taxes:0.00
20101117-0092039

AFFIDAVIT AS TO HEIRS
(Pursuant to T.C.A. 30-2-712)

STATE OF TENNESSEE
COUNTY OF DAVIDSON

On this 31st day of October, 2010, before me personally appeared Jacquelyn Breeding Kennedy, to me personally known, who being by me duly sworn, on oath did say that Affiant is over eighteen (18) years of age, resides at 2151 Key Drive, Brentwood, TN, 37027, and has been the deceased's daughter for 18 years and is familiar with the family history of Michael David McCord, deceased, who was the owner of the following property:

34 Erwin Court
Nashville, TN 37205

And that said decedent died on the 2cnd day of December, 2009, and that the place of residence and homestead, at the time of death, was as follows:

34 Erwin Court, Nashville, TN 37205

And Affiant further states that said deceased left surviving the following person, as sole heir of decedent's estate,

1. A. Surviving spouse	None	
b. Children	Kristin Lauren McCord	2151 Key Drive Brentwood, TN 37027
c. Children of deceased children	None	
d. Adopted children	None	
e. Children of deceased adopted children	None	
2. Parents	Jacquelyn B. Kennedy	2151 Key Drive
3. Brother(s)/Sister(s)		
4. A. Paternal grandparents	John McCord Doris McCord	Shelbyville, TN
b. Maternal grandparents	Robert J. Breeding Evalie Breeding	Sparta, TN

And said deceased ___left a will/ ✓ did not leave a will, and the court declared the decedent's estate to have been intestate.
And that the debts against the estate have ✓ /have not been paid___.

Jacquelyn B. Kennedy

Signature Jacquelyn B. Kennedy

State of Tennessee
County of Williamson

Personally appeared before me, the undersigned, a Notary Public in and for said county and State duly commissioned and qualified. Jacquelyn B, Kennedy, the within named bargainers, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who acknowledged that they executed the foregoing instrument for the purposes therein contained.

Witness my hand and seal this 31 day of October, 2010.

Diane Benson

Notary Public

My commission Expires: Dec 3, 2013

DIANE BAIRD BENSON
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY
My Commission Expires December 3, 2013

IN THE SEVENTH CIRCUIT COURT FOR DAVIDSON COUNTY, TENNESSEE
PROBATE DIVISION

IN RE:	)	
	)	
ESTATE OF MICHAEL DAVID MCCORD,	)	**Case No.** 10P-46
Deceased.	)	

AFFIDAVIT OF AFFIDAVIT OF KRISTIN LAUREN MCCORD

I, Kristin Lauren McCord, after being duly sworn, swear and state as follows:

1. I am Kristin Lauren McCord, residing at 2151 Key Drive, Brentwood, TN 37027.

2. I acknowledge that I am the daughter of the decedent, Michael David McCord, and a beneficiary of the estate of the decedent.

3. I am in agreement with the Petition being filed in the Seventh Circuit Court for Davidson County, Tennessee, Probate Division, requesting that my aunt, Victoria McCord be appointed Administrator of the estate of the decedent.

4. I hereby give my consent that Victoria McCord be allowed to serve without bond and without the requirement of filing an inventory or an accounting.

FURTHER AFFIANT SAITH NOT.

KRISTIN LAUREN MCCORD

Sworn to and subscribed before me this 6th day of January, 2010.

NOTARY PUBLIC

My Commission Expires: December 3, 2013

DIANE BAIRD BENSON
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY
My Commission Expires December 3, 2013

mccord.kristin.affid

STATE OF TENNESSEE

DEPARTMENT OF HEALTH

NAME

KRISTIN LAUREN MCCORD
MAIDEN NAME OF MOTHER: JACQUELINE BREEDING
NAME OF FATHER: MICHAEL MCCORD

SEX FEMALE

DATE OF BIRTH
NOVEMBER 4, 1991

CERT. No.
141-91-066420

COUNTY OF BIRTH
DAVIDSON

DATE ISSUED
APRIL 10, 1997

FILE DATE NOVEMBER 26, 1991

This is to certify that the birth of the person named on this certificate occurred on the date and at the place shown. The original certificate was filed with the Tennessee Department of Health, Office of Vital Records, within one year after the event unless otherwise stated. Reproduction of this document is prohibited. Do not accept unless on security paper with seal.
Tennessee Code Annotated 68-3-101 et. seq, Vital Records Act of 1977.

