BILL GARRETT, Davidson County
Trans:T20100079492 AFFIDAVIT
Recvd: 12/17/10 11:36 7 pgs
Fees:37.00 Taxes:0.00
20101217-0100484

Prepared By:
Richard M. Davenport, Attorney at Law
5115 Maryland Way, Brentwood, TN 37027
(615) 377-0737

AFFIDAVIT OF HEIRSHIP

State of Tennessee
County of Davidson

J. Blaine Snodgrass, hereinafter referred to as Affiant, being first duly sworn, makes oath as follows:

1. The Affiant presently resides at the following address:
   2403 Stivers Street, Nashville, TN 37218

2. That Affiant personally knew Carolyn Snodgrass, deceased, hereinafter referred to as Decedent, and has personal knowledge of the family of Decedent by reason of the following circumstances:
   Kinship – son

3. That Affiant knew that at date of death that said Decedent, Carolyn Snodgrass, held an interest in the property described in Exhibit A attached herewith and incorporated herein.

4. Carolyn Snodgrass, the unremarried widow of Joseph Blaine Snodgrass, Sr., died on August 22, 2008, intestate.

5. The Affiant was the only child of the couple and their only heir at law. He inherited all the real and personal property Carolyn Snodgrass owned upon her death.

6. The Last Will and Testament of the deceased is attached hereto as Exhibit B and names the Affiant as her sole beneficiary.

This Affidavit of Heirship is freely given pursuant to Section 30-2-712, *et seq.*, Tenn. Code Ann., to help establish and reflect the heirship with respect to the property described herein. Further Affiants saith not.

J. Blaine Snodgrass
2403 Stivers Street, Nashville, TN 37218

STATE of Tennessee
COUNTY of Davidson

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named J. Blaine Snodgrass, with Whom I am personally acquainted or proved to me on the basis of satisfactory evidence and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, TN, this 16th day of December, 2010.

Notary Public

RICHARD W. BAKER FORT
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY, TENN.
My Commission Expires NOV. 7, 2011

EXHIBIT A

Land in Davidson County, Tennessee, being Lot No. 20 on the plan of Dry Creek Farms, Phase 3, of record in Instrument No. 20070221-0021236 as corrected in Instrument No. 20070411-0043542, Register's Office for said County, to which plan reference is hereby made for a more complete and accurate description.

Being the same property conveyed to Carolyn Snodgrass by deed from Beazer Homes, Corp., a Tennessee Corporation of record in Instrument No. 20071127-0137401, Register's Office for Davidson County, Tennessee.

This is improved property known as 140 Ivy Hill Lane, Goodlettsville, TN 37072

Received
5-19-09

EXHIBIT B

LAST WILL AND TESTAMENT

OF

CAROLYN ANNE HILL SNODGRASS

I, CAROLYN ANNE HILL SNODGRASS, of Robertson County, Tennessee, being of sound mind and disposing memory do hereby make, publish and declare this my Last Will and Testament, hereby revoking all former wills and codicils to wills heretofore made by me.

ARTICLE I

I direct that all of my judicially enforceable debts, including my funeral expenses and the costs of administration, be paid out of my general estate by my Executor as soon as practicable after my death. To this end, I authorize my Executor to sell any of my property, real, personal, or mixed, and to execute all conveyances necessary to effectuate such sale. I expressly authorize my Executor to make distribution in kind. I authorize my Executor, in his discretion, to use insurance proceeds payable to my estate to satisfy any debts or taxes of my estate. All inheritance, estate or gift taxes assessable by reason of my death or by reason of transfer shall be discharged by my estate without charge or apportionment against any beneficiary of assets whether passing under this will or otherwise.

Words referring to my Executor shall include any substitute or successor Executor. Words of any gender shall be deemed to include the other gender, as appropriate, and the reference to the singular shall include the plural, and vice versa, unless the context indicates that such reading would be inappropriate.

ARTICLE II

I hereby give, devise and bequeath to my son, J. BLAINE SNODGRASS, all of my property, real, personal or mixed, that I have, and any interest in any property that I may acquire, wheresoever located, absolutely.

ARTICLE III

I hereby nominate and appoint my son, J. BLAINE SNODGRASS, as Executor of this my Last Will and Testament, and I direct that no security be required of him as such Executor and I further hereby waive all reports and inventories required to be filed by my said Executor. I hereby grant my said personal representative with all of the authority set out in Tennessee Code Annotated § 35-50-110, which is incorporated by reference herein as fully as though specifically set forth.

IN WITNESS WHEREOF, I have hereunto set my hand to this My Last Will and Testament at Springfield Tennessee, on this the 12th, September, 2003.

Carolyn Anne Hill Snodgrass
CAROLYN ANNE HILL SNODGRASS

Signed, sealed, published and declared by the Testatrix, CAROLYN ANNE HILL SNODGRASS, to be her Last Will and Testament in the presence and sight of us, the undersigned, who, at her request and in her sight and presence and in the sight and presence of each other, have subscribed our names as witnesses, and we do hereby attest to the sound and disposing mind of said Testatrix and to the performance of the aforesaid act of execution at the place and on the date herein set out.

