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This document prepared by:

PAUL JUNGERS, ESQ.
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Davidson County AFFIDAVIT
Recvd: 06/27/12 08:51 4 pgs
Fees:22.00 Taxes:0.00
20120627-0056153

Tax ID No.: 042070A078.00

AFFIDAVIT OF DEATH

STATE OF TENNESSEE
COUNTY OF DAVIDSON

BEFORE ME, the undersigned Notary Public, personally appeared CARL ALLEN KIRBY, of legal age, as the sole surviving tenant, "Affiant", who upon being duly sworn, deposes and states upon his oath and affirmation, the following:

1. My Name is CARL ALLEN KIRBY and I reside at 4364 BATON ROUGE DR., HERMITAGE, TN 37076.

2. I owned real property as a joint tenant with SOPHRONIA D. LONG, my mother, who, at the time of her demise, was one of the owners of such real property located in DAVIDSON County, State of TENNESSEE, described as follows:

SEE ATTACHED EXHIBIT A

3. SOPHRONIA D. LONG, my joint tenant and deceased mother, departed this life on 8/4/2011. As evidenced by a copy of the death certificate of the deceased attached hereto.

4. Affiant is the sole surviving tenant of the property described herein.

Dated this 10th day of May, 2012.

Carl A Kirby
CARL ALLEN KIRBY

STATE OF TENNESSEE
COUNTY OF Davidson

Sworn to before me this 10th day of May, 2012.

Joan Marie Scarlett
Notary Public
My Commission Expires: 11-5-12

JOAN MARIE SCARLETT
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

EXHIBIT A
LEGAL DESCRIPTION

THAT CERTAIN TRACT OF PARCEL OF LAND IN DAVIDSON COUNTY,TENNESSEE, DESCRIBED AS FOLLOWS, TO-WIT:

LAND IN DAVIDSON COUNTY, TENNESSEE, BEING LOT NO. 353 ON THE REVISED PLAT OF HERITAGE SQUARE, PHASE THREE, A PLANNED UNIT DEVELOPMENT OF RECORD IN PLAT BOOK 5200, PAGE 744, REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE, TO WHICH SAID PLAN REFERENCE IS HEREBY MADE FOR A MORE COMPLETE AND ACCURATE LEGAL DESCRIPTION THEREOF.

SUBJECT TO THE EASEMENTS AND RESTRICTIONS AS SHOWN ON THE PLAT MAP FILED IN PLAT BOOK 5200, PAGE 744.

SUBJECT TO DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTIONS FILED IN BOOK 5752 PAGE 884, BOOK 6071 PAGE 766 AND 6122 PAGE 483.

BEING THE SAME PROPERTY CONVEYED FROM CARL A. KIRBY CARL ALLEN KIRBY AND SOPHRONIA D. LONG AS TENANTS IN COMMON WITH RIGHTS OF SURVIVORSHIP BY DEED RECORDED 4/03/2001 DOCUMENT 20010403-0032176 IN THE REGISTER'S OFFICE OF DAVIDSON COUNTY, TENNESSEE.

PARCEL NO.: 042070A078.00

PROPERTY COMMONLY KNOWN AS: 1008 PEWTER COURT, MADISON, TN 37115

STATE OF TENNESSEE
Office of Vital Records

1104609

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): Sophronia Diane Long
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): August 4, 2011
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-2931
5a. AGE-LAST BIRTHDAY (Years): 67
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): March 21, 1944
7. BIRTHPLACE (City and State or Foreign Country): Mobile, Alabama
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 ER/Outpatient 3 DOA; OTHER 4 Nursing Home 5 [X] Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 1008 Pewter Court
9c. CITY, TOWN, OR LOCATION OF DEATH: Madison
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name): N/A
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Activities Director
12b. KIND OF BUSINESS/INDUSTRY: Hickory Gardens Assisted Living
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Madison
13d. STREET AND NUMBER OR RURAL LOCATION: 1008 Pewter Court
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37115
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No
Specify, if yes:
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

NAME OF DECEDENT, For use by physician or Institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Otis Gibson
18. MOTHER'S NAME (First, Middle, Maiden Surname): Ruby Irene Ammons

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Crystal Long Kendall
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3109 Brett Road Corinth, Texas 76210

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Spring Hill Cemetery
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: James Dudney
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3171
21c. SIGNATURE OF EMBALMER: Dillon Wines
21d. LICENSE NUMBER OF EMBALMER: 6444
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

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda L. Bowers, RR
24. DATE FILED (Month, Day, Year): August 15, 2011

CERTIFIER

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 [X] SIGNATURE AND TITLE OF PHYSICIAN: Gmuck Dunn MD
25b. LICENSE NUMBER: 32086
25c. DATE SIGNED (Month, Day, Year): 8/10/11
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): Julie R Dunn 3443 Dickerson Pk G30 Nashville TN 37207

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. (Approximate interval: Onset and Death)

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. myocardial infarction
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. coronary artery disease
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.

29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [✓] 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: M
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)

4897888

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.

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Forman
Tonya Y. Forman, Local Registrar
Davidson County, Tennessee

AUG 15 2011
Date Issued

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

ARTIFICIAL INDICATORS OF ALTERATION OR ERASURE ON FRONT

True Copy Certification

I, Brian M. Kester, 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.

B M. K

Signature

State of Pennsylvania

County of Allegheny

Personally appeared before me, Matthew W. Jones, a notary public for this county and state, Brian M. Kester, who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Notary's Signature

My Commission Expires: 9/9/13

Notary' Seal (if on paper)

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Matthew W. Jones, Notary Public
Robinson Twp., Allegheny County
My Commission Expires Sept. 9, 2013
Member, Pennsylvania Association of Notaries