This Instrument was prepared by:
Trustland Title & Escrow, LLC.
1720 West End Avenue, Suite 400
Nashville, Tennessee 37203

WHEN RECORDED RETURN TO:
TrustLand Title & Escrow, LLC.
1720 West End Avenue, Suite 400
Nashville, Tennessee 37203

BILL GARRETT, Davidson County
Trans:T20120063280 AFFIDAVIT
Recvd: 08/23/12 14:35 4 pgs
Fees:22.00 Taxes:0.00
20120823-0076079

AFFADAVIT OF HEIRSHIP

Joan West, herein referred to as Affiant, being first duly sworn, makes oath as follows:

1. The Affiant resides at the following address: 330 Homestead Road, Nashville, TN 37207

2. That Affiant personally knew Cloudie Wayne McClure /AKA C. Wayne McClure, deceased, hereinafter referred to as Decedent, and has personal knowledge of the family of Decedent by reason of the following: kinship.

3. That Affiant knew that at the date of death, said Decedent Cloudie Wayne McClure, owned/held interest in the following described real estate in Davidson County, Tennessee: improved property known as: 232 Pepper Ridge Circle, Antioch, TN 37013.

4. That Decedent died on October 2, 2011, and was a resident of Davidson County, Tennessee;

5. That Decedent died intestate;

6. That NOT APPLICABLE was the surviving spouse of the Decedent;

7. That said spouse NOT APPLICABLE presently living;

8. That the following persons are ALL of the children born to or adopted by Decedent during his lifetime (List all children, living or deceased): CAROLYN HUTTINGER, KAREN M. BECK, KAYLA M. CRIGGER AND KARLA FERRYMAN.

9. That the following persons are all the brothers and sisters of the Decedent, both living and deceased (complete if Decedent is NOT survived by spouse, children or parent): NOT APPLICABLE.

10. That the following persons constituted all of the heirs-at-law (Surviving spouse, if applicable) of Decedent at his date of death: CAROLYN HUTTINGER, KAREN M. BECK, KAYLA M. CRIGGER AND KARLA FERRYMAN.

11. That as of the date of the execution of this Affidavit, the following persons constitute all of the heirs-at-law of Decedent: CAROLYN HUTTINGER, KAREN M. BECK, KAYLA M. CRIGGER AND KARLA FERRYMAN.

Date this 16 day of August, 2012.

Joan West

Affiant

STATE OF TENNESSEE
COUNTY OF Davidson

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, Joan West, the within named Affiant, with whom I am personally acquainted (or proved to me on this basis of satisfactory evidence), who made oath that the statements contained in the forgoing Affidavit of Heirship are true of Affiant's own knowledge, and who Acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Old Hickory, Tennessee, this 16 day of August, 2012.

Tonia Bell

Notary Public

My Commission Expires:

August 17, 2015

TONIA BELL
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires August 17, 2015

Office of Vital Records

100599

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Cloudie Wayne McClure
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): October 2, 2011
4. SOCIAL SECURITY NUMBER: [redacted]-9299
5. AGE-Last Birthday (Years): 74
6. DATE OF BIRTH (Month, Day, Year): Dec 28, 1936
7. BIRTHPLACE (City and State or Foreign Country): Floydada, Texas
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? No
9. PLACE OF DEATH (Check only one): 1 Inpatient
10. FACILITY NAME (If not institution, give street and number): Southern Hills Medical Center
11. CITY, TOWN, OR LOCATION OF DEATH: Nashville
12. COUNTY OF DEATH: Davidson
13. MARITAL STATUS (Married, Never Married, Widowed, Divorced): Widowed
14. SURVIVING SPOUSE (If wife, give maiden name):
15a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Restaurant Owner
15b. KIND OF BUSINESS/INDUSTRY: Restaurant
16a. RESIDENCE-STATE: Tennessee
16b. COUNTY: Davidson
16c. CITY, TOWN OR LOCATION: Antioch
16d. STREET AND NUMBER OR RURAL LOCATION: 232 Pepperidge Circle
16e. INSIDE CITY LIMITS? Yes
16f. ZIP CODE: 37013
17. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No; if Yes, specify Cuban, Mexican, Puerto Rican, etc.): No
18. RACE (American Indian, Black, White, etc.): White
19. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 11; College (1-4 or 5+):

