Instrument Prepared By & Return To:
Rudy Title & Escrow, LLC
2012 21st Avenue South
Nashville, TN 37212
(615) 383-2903
RTE File # G-AHF-12-651

BILL GARRETT, Davidson County
Trans:T20120072220 AFFIDAVIT
Recvd: 09/25/12 13:18 2 pgs
Fees:12.00 Taxes:0.00
20120925-0087129

AFFIDAVIT OF HEIRSHIP

I, Marjorie Lester Richardson, hereinafter referred to as Affiant, being first duly sworn, makes oath as follows:

1. That Affiant presently resides at the following address 633 Old Hickory Blvd, Nashville, TN 37221

2. That Affiant personally knew **Sara Rains Karl**, deceased, hereinafter referred to as Decedent, for over 60 years and has personal knowledge of the family of Decedent.

3. That Affiant, Marjorie Lester Richardson knew that at date of death said Decedent, **Sara Rains Karl**, owned (or had an interest in) the following described real estate in **Davidson** County, Tennessee: **651 DEVON DRIVE, NASHVILLE, TN 37220**

4. That Decedent died on **11/18/1986**, and was at that time a resident of **Davidson** County, State of **Tennessee**;

5. That Decedent died intestate.

6. That **Sara Rains Karl** was not married at the time of his/her death.

7. That the following persons are all of the children born to or adopted by Decedent during the Decedent's lifetime: **H.R Karl, and Maria Karl Maxcy**

8. That the following persons constitute, as of the date of execution of this affidavit, all of the heirs-at-law of Decedent: **H.R. Karl and Maria Karl Maxcy**

9. Additional information, if any, either known or understood to be true by Affiant:

FURTHER AFFIANT SAITH NOT.

Marjorie Lester Richardson
Affiant's Signature

STATE OF Tennessee

COUNTY OF Davidson

Before me, Andrew B Elmore, a Notary Public in and for the State and County aforesaid, personally appeared the within named Affiant, Marjorie Richardson, with whom I am personally acquainted, who made oath that the statements contained in the foregoing affidavit are true of Affiant's own knowledge.

WITNESS my hand and official seal at Brentwood, (city)
Tennessee (state)
this 24th day of September, 2012.

ANDREW B. ELMORE
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

Notary Public
My Commission expires: 9 Sept 2014

STATE OF TENNESSEE
Office of Vital Records

9902069

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER 94 015703

TYPE / PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Richard P. Maxcy
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): April 13, 1994
4. SOCIAL SECURITY NUMBER: [redacted]-3028
5a. AGE – LAST BIRTHDAY (Years): 73
5b. UNDER 1 YEAR: MONTHS / DAYS
5c. UNDER 24 HOURS: HOURS / MINUTES
6. DATE OF BIRTH (Month, Day, Year): 04-03-1921
7. BIRTHPLACE (City and State or Foreign Country): Emporia, Kansas
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): 651 Devon Drive 910
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville 094
9d. COUNTY OF DEATH: Davidson 19
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Marie Karl
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Austin Products
12b. KIND OF BUSINESS/INDUSTRY: Owner
13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson 19
13c. CITY, TOWN OR LOCATION: Nashville 094
13d. STREET AND NUMBER OR RURAL LOCATION: 651 Devon Drive
13e. INSIDE CITY LIMITS? 1 [X] 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 [X] No
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+):
17. FATHER'S NAME (First, Middle, Last): Van Kirk Maxcy
18. MOTHER'S NAME (First, Middle, Maiden Surname): Ethel Kaufman

NAME OF DECEDENT: For use by physician or medical examiner 0157013 1994

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Marie Maxcy
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 651 Devon Drive, Nashville,TN 37220

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): Woodlawn Cemetery
20c. LOCATION – City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Rodney Wells
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3883
21c. SIGNATURE OF EMBALMER: Don Dupree
21d. LICENSE NUMBER OF EMBALMER: 3374
22a. NAME AND ADDRESS OF FUNERAL HOME: Brentwood Funeral Home, 9010 Church St.E., Brentwood,TN 37027
22b. LICENSE NUMBER OF FUNERAL HOME: 911

REGISTRAR

23. REGISTRAR'S SIGNATURE: Patricia Sayre
24. DATE FILED (Month, Day, Year): April 26, 1994

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 [X] SIGNATURE AND TITLE OF PHYSICIAN: Gary R. Oakes, M.D.
25b. LICENSE NUMBER: TN - MD 021799
25c. DATE SIGNED (Month, Day, Year): 4/20/94
26a. MEDICAL EXAMINER – On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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 CERTIF-

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Dr. Gary R. Oakes, 341 Wallace Road, Nashville, TN 37211

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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.

5506769

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

Teresa S. Hendricks
STATE REGISTRAR

Date Issued Sep-20-2012

CERTIFICATION OF VITAL RECORD