Christina M. Carter
WITNESS

Melissa C. Clardy
WITNESS

STATE OF TENNESSEE)
COUNTY OF ROBERTSON)

Before me, the undersigned authority, on this day personally appeared CAROLYN ANNE HILL SNODGRASS, Christina M. Burke and Melissa C. Clardy, known to me to be the Testatrix and the witnesses, respectively, whose names are signed to the attached or foregoing instrument, and all of these persons being by me first duly sworn, CAROLYN ANNE HILL SNODGRASS, the Testatrix, declared to me and to the witnesses in my presence that said instrument is her Last Will and Testament and that she had willingly signed or directed another to sign same for her, and executed it in the presence of said witnesses as her free and voluntary act for the purposes therein expressed; that said witnesses stated before me that they are adult residents of Tennessee and that the foregoing will was executed and acknowledged by the Testatrix as her Last Will and Testament in the sight and presence of said witnesses who, in her sight and presence and at her request, and in the sight and presence of each other, did subscribe their names thereto as attesting witnesses on the day of the date of said will, and that the Testatrix, at the time of the execution of said will, was over the age of 18 years and of sound and disposing mind and memory.

Carolyn Anne Hill Snodgrass
TESTATRIX

Christina M. Burke
WITNESS

Melissa C. Clardy
WITNESS

Subscribed, sworn and acknowledged before me by CAROLYN ANNE HILL SNODGRASS, the Testatrix, subscribed and sworn before me by Christina M. Burke and Melissa C. Clardy, witnesses, this the 27th day of September, 2003.

NOTARY PUBLIC

My Commission Expires: 3/27/2005

STATE OF TENNESSEE
Office of Vital Records

0804865

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

[redacted] 2008 037600

TYPE/PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last): Carolyn Ann Snodgrass
2. SEX: Female
3. DATE OF BIRTH (Month, Day, Year): August 22, 2008
4. SOCIAL SECURITY NUMBER: [redacted]0222
5a. AGE-Last Birthday (Years): 61
6. DATE OF BIRTH (Month, Day, Year): Oct 16, 1946
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES?: 1 Yes 2 [X] No
9. PLACE OF DEATH (Check only one): 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 [X] Other (Specify): Hospice
10a. FACILITY NAME (If not institution, give street and number): Alive Hospice & Skyline Madison Campus
10b. CITY, TOWN, OR LOCATION OF DEATH: Madison
10c. COUNTY OF DEATH: Davidson
10d. INSIDE CITY LIMITS?: 1 [X] Yes 2 No
11. MARITAL STATUS (Married, Never Married, Widowed, Divorced, (Specify)): Widowed
12. SURVIVING SPOUSE (If wife, give maiden name):
13a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Switchboard Operator
13b. KIND OF BUSINESS/INDUSTRY: Nashville Rehab Hospital
14a. RESIDENCE STATE: Tennessee
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: Gallatin
14d. STREET AND NUMBER OR RURAL LOCATION: 140 Ivy Hill Lane
14e. INSIDE CITY LIMITS?: 1 [X] Yes 2 No
14f. ZIP CODE: 37072
14g. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No, Mexican, Puerto Rican, etc.): Yes ○ [X] No
15. RACE (American Indian, Black, White, etc.) (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary or Secondary (0-12): 12; College (1-4 or 5+):
17. FATHER'S NAME (First, Middle, Last): Roy Hill
18. MOTHER'S NAME (First, Middle, Maiden Surname): Doris Adkins Hill
19a. INFORMANT'S NAME (Type/Print): Blaine Snodgrass
19b. RELATIONSHIP TO DECEDENT: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2403 Silvers Nashville, Tennessee 37218
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
20c. LOCATION (City or Town, State): Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ John C Pfeifer
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5318
21c. SIGNATURE OF EMBALMER: ▶ No Embalming
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: Spring Hill Funeral Home & Cemetery 5110 Gallatin Road Nashville, Tennessee 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 1046
23. REGISTRAR'S SIGNATURE: ▶ [redacted]
24. DATE FILED (Month, Day, Year): August 29, 2008
25a. PHYSICIAN: To the best of my knowledge, death occurred at the time and date and due to the cause(s) and manner as stated. ▶ [redacted]
25b. LICENSE NUMBER: 17758
25c. DATE SIGNED (Month, Day, Year): August 22, 2008
26a. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time 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 CERTIFICATION WITHIN 48 HOURS
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Wendy Wisroop. MD, 500 Hospital Dr 2nd Floor, Madison, TN 37115
28. 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.
Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Ovarian Cancer — DUE TO (OR AS A CONSEQUENCE OF): dx 01/2007
Sequentially list conditions, if any, leading to the 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: diabetes, hypertension, renal disease, CVA
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):

FH 1000 (REV 6/98) — STATE NO. _____ VDA 1099

3378577

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

Date Issued Apr-08-2009

CERTIFICATION OF VITAL RECORD