Davidson County AFFIDAVIT
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Fees:17.00 Taxes:0.00
20121212-0114654

INUOUS MARRIAGE AFFIDAVIT

Commitment No. 433384

Borrowers: Kevin Kremposky

Premises: 601 Stokley Court,
Old Hickory, TN 37138

State of Tennessee

County of: Davidson

On the 28 day of November, 2012, before me, the undersigned Officer, personally, appeared the undersigned, who being duly sworn according to law and intending to be legally bound, depose(s) and say(s) that the following statements are true and correct to the best of my/our knowledge and belief.

That as to each Grantor/Mortgagor who is an individual:

A. Kevin Kremposky and Gina C. Kremposky were married from 10/30/2006 to 5/5/12

B. That the Grantees in the last deed of record, if identified therein as husband and wife, (tenants by the entirety), have not been divorced from each other at any time since their acquisition of title.
C. If presently married, that he/she is neither separated from his/her spouse nor a party to any pending divorce proceeding in any jurisdiction.
D. That any interest in the premises has never been awarded or distributed to or liened in favor of any current or former spouse nor is his/her interest in the premises subject to the continuing jurisdiction of any court for support obligations or possible future awards or distributions to any current or former spouse.
E. That there are no Overdue Support Obligations of record with the Domestic Relations section of any Court through the date of recording the instruments(s) to be insured.

This affidavit is made for the purpose of inducing Stewart Title or its duly authorized agent to hold settlement on the above premises, and to issue its title insurance policy, insuring the title thereto and to make disbursement of funds arising out of said transaction.

Kevin Kremposky

ALVIN JOHNSON, JR.
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

SWORN TO AND SUBSCRIBED before me, the day and year aforesaid.

Notary Public

My commission expires: 11/4/2013

STATE OF TENNESSEE
Office of Vital Records

1232888

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Gina Charlene Gann
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): May 5, 2012
4. TIME OF DEATH (Approx.): 8:08 pm
5a. AGE-Last Birthday (Years): 49
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): August 24, 1962
7. BIRTHPLACE (City and State or Foreign Country): Madison, Tennessee

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: [ ] Hospice facility [ ] Nursing Home/Long term care facility [ ] Decedent's home [ ] Other residence [ ] Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): Vanderbilt University Medical Center
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: [X] Married [ ] Married, but separated [ ] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Kevin Kremposky
11a. DECEDENT'S USUAL OCCUPATION: School Teacher
11b. KIND OF BUSINESS/INDUSTRY: Education

12. SOCIAL SECURITY NUMBER: [redacted]-7100
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Old Hickory
13c. CITY OR TOWN: Davidson
13d. STREET AND NUMBER: 601 Stokley Court
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37138
14. WAS DECEDENT EVER IN US ARMED FORCES? [ ] Yes [X] No

NAME OF DECEDENT (For use by Physician or Institution)

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
[ ] 8th grade or less
[ ] 9th - 12th grade; no diploma
[ ] High school graduate or GED completed
[ ] Some college credit, but no degree
[ ] Associate degree (e.g., AA, AS)
[X] Bachelor's degree (e.g., BA, AB, BS)
[ ] Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
[ ] Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
[ ] Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
[X] No, not Spanish/Hispanic/Latino
[ ] Yes, Mexican, Mexican American, Chicano
[ ] Yes, Puerto Rican
[ ] Yes, Cuban
[ ] Yes, other Spanish/Hispanic/Latino (Specify)
[ ] Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
[X] White
[ ] Black or African American
[ ] American Indian or Alaska Native (Name of the enrolled or principal tribe)
[ ] Asian Indian
[ ] Chinese
[ ] Filipino
[ ] Japanese
[ ] Korean
[ ] Vietnamese
[ ] Other Asian (Specify)
[ ] Native Hawaiian
[ ] Guamanian or Chamorro
[ ] Samoan
[ ] Other Pacific Islander (Specify)
[X] Other (Specify)
[ ] Unknown

PARENTS

18. FATHER'S NAME (First, Middle, Last): Charles E. Gann
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Bobbie Bryan

INFORMANT

20a. INFORMANT'S NAME: Kevin Kremposky
20b. RELATIONSHIP TO DECEDENT: Husband
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 601 Stokley Court, Old Hickory, Tennessee 37138

DISPOSITION

21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Hermitage Memorial Gardens
21c. LOCATION - City or Town and State: Old Hickory, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: Mary Katherine Moore
22b. LICENSE NUMBER: 5994
22c. SIGNATURE OF EMBALMER: Jeffrey A. Plunk
22d. LICENSE NUMBER: 4353
23a. NAME AND ADDRESS OF FUNERAL HOME: Hermitage Funeral Home, 535 Shute Lane, Old Hickory, Tennessee 37138
23b. LICENSE NUMBER OF FUNERAL HOME: 540

REGISTRAR

24. REGISTRAR'S SIGNATURE: Teresa S. Hendricks, DE
25. DATE FILED (Month, Day, Year): May 15, 2012

CERTIFIER

26. CERTIFIER (Check only one):
26a. [X] PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.
26b. [ ] 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 stated.

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS

27a. SIGNATURE OF CERTIFIER: Julia B. Lewis
27b. LICENSE NO.: 16829
27c. DATE SIGNED (Month, Day, Year): 5-14-12
27d. NAME AND ADDRESS: Dr. Julia B. Lewis - Vanderbilt Medical Center

MEDICAL CERTIFICATION

28. PART I. Enter the chain of events (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Septic shock, pneumonia
Due to (or as a consequence of)
b. End stage renal disease
Due to (or as a consequence of)
c. Diabetes
Due to (or as a consequence of)
d.

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

Approximate Interval: Onset to death
a. 12 days
b. 11-25-2008
c. UNKNOWN / 2003
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? [ ] Yes [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [ ] No

30. MANNER OF DEATH: [ ] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [X] No [ ] Unknown
32. IF FEMALE: [ ] Not pregnant within past year [ ] Pregnant at time of death [ ] Not pregnant, but pregnant within 42 days of death [ ] Not pregnant, but pregnant 43 days to 1 year before death [ ] Unknown if pregnant within the past year

33. IF TRANSPORTATION INJURY, SPECIFY: [ ] Driver/Operator [ ] Passenger [ ] Pedestrian [ ] Other (Specify)
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? [ ] Yes [ ] No
34d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

PH-1659 (Rev. 10/2011) RRA 1399

5301132

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.

MAY 16 2012

Teresa S. Hendricks, STATE REGISTRAR

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

Date Issued

CERTIFICATION OF VITAL RECORD

True Copy Certification

I, Shannon Malone, 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.

Shannon Malone
Signature

State of Pennsylvania

County of Allegheny

Personally appeared before me, Wendie Frambes a notary public for this county and state, Shannon Malone, who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Wendie L. Frambes, Notary Public
Findley Twp., Allegheny County
My Commission Expires March 7, 2013
Member, Pennsylvania Association of Notaries

Notary's Signature

My Commission Expires: 3-7-13
Notary' Seal (if on paper)