Fredia S. Wadley MD
FREDIA S. WADLEY, M.D.
COMMISSIONER OF HEALTH

Paula Taylor
PAULA TAYLOR
STATE REGISTRAR

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796 1866

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF BIRTH

PH 1997
VR 1-95

V846832

RDAMA

STATE OF TENNESSEE
Office of Vital Records

0907088

Amended by Affidavit from Funeral Director/rd 1/22/2010

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE NUMBER: [redacted] 2009 054555

TYPE, PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last)	Michael David McCord
2. SEX	Male
3. DATE OF DEATH (Month, Day, Year)	December 02 2009
4. SOCIAL SECURITY NUMBER	403-72-4036
5a. AGE-LAST BIRTHDAY (Years)	57
6. DATE OF BIRTH (Month, Day, Year)	Aug 06,1952
7. BIRTHPLACE (City and State or Foreign Country)	Shelbyville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES?	2 (X) No
9a. PLACE OF DEATH (Check only one)	4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number)	34 Erwin Court
9c. CITY, TOWN, OR LOCATION OF DEATH	Nashville
9d. COUNTY OF DEATH	Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify))	Divorced
11. SURVIVING SPOUSE (If wife, give maiden name)	N/A
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	Regional Sales Manager
12b. KIND OF BUSINESS/INDUSTRY	Television
13a. RESIDENCE-STATE	Tennessee
13b. COUNTY	Davidson
13c. CITY, TOWN, OR LOCATION	Nashville
13d. STREET AND NUMBER OR RURAL LOCATION	34 Erwin Court
13e. INSIDE CITY LIMITS?	1 (X) Yes
13f. ZIP CODE	37205
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No; if Yes, specify Cuban, Mexican, Puerto Rican, etc.)	1 Yes 0 (X) No
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+) 4
17. FATHER'S NAME (First, Middle, Last)	John King McCord
18. MOTHER'S NAME (First, Middle, Maiden Surname)	Doris Stokes
19a. INFORMANT'S NAME (Type/Print)	John K McCord
19b. RELATIONSHIP TO DECEASED	Father
19c. MAILING ADDRESS (Street and Number or Rural Route, City or Town, State, Zip Code)	444 Elmington Ave Apt 402 Nashville, TN 37205
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)	Woodlawn Memorial Park
20c. LOCATION (City or Town, State)	Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR	▶ John A Pavlek
21b. LICENSE NUMBER OF FUNERAL DIRECTOR	5755
21c. SIGNATURE OF EMBALMER	▶ James Ryan Padgett
21d. LICENSE NUMBER OF EMBALMER	5535
22a. NAME AND ADDRESS OF FUNERAL HOME	Woodlawn-Roesch-Patton Funeral Home and Memorial Park 660 Thompson Lane, Nashville, TN 37204
22b. LICENSE NUMBER OF FUNERAL HOME	933
23. REGISTRAR SIGNATURE	▶ Linda R. Bowers RR
24. DATE FILED (Month, Day, Year)	December 15, 2009
25a. CERTIFICATION: To the best of my knowledge, death occurred at the date, place, and due to the cause(s) and manner as stated. 1 [ ] SIGNATURE AND TITLE OF PHYSICIAN	▶
25b. LICENSE NUMBER	
25c. DATE SIGNED (Month, Day, Year)	
26a. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the date, place, and due to the cause(s) and manner as stated. 2 (X) SIGNATURE AND TITLE OF MEDICAL EXAMINER	▶
26b. LICENSE NUMBER	44517
26c. DATE SIGNED (Month, Day, Year)	December 03 2009
PHYSICIAN OR MEDICAL EXAMINER COMPLETING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS. 27. NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type/Print)	Bridget B Eutsler M D 1458 R S Gass Boulevard Nashville TN 37216 MEC00 2328

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. Multiple gunshot wounds of head — 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:

29a. WAS AN AUTOPSY PERFORMED? 1 (X) Yes 2 [ ] No

29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 (X) Yes 2 [ ] No

30. MANNER OF DEATH	3 (X) Suicide
31a. DATE OF INJURY (Month, Day, Year)	December 02 2009
31b. TIME OF INJURY	UNK
31c. INJURY AT WORK?	2 (X) No
31d. DESCRIBE HOW INJURY OCCURRED	Shot self
31e. PLACE OF INJURY (At home, farm, street, factory, office building, etc. (Specify))	Residence
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	34 Erwin Court Nashville TN

TH 1639 (REV 6/89) ✱4

ROA 19

3794771

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. Fortson
Local Registrar
Davidson County, Tennessee

2/16/2010
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