PARENTS

20. FATHER'S NAME (First, Middle, Last): Frank Ray McClure
21. MOTHER'S NAME (First, Middle, Maiden Surname): Goldie Irene Collins

INFORMANT

22a. INFORMANT'S NAME (Type/print): Karen Beck
22b. RELATIONSHIP TO DECEASED: Daughter
22c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 344 Clear Lake Drive West Nashville, Tennessee 37217

DISPOSITION

23a. METHOD OF DISPOSITION: 1 Burial
23b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Hermitage Memorial Gardens
23c. LOCATION-City or Town, State: Old Hickory, Tennessee
24a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Gary Michael Morgan
24b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5220
24c. SIGNATURE OF EMBALMER: ▶ Dawn Renee Everett
24d. LICENSE NUMBER OF EMBALMER: 6024
25a. NAME AND ADDRESS OF FUNERAL HOME: Hermitage Funeral Home & Memorial Garden 535 Shute Lane Old Hickory, Tennessee 37138
25b. LICENSE NUMBER OF FUNERAL HOME: 540

REGISTRAR

26. REGISTRAR'S SIGNATURE: ▶ Received by Starks, DL
27. DATE FILED (Month, Day, Year): October 12, 2011

CERTIFIER

28a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. SIGNATURE AND TYPE OR PRINT NAME OF PHYSICIAN: ▶ [signature] family physician
28b. LICENSE NUMBER: MD019684 TN
28c. DATE SIGNED (Month, Day, Year): 10-12-11
29a. 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. SIGNATURE AND TITLE OF MEDICAL EXAMINER:
29b. LICENSE NUMBER:
29c. DATE SIGNED (Month, Day, Year):

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

30. NAME AND ADDRESS OF CERTIFIER (Physician or Medical Examiner) (Type/print): 347 Wallace Lane-100 Nashville TN 37211 Robert G. Billingsley MD

CAUSE OF DEATH

31. 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. List only one cause on each line.

Immediate Cause (Final disease or condition resulting in death): a. Cardiopulmonary Arrest — Due to (or as a consequence of): Approximate Interval Between Onset and Death: 10 min.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST:
b. End Stage Renal Disease — Due to (or as a consequence of): = 5 years
c. — Due to (or as a consequence of):
d. — Due to (or as a consequence of):

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: peripheral vascular disease; Atrial fibrillation; hypertension; valvular heart disease

32. WAS AN AUTOPSY PERFORMED? No
33. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? No

34. MANNER OF DEATH: Natural
35a. DATE OF INJURY (Month, Day, Year):
35b. TIME OF INJURY:
35c. INJURY AT WORK?
35d. DESCRIBE HOW INJURY OCCURRED:
35e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify):
35f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

FH-1650 (REV. 8/03)

BIRTH NO.

RDA 1306

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.

4900146

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

OCT 12 2011

Teresa S. Hendricks, STATE REGISTRAR

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

Date Issued

CERTIFICATION OF VITAL RECORD

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NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0301845

