BILL GARRETT, Davidson County
Trans:T20120076536 AFFIDAVIT
Recvd: 10/09/12 10:54 2 pgs
Fees:12.00 Taxes:0.00
20121009-0092352

This Instrument Prepared By and Return to:

Crawford & Company Holdings, Inc.
1000 5th St., #200
Miami Beach, FL 33139

AFFIDAVIT TO REMOVE LIFE ESTATE

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Comes now, **Waddell Wright** herein after referred to as Affiant, on this 8th day of October, 2012, and after first being duly sworn according to law, does state the following as true and correct to the best of his knowledge, information and belief:

1. The Affiant recorded a Quitclaim Deed in **Instrument No.** 201209140083790 Register's Office for Davidson County, Tennessee. Whereas W. Wright and Company, LLC (Grantor) conveyed the property to Crawford and Company Holdings, Inc. (Grantee).

2. That the above mentioned Quitclaim Deed was recorded with a Life Estate held by Laura Buchanan.

3. The Affiant makes this affidavit to remove the Life Estate since the said Laura Buchanan is now deceased.

See Attached Death Certificate for Laura Buchanan

Affiant(s):

Waddell Wright

STATE OF Tennessee

COUNTY OF Davidson

I, John Gleaves, a Notary Public of the County and State first above written, do hereby certify that Waddell Wright personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the 8th day of October, 2012.

Notary Public

My Commission Expires: 5-20-14

(SEAL)

JOHN GLEAVES
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.

STATE OF TENNESSEE
Office of Vital Records

0306180

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2003 046546

1. DECEDENT'S NAME (First Middle Last): LAURA A. BUCHANAN
2. SEX: FEMALE
3. DATE OF DEATH (Month Day Year): OCTOBER 21, 2003
4. SOCIAL SECURITY NUMBER: [redacted]-5836
5a. AGE LAST BIRTHDAY (Years): 65
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month Day Year): 6/8/1938
7. BIRTHPLACE (City and State or Foreign Country): WILLIAMSON COUNTY, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [X] 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 079
9c. CITY TOWN OR LOCATION OF DEATH: NASHVILLE
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS: Married Never Married Widowed Divorced (Specify): WIDOW
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): DOMESTIC WORKER
12b. KIND OF BUSINESS/INDUSTRY:
13a. RESIDENCE STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 1568 DELTA
13e. INSIDE CITY LIMITS? [X] Yes [ ] No
13f. ZIP CODE: 37208
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes specify Cuban Mexican Puerto Rican etc.) Yes [ ] No [X]
15. RACE American Indian Black White etc (Specify): BLACK
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 6; College (1-4 or 5+):
17. FATHER'S NAME (First Middle Last): SAL HOUSE
18. MOTHER'S NAME (First Middle Maiden Surname): OPHELIA DAVIS
19a. INFORMANT'S NAME (Type/Print): JESSIE HOWSE
19b. RELATIONSHIP TO DECEASED: SON
19c. MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code): 1407 22ND AVENUE NORTH NASHVILLE, TN 37208
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): GREENWOOD CEMETERY
20c. LOCATION-City or Town State: NASHVILLE, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ MELVIN J. SMITH
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4502
21c. SIGNATURE OF EMBALMER: ▶ PATRICK TUCKER
21d. LICENSE NUMBER OF EMBALMER: 5072
22a. NAME AND ADDRESS OF FUNERAL HOME: SMITH BROTHERS FUNERAL DIRECTORS, INC 706 MONROE STREET, NASHVILLE, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 809
23. REGISTRAR'S SIGNATURE: Teresa A. Bowers
24. DATE FILED (Month Day Year): November 3, 2003
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: Kenneth Lawy MD
25b. LICENSE NUMBER: MD 30062
25c. DATE SIGNED (Month, Day Year): 10/28/03
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)
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)

5506840

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

Date Issued Sep-20-2012

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD