THIS INSTRUMENT PREPARED BY:

CURTIS M. LINCOLN
Attorney at Law
103 Bluegrass Commons Boulevard
Hendersonville, TN 37075
(615) 822-0030 Fax (615) 264-2019

The maximum principal indebtedness for Tennessee recording tax purposes is $-0-.

BILL GARRETT, Davidson County
Trans:T20130003757 AFFIDAVIT
Recvd: 01/14/13 15:17 6 pgs
Fees:32.00 Taxes:0.00
20130114-0004461

AFFIDAVIT OF HEIRSHIP

Affiant(s), children below, after first being duly sworn, states that he/she/they is/are an adult citizen(s) and is a resident of Davidson County, Tennessee and Rutherford County. The affiant further states that he/she/they is/are the biological children of Roy E. Morgan and Frances E. Morgan (now deceased). Roy & Erline Morgan died 8-18-06 and 12-29-12, respectively, and we are their only heirs.

The above, Children, are the only heirs at law and beneficiaries of the estate, and affiants advise that they have paid all claims, including funeral expenses, death taxes, inheritance taxes, etc. of Roy & Erline Morgan, or the same will be paid by them and assume all responsibility for the payment of the same.

This Affidavit of Heirship is freely given pursuant to ***Tennessee Code Annotated 30-2-712, et seq.***, to help establish and reflect the heirship with respect to any real property and/or personal property owned by Roy & Erline Morgan in Tennessee, or elsewhere.

Further, affiant saith not.

Donald S. Morgan

Douglass F. Morgan
Douglass F. Morgan

Dianne L. Hill

David R. Morgan

Danny Lee Morgan
Danny L. Morgan

STATE OF TN

COUNTY OF Davidson

BEFORE me, undersigned, a Notary Public in and for the County and State aforesaid, personally appeared the within named, Dianne L. Hill, the bargainor(s) with whom I am personally acquainted or proved to me on the basis of sufficient information, and who acknowledged the execution of the within instrument for the purposes therein contained.

WITNESS my hand and official seal at 4304 Harding Rd this the 04 day of Jan, 2013.

JUAN MENDOZA
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

NOTARY PUBLIC

My Commission Expires: August 17 2015

STATE OF TN

COUNTY OF Davidson

BEFORE me, undersigned, a Notary Public in and for the County and State aforesaid, personally appeared the within named, Douglas F. Morgan, the bargainor(s) with whom I am personally acquainted or proved to me on the basis of sufficient information, and who acknowledged the execution of the within instrument for the purposes therein contained.

WITNESS my hand and official seal at 4304 Harding Rd, this the 4 day of Jan, 2013.

JUAN MENDOZA
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

NOTARY PUBLIC

My Commission Expires: August 17 2015

STATE OF TN

COUNTY OF Davidson

BEFORE me, undersigned, a Notary Public in and for the County and State aforesaid, personally appeared the within named, DAVID R. MORGAN, the bargainor(s) with whom I am personally acquainted or proved to me on the basis of sufficient information, and who acknowledged the execution of the within instrument for the purposes therein contained.

WITNESS my hand and official seal at 4304 Harding Rd, this the 4 day of Jan, 2013.

NOTARY PUBLIC

My Commission Expires: _____

STATE OF Tennessee

COUNTY OF Davidson

BEFORE me, undersigned, a Notary Public in and for the County and State aforesaid, personally appeared the within named, Danny Lee Morgan, the bargainor(s) with whom I am personally acquainted or proved to me on the basis of sufficient information, and who acknowledged the execution of the within instrument for the purposes therein contained.

WITNESS my hand and official seal at Nashville, this the 12 day of Jan, 2013.

NOTARY PUBLIC

KENNETH A. DeJARNETTE STATE OF TENNESSEE NOTARY PUBLIC COUNTY OF WILLIAMSON

My Commission Expires: _____

My Commission Expires
September 15, 2014

STATE OF Tennessee

COUNTY OF Davidson

BEFORE me, undersigned, a Notary Public in and for the County and State aforesaid, personally appeared the within named, Donald S. Morgan, the bargainor(s) with whom I am personally acquainted or proved to me on the basis of sufficient information, and who acknowledged the execution of the within instrument for the purposes therein contained.

WITNESS my hand and official seal at Nashville, Tn, this the 2 day of January, 2013.

