Prepared By:
Aronowitz & Skidmore, Inc.
200 Auburn Folsom Road, #305
Auburn, CA 95603

When Recorded Mail To:
Aronowitz & Skidmore, Inc.
200 Auburn Folsom Road, Suite 305
Auburn, CA 95603

BILL GARRETT, Davidson County
Trans:T20110056586 AFFIDAVIT
Recvd: 09/13/11 08:38 4 pgs
Fees:17.00 Taxes:0.00
20110913-0070815

AFFIDAVIT - DEATH OF JOINT TENANT

CYNTHIA A. JACOB, of legal age, being duly sworn, makes oath as follows:

That **LINDA LEE CHAPMAN**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **LINDA CHAPMAN**, named as one of the joint tenants in the Warranty Deed dated May 31, 2007, and recorded on July 25, 2007, as Instrument No. 20070725-0088270 of Official Records of Davidson County, Tennessee, covering the real property situated in the State of Tennessee, County of Davidson, City of Nashville, described as follows:

> Being Lot No. 29 on the Plan of Lindsley Subdivision of the Chadwell Tract of record in Plan Book 2, Page 24, Chancery Court of Davidson County, Tennessee, to which plan reference is hereby made for a more complete description.
>
> BEING all of the same property conveyed to Cindy Jacob, unmarried, and Linda Chapman, unmarried, as joint tenants with rights of survivorship, by Warranty Deed dated May 31, 2007 from Michael J. Brandenstein and wife, Christi F. Brandenstein of record in Instrument Number 20070725-0088270, Register's Office for Davidson County, Tennessee.

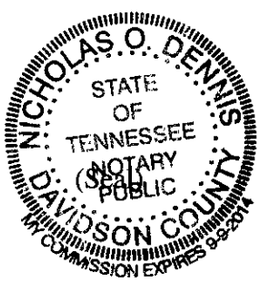
APN: 083-14-0 038.00

Dated: 8-22-11

CYNTHIA A. JACOB

STATE OF TENNESSEE)
) s.s.
COUNTY OF DAVIDSON)

Sworn to and subscribed before me this 22nd day of AUGUST, 2011.



Notary Public
My Commission Expires 9-9-2014

STATE OF TENNESSEE
Office of ..tal Records

1101269

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)	2. SEX	3. DATE OF DEATH (Month, Day, Year)
Linda Lee Chapman	Female	March 2, 2011

4. SOCIAL SECURITY NUMBER	5a. AGE-LAST BIRTHDAY (Years)	5b. UNDER 1 YEAR (Months / Days)	5c. UNDER 1 DAY (Hours / Min.)	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)
-5856	55			July 2, 1955	Amsterdam, New York

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No

9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [X] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
Baptist Hospital	Nashville	Davidson

3

10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	12b. KIND OF BUSINESS/INDUSTRY
Married	Norman Edward Chapman	Homemaker	Own Home

13a. RESIDENCE-STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER OR RURAL LOCATION
Tennessee	Davidson	Nashville	1624 Holly Street

CENSUS TRACT

13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.)	15. RACE-American Indian, Black, White, etc (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5+)
1 [X] Yes 2 [ ] No	37206	[ ] Yes [X] No (Specify, if yes)	White		1

For use by physician or institution

17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden Surname)
William LeComte	Mary Patricia Broas

19a. INFORMANT'S NAME (Type/Print)	19b. RELATIONSHIP TO DECEASED	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
Cindy Jacob	Partner	1624 Holly Street, Nashville, TN 37206

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION-City or Town, State
1 [ ] Burial 2 [X] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)	West Harpeth Crematory	Nashville, TN

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER OF FUNERAL DIRECTOR	21c. SIGNATURE OF EMBALMER	21d. LICENSE NUMBER OF EMBALMER
▶ Marshell, Rachel	6357	▶ No embalming	N/A

22a. NAME AND ADDRESS OF FUNERAL HOME	22b. LICENSE NUMBER OF FUNERAL HOME
West Harpeth Funeral Home 6962 Charlotte Pike, Nashville, TN 37209	1016

23. REGISTRAR'S SIGNATURE	24. DATE FILED (Month, Day, Year)
▶ Marshell H. Hendricks, Dep	March 8, 2011

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and 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)
▶ Jos. a. Sth, M.D.	MD0000040335	March 8, 2011

26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the 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)
Joshua B. Smithson, M.D. 2325 Crestmoor Road Nashville, TN 37215

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. Ventricular Arrhythmia	A few minutes
	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. Systolic and Diastolic Congestive Heart Failure	7 months
	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?	29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
1 [ ] Yes 2 [✓] No	1 [ ] Yes 2 [✓] No

30. MANNER OF DEATH	31a. DATE OF INJURY (Month, Day, Year)	31b. TIME OF INJURY	31c. INJURY AT WORK?	31d. DESCRIBE HOW INJURY OCCURRED
1 [✓] Natural 5 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide		M	1 [ ] Yes 2 [ ] No	

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)

SS-1659 (REV. 6/99)

BIRTH NO. _____

RDA-1390

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.

4628553

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

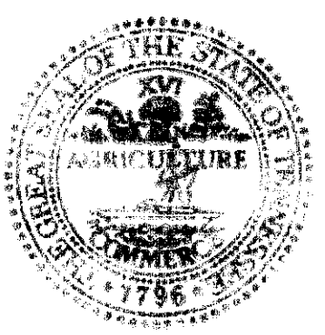
MAR 08 2011

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

Date Issued

CERTIFICATION OF VITAL RECORD


XVI
AGRICULTURE
1796