RECORDING REQUESTED BY
ServiceLink
4000 Industrial Blvd.
Aliquippa, PA 15001

WHEN RECORDED MAIL TO:
JOHN R HITT
529 RICHMAR DR
NASHVILLE, TN 37211-4349
Order No: 2467325

Davidson County AFFIDAVIT
Recvd: 03/01/11 10:37 4 pgs
Fees:22.00 Taxes:0.00
20110301-0016323

PREPARED BY:
KRISTI JOHNSON
SERVICE LINK
4000 INDUSTRIAL BLVD
ALIQUIPPA, PA 15001

Affidavit of Death

State of TN
County of Davidson

JOHN R. HITT, of legal age, being first duly sworn, deposes and says: That ~~CARLA H.HITT~~ CARLA LEE HITT the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ~~CARLA H.HITT~~* named as one of the parties in the certain Deed dated 06/28/1996 executed by Stephen R. Rombouts and wife, Diane N. Rombouts to John R. Hitt and wife, Carla H. Hitt, recorded as Book 10110 Page 561, on 07/03/1996, records of Davidson, TN, covering the following described real property situated in the City of NASHVILLE, County of Davidson, State of TN.

* CARLA LEE HITT

See Exhibit "A" attached hereto and made a part hereof

Tax ID: 14604007100

That the value of all real and personal property owned by said decedent at the date of death, including the full value of the property above described, did not exceed the sum of $_____.

Dated Jan 8, 2011

John R. Hitt
JOHN R. HITT

SWORN AND SUBSCRIBED TO before me this 6 day of JAN., 2011.

Kendrick D. Dorse
Notary Public
My Commission expires: MAY 6, 2013

KENDRICK D. DORSE
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON

Metropolitan Government of Nashville and Davidson County

Bill Purcell, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

John R. Dunn
LOCAL REGISTRAR

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last): CARLA LEE HITT
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): December 4, 1998
4. SOCIAL SECURITY NUMBER: 69
5. DATE OF BIRTH (Month, Day, Year): 10/3/1929
6. BIRTHPLACE (City and State or Foreign Country): Kansas City, Missouri

DECEDENT

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 X No
9. PLACE OF DEATH (Check only one): 1 X Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
9c. FACILITY NAME (If not institution, give street and number): Southern Hills Medical Center
9b. 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): John R. Hitt
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Homemaker
12b. KIND OF BUSINESS/INDUSTRY: Homemaking
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 529 Richmar Drive
13e. INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37211
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No; if Yes, specify Mexican, Puerto Rican, Cuban, etc.): ___ Yes 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

PARENTS

17. FATHER'S NAME (First, Middle, Last): Dewey Dorsey Hill
18. MOTHER'S NAME (First, Middle, Maiden Surname): Zora Mae Cavett

INFORMANT

19a. INFORMANT'S NAME (Type/Print): John Rodney Hitt
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 529 Richmar Drive Nashville, TN. 37211

DISPOSITION

20a. METHOD OF DISPOSITION: 1 X Burial 2 Cremation 3 X Removal from State 4 Donation 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Crown Hill Cemetery
20c. LOCATION-City or Town, State: Clinton, New York
21a. SIGNATURE OF FUNERAL DIRECTOR: ▸ [signature]
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4114
21c. SIGNATURE OF EMBALMER: ▸ [signature]
21d. LICENSE NUMBER OF EMBALMER: 3775
22a. NAME AND ADDRESS OF FUNERAL HOME: MORTUARY ASSOCIATES, INC. 2714 GRANDVIEW AVENUE NASHVILLE, TN. 37211-2233
22b. LICENSE NUMBER OF FUNERAL HOME: #713

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▸ [signature]
24. DATE FILED (Month, Day, Year): December 9, 1998

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner as stated. 1 X SIGNATURE AND TITLE OF PHYSICIAN: ▸ [signature] MD
25b. LICENSE NUMBER: MD 11354
25c. DATE SIGNED (Month, Day, Year): 12/7/98
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 EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)

SEE INSTRUCTIONS ON OTHER SIDE

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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.		15 DAYS
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b.		15 DAYS
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 ___ Yes 2 X 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? Yes / 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)

BIRTH NO. ___

Exhibit "A"
Legal Description

All that certain parcel of land situated in County of DAVIDSON, State of TENNESSEE, being known and designated as follows:

LAND IN DAVIDSON COUNTY, TENNESSEE, BEING LOT NO. 752 ON THE PLAN OF CALDWELL HALL, SECTION XII, AS OF RECORD IN PLAT BOOK 3300, PAGE 57, REGISTER'S OFFICE FOR SAID COUNTY, TO WHICH PLAN REFERENCE IS MADE FOR A MORE COMPLETE DESCRIPTION.

Being the same property as conveyed from STEPHEN R. ROMBOUTS AND WIFE, DIANE N ROMBOUTS to JOHN R. HITT AND WIFE, CARLA H.HITT as described in WARRANTY Deed, Dated 06/28/1996, Recorded 07/03/1996, in Official Records BOOK: 10110 PAGE : 561

Tax/Parcel ID: 14604007100

True Copy Certification

I, Terri Baker, do hereby make oath that I am a licensed attorney and/or the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law.

Signature

State of PA

County of Beaver

Personally appeared before me, [Name of Notary] Melanie Miller, a notary public for this county and state, [name of person making certification] # who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Terri Baker

Notary's Signature

My Commission Expires: 4-27-2014

Notary' Seal (if on paper)

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Melanie Miller, Notary Public
Hopewell Twp., Beaver County
My Commission Expires April 27, 2014
Member, Pennsylvania Association of Notaries