Phillip W. Nevils
NOTARY PUBLIC

My Commission Expires: August 23, 2016

PHILLIP W. NEVILS
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0604611

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): Roy Elliott Morgan
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): August 18, 2006
4. SOCIAL SECURITY NUMBER (or Decedent): [redacted]-7360
5a. AGE-LAST BIRTHDAY (Years): 82
5b. UNDER 1 YEAR (Months / Days)
5c. UNDER 1 DAY (Hours / Min.)
6. DATE OF BIRTH (Month, Day, Year): Sept 29, 1923
7. BIRTHPLACE (City and State or Foreign Country): Davidson County, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? [X] Yes [ ] No
9. PLACE OF DEATH (Check only one): Hospital: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; Other: 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9a. FACILITY NAME (If not institution, give street and number): 3332 Goodland Road
9b. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9c. COUNTY OF DEATH: Davidson
9-7-1
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Erline Fox
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Parts Manager
12b. KIND OF BUSINESS/INDUSTRY: Electronics
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN, OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 3332 Goodland Road
CENSUS TRACT
13e. INSIDE CITY LIMITS? [X] Yes [ ] No
13f. ZIP CODE: 37211
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+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): George Thomas Morgan Sr.
18. MOTHER'S NAME (First, Middle, Maiden Surname): Willie Mae Smith

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Erline Morgan
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3332 Goodland Road Nashville, Tennessee 37211

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 Memorial Park
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: William R. Appleton
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2700
21c. SIGNATURE OF EMBALMER: Richard Morrison
21d. LICENSE NUMBER OF EMBALMER: 3137
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Inc. 3620 Nolensville Rd., Nashville, Tennessee 37211
22b. LICENSE NUMBER OF FUNERAL HOME: 396

REGISTRAR

23. REGISTRAR'S SIGNATURE: Robert J. Robb Jr.
24. DATE FILED (Month, Day, Year): August 21, 2006

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 [X] SIGNATURE AND TITLE OF PHYSICIAN: C McKamo
25b. LICENSE NUMBER: MD11776
25c. DATE SIGNED (Month, Day, Year): 8/21/06
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): Charles E. McKamey, M.D. 397 Wallace Road, Ste. C-201 Nashville, TN 37211

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. Lung Cancer
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
b. DUE TO (OR AS A CONSEQUENCE OF):
c. DUE TO (OR AS A CONSEQUENCE OF):
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? 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 [X] 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
31c. INJURY AT WORK? [ ] Yes [ ] 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)

PH-1859 (REV. 4-2006)
BIRTH NO.
RDA 1390

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.

Tonya Y. Ruttlen
Tonya Y. Ruttlen
Local Registrar

Date Issued: AUG 21 2006

GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

1237891

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Frances Erline Morgan
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): December 29, 2012
4. TIME OF DEATH (Approx.): 8:40 pm
5a. AGE-Last Birthday (Years): 88
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): June 14, 1924
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN

TYPE/PRINT IN PERMANENT BLACK INK

6a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: ☐ 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)

6b. FACILITY NAME (If not institution, give street and number): Bethany Health Care Center
6c. CITY OR TOWN: Nashville
6d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (If not by Physician or Institution)

8. MARITAL STATUS: ☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: Accounting Dept.
11b. KIND OF BUSINESS/INDUSTRY: Truck & Trailor Co.
12. SOCIAL SECURITY NUMBER: [redacted]-1733
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 3332 Goodland Road
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37211
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

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)
☐ 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)
☒ 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)
☒ 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)
☐ Other (Specify)
☐ Unknown

PARENTS

18. FATHER'S NAME (First, Middle, Last): Thomas Lee Fox
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Lola Mae Lampley

DISPOSITION

20a. INFORMANT'S NAME: Dianne Hill
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 108 Loxley Lane, Murfreesboro, TN 37127
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Woodlawn Memorial Park
21c. LOCATION - City or Town and State: Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Wendell L. Byrd
22b. LICENSE NUMBER: 2556
22c. SIGNATURE OF EMBALMER: ▶ David Dial
22d. LICENSE NUMBER: 5170
23a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Inc., 3620 Nolensville Rd., Nashville, TN 37211
23b. LICENSE NUMBER OF FUNERAL HOME: 396

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Cindy Bowles, DF
25. DATE FILED (Month, Day, Year): Jan. 4, 2013

CERTIFIER

26. CERTIFIER (Check only one)
26a ☒ 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: ▶ Ralf Habermann MD
27b. LICENSE NUMBER: 27276
27c. DATE SIGNED (Month, Day, Year): 1/3/13
27d. NAME AND ADDRESS: Ralf Habermann MD, Vanderbilt MCE #4, 7 FL, Nashville, TN 37232

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. postobstructive Pneumonia
Due to (or as a consequence of)
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
b. NSC lung cancer
Due to (or as a consequence of)
c.
Due to (or as a consequence of)
d.

Approximate Interval Onset to death: a. ____ b. ____ c. ____ d. ____

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

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 ☐ 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)

RDA 1399

PH-1658 (Rev. 10/2011)

5668585

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

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

JAN 04 2013
Date Issued

CERTIFICATION OF VITAL RECORD