This instrument prepared by:
Jay A. Rosenberg, Esq., Rosenberg LPA, Attorneys At Law, 7367A E. Kemper Road, Cincinnati, Ohio 45249 (513) 247-9605 Fax: (866) 611-0170

New Property Owner/Mail Tax Statements To:
Mira F. Gray, Trustee
2902 Jones Avenue Nashville, TN 37207

Davidson County AFFIDAVIT
Recvd: 04/29/11 16:10 4 pgs
Fees:22.00 Taxes:0.00
20110429-0033028

AFFIDAVIT OF SUCCESSOR TRUSTEE

STATE OF Tennessee
COUNTY OF Davidson

Mira F. Gray ("Affiant"), being first duly cautioned and sworn, and having personal knowledge of the facts and being competent to testify as to these matters, deposes and says as follows:

1. Jasper C. Gray, formerly of Davidson County, Tennessee, died August 11, 2007 a legal resident of the state of Tennessee.
2. A certified copy of the Death Certificate for Jasper C. Gray is attached to this Affidavit.
3. The decedent and this Affiant are the initial trustees of The Jasper C. Gray and Mira F. Gray, Revocable Living Trust, which Trust is the owner of property shown below by virtue of Quit Claim Deed Recorded September 24, 1996 in Davidson County Records in Deed Volume 10200, Page 683, with respect to the property legally described as follows:

A certain tract or parcel of land in Davidson County, Tennessee, described as follows: BEING a part of Lot No. 13 on the plan of Joywood Heights, Section 3, not of record, and also part of Jones Avenue, now closed as shown on said plan, described according to a survey of Parrish-Ragan, Inc. dated September 10, 1971, as follows: BEGINNING in the westerly margin of Jones Avenue, as now located, being 186.5 feet north of the curve intersection of said Jones Avenue and Capitol View Avenue; thence in a westerly direction 150 feet to a point in the line between Lots 14 and 13; said point being 250 feet north of the northerly margin of Capitol View Avenue; thence with the northerly line between said Lots, 104 feet; thence South 81 degrees 45' east 190 feet to a point; thence southeasterly 33 feet to

a point, the original centerline of old Jones Avenue; thence southerly along the center line 50 feet to a point in the westerly margin of Jones Avenue, as now located; thence southerly around a curve 115 feet to the point of beginning.

AND BEING the same property conveyed to The Jasper C Gray and Mira F. Gray, Revocable Living Trust, by Deed from Jasper C. Gray and wife, Mira F. Gray, dated September 21, 1996, and recorded September 24, 1996, in Deed Volume 10200, Page 683, among the land records of Davidson County, State of Tennessee.

Tax ID No. 060 120 112.01

4. In the Deed, the grantee is designated as The Jasper C. Gray and Mira F. Gray, Revocable Living Trust.

5. The address of Affiant is 2902 Jones Avenue Nashville, TN 37207.

6. Affiant gives this Affidavit for the purpose of noting the sole Successor Trustee of the Trust which Trust is shown as owner of the foregoing property in the records of the Recorder's Office in Davidson County, Tennessee.

Mira F. Gray
Mira F. Gray

Sworn to before me and subscribed in my presence by Mira F. Gray this 14th day of April, 2011.

Anita Woodall
Notary Public 1/29/2013

ANITA WOODALL
STATE OF TENNESSEE
NOTARY PUBLIC
SUMNER COUNTY

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0704459

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT (To be typed by Funeral Director)

1. DECEDENT'S NAME (First, Middle, Last): Jasper Claude Gray
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): August 11, 2007
4. SOCIAL SECURITY NUMBER: [redacted] 4282
5. AGE-Last Birthday (Years): 75
6. IF UNDER 1 YEAR: Months / Days / Hours / Minutes
7. DATE OF BIRTH (Month, Day, Year): Jan 14, 1932
8. BIRTHPLACE (City and State or Foreign Country): Cheatham Co., TN
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
10. PLACE OF DEATH (Check only one): 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
10a. FACILITY NAME (If not institution, give street and number): Skyline Aliva Hospice
10c. CITY, TOWN, OR LOCATION OF DEATH: Madison
10d. COUNTY OF DEATH: Davidson
11. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married
12. SURVIVING SPOUSE (If wife, give maiden name): Mira NorthCutt
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Helicopter Mechanic
12b. KIND OF BUSINESS/INDUSTRY: United States Army
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2902 Jones Ave.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37207
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Mexican, Mexican American, Puerto Rican, etc.) [ ] 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+): 12
17. FATHER'S NAME (First, Middle, Last): William Gray
18. MOTHER'S NAME (First, Middle, Maiden Surname): Florence Colgate
19a. INFORMANT'S NAME (Type/Print): Mrs. Mira Faye Gray
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2902 Jones Ave. Nashville, Tennessee 37207
20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Donation 4 [ ] Removal from State 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Nashville National Cemetery
20c. LOCATION—City or Town, State: Madison, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: CHARLES E. WORRELL, SR.
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2480
21c. SIGNATURE OF EMBALMER: Steve A. Dobbs
21d. LICENSE NUMBER OF EMBALMER: 4337
22a. NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Company 2707 Gallatin Rd. Nashville, TN 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 331
23. REGISTRAR'S SIGNATURE: Robert W. Rhodes Jr. RR.
24. DATE FILED (Month, Day, Year): August 14, 2007
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: Wendy Mixer
25b. LICENSE NUMBER: 1768
25c. DATE SIGNED (Month, Day, Year): August 14, 2007
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 MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): 1718 Patterson St. Nashville, TN 37203 Wendy Mixer DO /Alive Hospice
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. Use only one cause on each line.
Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Severe Dilated Cardiomyopathy
DUE TO (OR AS A CONSEQUENCE OF): b. Coronary Artery Disease — 4/2004
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: DUE TO (OR AS A CONSEQUENCE OF): c.
DUE TO (OR AS A CONSEQUENCE OF): d.
SEE INSTRUCTIONS ON OTHER SIDE
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 [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)
RHS-1058 (REV. 6/99)
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 68-3-101 et seq., Vital Records Act of 1977.

[redacted]

Tonya Y. Foreman
Local Registrar

8/30/2007
Date Issued

CERTIFICATION OF VITAL RECORD

True Copy Certification

I, Megan McNamara_____, 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.

Megan McNamara
Signature

State of Ohio

County of Cuyahoga

Personally appeared before me, Christian R Leonhardt Jr, a notary public for this county and state, Megan McNamara who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

C.R. Leonhardt
Notary's Signature

My Commission Expires: _____
Notary' Seal (if on paper)

NOTARIAL SEAL
STATE OF OHIO

CHRISTIAN R. LEONHARDT
Notary Public
In and for the State of Ohio
My Commission Expires
March 6, 2016