Document prepared by and return to:
Greenvue Title & Escrow, LLC
2207 Crestmoor Rd., Ste 101
Nashville, TN 37215

BILL GARRETT, Davidson County
Trans:T20110031023 AFFIDAVIT
Recvd: 05/25/11 09:43 2 pgs
Fees:12.00 Taxes:0.00
20110525-0039916

SCRIVENER'S AFFIDAVIT

Before the undersigned authority, this day of May 23, 2011, personally appeared Jenny Averhoff, 2207 Crestmoor Rd., Ste 101, Nashville, TN 37215, (Affiant), who by me, being first duly cautioned and sworn, and states:

1. She is the title agent for Greenvue Title & Escrow, LLC, with an office located at the address shown above.

2. On June 25, 2010, Greenvue Title & Escrow, LLC, conducted a real estate closing involving the following property: 903 Robertson Academy Rd, Nashville, TN 37220

3. At this closing Timothy C. Haines, unmarried, granted a Warranty Deed dated June 25, 2010 and recorded June 28, 2010 in Instrument No. 20100628-0050189, Davidson County Official Records, Tennessee. The said Warranty Deed did not reference what happened to the wife of Charles E. Haines, Jr.

4. The purpose of this Affidavit is to give record notice that the aforementioned Warranty Deed is being amended to include that said Esther R. Haines, wife of Charles E. Haines, Jr predeceased her husband, Charles E. Haines,Jr. Date of death was June 25, 1998. A copy of her death certificate is attached.

Further Affiant sayeth not.

Jenny Averhoff

STATE OF Tennessee
COUNTY OF Davidson

Personally appeared before me, a Notary Public of said County and State Jenny Averhoff, the within named bargainor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he/she/they executed the foregoing instrument for the purposes therein contained as his/her/their free act and will.

Christine L. Lind
Notary Public

CHRISTINE L. LIND
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY, TENN.

My commission expires:
My Commission Expires OCT 21, 2013

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

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

99-344224 OCT-20-1999 10:25AM
PINELLAS CO BK 10698 PG 404

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.

9803200

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Esther Ross Haines
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): June 25,1998
4. SOCIAL SECURITY NUMBER: [redacted]-0412
5a. AGE-LAST BIRTHDAY (Years): 86
5b. UNDER 1 YEAR (Months / Days)
5c. UNDER 1 DAY (Hours / Min.)
6. DATE OF BIRTH (Month, Day, Year): 3-21-1912
7. BIRTHPLACE (City and State or Foreign Country): New Jersey
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 No
8a. PLACE OF DEATH (Check only one): 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): St.Thomas
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9a. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Dr.Chas,Haines
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Dietician
12b. KIND OF BUSINESS/INDUSTRY:
13a. RESIDENCE-STATE: Tenn.
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 903 Robertson Academy Rd.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 Yes 2 No
13f. ZIP CODE: 37220
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes 0 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): Frank Ross
18. MOTHER'S NAME (First, Middle, Maiden Surname): Ethel Reeves

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Dr. Charles Haines
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 903 Robertson Academy Rd. Nashville,Tn. 37220

DISPOSITION

20a. METHOD OF DISPOSITION: 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Cole&Garrett
20c. LOCATION-City or Town, State: Hendersonville Tn.
21a. SIGNATURE OF FUNERAL DIRECTOR
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2153
21c. SIGNATURE OF EMBALMER
21d. LICENSE NUMBER OF EMBALMER
22a. NAME AND ADDRESS OF FUNERAL HOME: Marshall-Donnelly-Combs Nashville,Tenn. 37203
22b. LICENSE NUMBER OF FUNERAL HOME: 40

REGISTRAR

23. REGISTRAR'S SIGNATURE
24. DATE FILED (Month, Day, Year): June 25,1998

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 SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER: MD 005078
25c. DATE SIGNED (Month, Day, Year): 6-25-98
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)
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

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. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Pneumonia — DUE TO (OR AS A CONSEQUENCE OF):
Approximate Interval Between Onset and Death: 1 wk
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: Senile dementia
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? 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)

BIRTH NO.

PAGES 1
CT # 6.00
G AMT
AMT
EC
S DR219
S
T
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TF
/C
EV 6.00
OTAL

RETURN TO: DR. Charles Haines 903 Robertson Academy Rd Nashville, Tenn 37220

PH-1659 REV. 2-93

RDA 1399