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Helen Marie McClure
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): March 30, 2002
4. SOCIAL SECURITY NUMBER: [redacted]7562
5. AGE-LAST BIRTHDAY (Years): 67
6. DATE OF BIRTH (Month, Day, Year): 2-11-1936
7. BIRTHPLACE (City and State or Foreign Country): Georgetown, TX
8. WAS DECEDENT EVER IN U.S. ARMED FORCES?: No
9. PLACE OF DEATH (Check only one): Inpatient
10. FACILITY NAME (If not institution, give street and number): 232 Pepperidge Circle
11. CITY, TOWN, OR LOCATION OF DEATH: Antioch
12. COUNTY OF DEATH: Davidson
13. MARITAL STATUS (Married, Never Married, Widowed, Divorced, Unknown): Married
14. SURVIVING SPOUSE (If wife, give maiden name): Claudia McClure
15. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use "retired"): Self-Employed
16. KIND OF BUSINESS/INDUSTRY: Restaurant
17. RESIDENCE-STATE: Tennessee
18. COUNTY: Davidson
19. CITY, TOWN OR LOCATION: Antioch
19d. STREET AND NUMBER OF RESIDENCE: 232 Pepperidge Circle
20. INSIDE CITY LIMITS?: Yes
21. ZIP CODE: 37013
22. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No, Yes-Mexican, Yes-Puerto Rican, Yes-Cuban, Yes-Other Hispanic): No
23. RACE (American Indian, Black, White, etc. (Specify)): White
24. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 11; College (1-4 or 5+):

PARENTS

25. FATHER'S NAME (First, Middle, Last): James Bradford Whitehead
26. MOTHER'S NAME (First, Middle, Maiden Surname): Cecil Ethel Morgan

INFORMANT

27. INFORMANT'S NAME (Type/Print): C Wayne McClure
28. RELATIONSHIP TO DECEASED: Husband
29. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 232 Pepperidge Circle Antioch,TN 37013

DISPOSITION

30. METHOD OF DISPOSITION: Burial
31. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Hermitage Memorial Gardens
32. LOCATION - City or Town, State: Hermitage,TN
33. SIGNATURE OF FUNERAL DIRECTOR: Tod Biddle
34. LICENSE NUMBER OF FUNERAL DIRECTOR: 5162
35. SIGNATURE OF EMBALMER: Justin Willis
36. LICENSE NUMBER OF EMBALMER: 5307
37. NAME AND ADDRESS OF FUNERAL HOME: Hermitage Funeral Home, 535 Shute Lane Hermitage,TN 37076
38. LICENSE NUMBER OF FUNERAL HOME: 540

REGISTRAR

39. REGISTRAR'S SIGNATURE: [signature]
40. DATE FILED (Month, Day, Year): [illegible]

CERTIFIER

41. DATE PRONOUNCED DEAD (Month, Day, Year):
42. TIME PRONOUNCED DEAD:
43. WAS MEDICAL EXAMINER CONTACTED?:
44. TIME OF DEATH:
45. WAS AUTOPSY PERFORMED?:
46. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?:
47. I ATTEST THAT, IN MY OPINION, DEATH OCCURRED AT THE TIME AND DATE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED.
- [ ] SIGNATURE AND TITLE OF PHYSICIAN:
48. LICENSE NUMBER: MD018986
49. DATE SIGNED (Month, Day, Year): 4/3/02
- [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER
50. LICENSE NUMBER:
51. DATE SIGNED (Month, Day, Year):
52. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER): Dr. Mary McElaney, 397 Wallace Rd #415 Nashville,TN 37211

CAUSE OF DEATH

53. PART I. Enter the chain of events, 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): COPD
DUE TO (OR AS A CONSEQUENCE OF):
DUE TO (OR AS A CONSEQUENCE OF):
DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

Osteoporosis GERD Post Herpetic neuralgia

54. MANNER OF DEATH: Natural
55. DATE OF INJURY (Month, Day, Year):
56. TIME OF INJURY:
57. INJURY AT WORK?:
58. DESCRIBE HOW INJURY OCCURRED:
59. PLACE OF INJURY (Home, farm, street, factory, office building, etc. (Specify)):
60. LOCATION (Street and Number or Rural Route Number, City or Town, State):

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] [signature] Local Registrar

Date Issued APR [illegible] 2002

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

CERTIFICATION OF VITAL RECORD

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