This Instrument prepared by:

Prepared by:
Record and Return to:
Chapman & Rosenthal Title, Inc.
2002 Richard Jones Rd., Ste 203-A
Nashville, TN 37215

AFFIDAVIT AS TO HEIRS
(Pursuant to T.C.A. §30-2-712)

BILL GARRETT, Davidson County
Trans:T20130052868 AFFIDAVIT
Recvd: 06/21/13 15:00 3 pgs
Fees:17.00 Taxes:0.00
20130621-0064074

STATE OF TN
COUNTY OF Williamson

On this 5th day of June, 2013, before me personally appeared Jane Watson, to me personally known, who being by me duly sworn, on oath did say that Affiant is over eighteen (18) years of age, resides at Franklin and is familiar with the family history of Earl Maze, deceased, who was the owner of the following property: 111 Peachtree St., Nashville, TN 37210

And that said decedent died on the 29th day of January 2013 and that the place of residence and homestead, at the time of death, was as follows:

And Affiant further states that said deceased left surviving the following persons, as heirs or persons otherwise Interested in the estate,

NAME ADDRESS

1. a. Surviving Spouse
NONE

b. Children
Russell Maze - 1499 R.W. Moore Memorial Hwy., Only, TN 37140
Judy Kirk, 165 Carriage Ln., Sauk Village, IL 60411
Earlene Levesque, 1771 E. 223rd Pl., Sauk Village, IL 60411

c. Children of deceased children
NONE

d. Adopted children
NONE

e. Children of deceased adopted children
NONE

(if none above, go to 2)

2. Parent(s)
NONE

(if none above, go to 3)

3. a. Brother(s)/sister(s)

b. Children of deceased brother(s)/sister(s)

(if none above, go to 4)

4. a. Paternal grandparent(s)

   b. Children of deceased paternal grandparent(s)
   i.e. aunt(s)/uncle(s)

   c. Children of deceased paternal aunt(s)/uncle(s)
   i.e. cousins

   d. Maternal grandparent(s)

   e. Children of deceased maternal grandparent(s)
   i.e. aunt(s)/uncle(s)

   f. Children of deceased maternal aunt(s)/uncle(s)
   i.e. cousins

And Affiant further states that said decedent left no other children or adopted children or descendants of deceased children or adopted children.

And that all of the above parties are over the age of eighteen years, except the following:

Names of minors:

And said deceased (left a will / did not leave a will.

And that the debts against said estate (have been paid / have not been paid.

Jane A Whitson

Signature

STATE OF Tennessee
COUNTY OF Williamson

Personally appeared before me, the undersigned, a Notary Public In and for said county and State, duly commissioned and qualified, Denice Demers, the within named bargainers, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who acknowledged that they executed the foregoing instrument for the purposes therein contained.

Witness my hand and seal at office this 5th day of June, 2013.

Notary Public

My Commission Expires: 3/30/2015

DENICE DEMERS
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Earl Maze
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): January 29, 2013
4. TIME OF DEATH (Hours):
5a. AGE-Last Birthday (Years): 82
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): October 17, 1930
7. BIRTHPLACE (City and State or Foreign Country): Beans Creek, Tennessee

TYPE/PRINT IN PERMANENT BLACK INK

8. 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)

8b. FACILITY NAME (If not institution, give street and number): Claiborne-Hughes Health Center
8c. CITY OR TOWN: Franklin
8d. COUNTY OF DEATH: Williamson

9. 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: Carpenter
11b. KIND OF BUSINESS/INDUSTRY: Construction

12. SOCIAL SECURITY NUMBER: [redacted]-4819
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville

13d. STREET AND NUMBER: 3365 Mimosa Drive
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37211
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ 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)
☐ 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): Alton Maze
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Ida Bell Isbell

DISPOSITION

20a. INFORMANT'S NAME: Kathy A. Stanton
20b. RELATIONSHIP TO DECEDENT: Sister-in-law
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 3365 Mimosa Drive Nashville, TN 37211

21a. METHOD OF DISPOSITION: ☒ 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: Hermitage, Tennessee

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Amanda J. Williams
22b. LICENSE NUMBER: 6184
22c. SIGNATURE OF EMBALMER: ▶ Dawn Renee' Everett
22d. LICENSE NUMBER: 6024

23a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn Roesch-Patton FH 660 Thompson Lane Nashville, TN 37204
23b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Otetha J. Boyd, RL
25. DATE FILED (Month, Day, Year): February 08,2013

CERTIFIER

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

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

27a. SIGNATURE OF CERTIFIER: ