Davidson County	AFFIDAVIT
Recvd: 07/12/12 15:13	4 pgs
Fees:22.00 Taxes:0.00	
20120712-0061433	

AFFIDAVIT OF FACTS

[PREPARED BY
LANDSEL TITLE AGENCY
961 N. HAMILTON RD., #100
GAHANNA, OH 43230
(614) 337-1928

STATE OF TN §
§
COUNTY OF Davidson §

BEFORE ME, the undersigned authority, on this day personally appeared the undersigned affiant, who swore on oath that the following facts are true:

"1. My name is EDWARD L. GRAVES, I am of sound mind, capable of making this affidavit, and fully competent to testify to the matters stated herein, and I have personal knowledge of each of the matters stated herein.

"2. That my spouse, REBECCA O. GRAVES, now deceased, and I were the record title holders of the following described property, as evidenced by that Deed recorded in Deed Book 5507, Page 730, among the land Records of Davidson County, TN., to wit:

"3. That my spouse and I were married prior to October 2, 1979, the date of our acquisition of title to the property described hereinabove, and we remained continuously married, without interruption by divorce from that date up to the date of my spouse's death, April 6, 2001.

"4. That the value of my spouse's estate was insufficient to necessitate the filing of an estate tax return and that there are no state or federal estate or inheritance tax due as a result of his or her death.

"5. That Affiant gives this Affidavit for the purpose of inducing Fidelity National Title Insurance Company to issue its policy or policies insuring the title to said property without exceptions(s) to encumbrance(s) or vesting issues which could have possibly arisen in the event of divorce of the Affiant and Affiant's spouse; and said Affiant does hereby agree to indemnify and hold Fidelity National Title Insurance Company harmless of and from any and all loss, cost, damage and expense of every kind, including Attorneys' fees, which it may suffer or incur or become liable for under its said policy or policies arising directly or indirectly out of or on account of such an intervening divorce, or in connection with its enforcement of its rights under this agreement."

FURTHER THE AFFIANTS SAYETH NAUGHT.

x Edward L. Graves (SEAL)

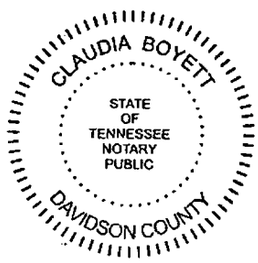
_____(SEAL)

Executed, subscribed and sworn to before me the day and year above written.

Claudia Boyett
Notary Public

My Commission expires:_____

My Commission Expires Nov. 4, 2013



Metropolitan Government of Nashville and Davidson County

Bill Purcell, Mayor

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

APR 17 2001

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 T. Owens 01 51
LOCAL REGISTRAR

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): REBECCA ODOM GRAVES
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): April 6, 2001
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-7705
5a. AGE-LAST BIRTHDAY (Years): 60
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Jan 25, 1941
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ Yes 2 ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 ☒ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA; OTHER: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Baptist Hospital
9c. 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): Edward Graves
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Instructor
12b. KIND OF BUSINESS/INDUSTRY: Education
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 4111 Dalemere Crt.
CENSUS TRACT: 0062
13e. INSIDE CITY LIMITS? 1 ☒ Yes 2 ☐ No
13f. ZIP CODE: 37207
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes ☒ No
Specify, if yes:
15. RACE-American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): College (1-4 or 5+): 4

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHERS NAME (First, Middle, Last): Earl T. Odom, M.D.
18. MOTHERS NAME (First, Middle, Maiden Surname): Ann Davis

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Edward Graves
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4111 Dalemere Crt., Nashville, TN 37207

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): Greenwood Cemetery North
20c. LOCATION-City or Town, State: Goodlettsville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Richard A. Lewis
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3633
21c. SIGNATURE OF EMBALMER: ▶ Delmas Bogus
21d. LICENSE NUMBER OF EMBALMER: 3687

REGISTRAR

22a. NAME AND ADDRESS OF FUNERAL HOME: LEWIS & WRIGHT FUNERAL DIRECTORS, 2500 Clarksville Hwy., Nashville, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 0812
23. REGISTRAR'S SIGNATURE: ▶ [signature]
24. DATE FILED (Month, Day, Year): April 13, 2001

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 ☒ SIGNATURE AND TITLE OF PHYSICIAN ▶ [signature]
25b. LICENSE NUMBER: MD-016053
25c. DATE SIGNED (Month, Day, Year): 4/13/01
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): W. Charles Penley, MD. 2011 Church St. Suite 800 Nashville TN 37203

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. List only one cause on each line.

Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. METASTATIC NONSMALL CELL LUNG CANCER — Diagnosed 2/01
DUE TO (OR AS A CONSEQUENCE OF):
b. (SPINE METASTASIS, RESPIRATORY FAILURE,
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
c. HYPERCALCEMIA ARE COMPLICATING
DUE TO (OR AS A CONSEQUENCE OF):
d. FEATURES)

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)

BIRTH NO.

PH-1659 (REV. 6/99) ROA *

I, Darren Rudolph, 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.

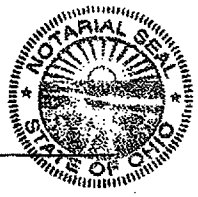
Signature

State of Ohio

County of Franklin

Personally appeared before me, Janice L. Shook, a notary public for this county and state, Darren Rudolph who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Notary's Signature



Janice L. Shook
Notary Public, State of Ohio
My Commission Expires 03-15-2015

MY COMMISSION EXPIRES:

Notary's Seal (If on paper)

(3) All electronic documents eligible for registration pursuant to this subsection are validly registered when accepted for recording by the county register. Electronic documents registered by county registers prior to July 1, 2007 shall be considered validly registered with or without the certification provided in subdivision (2).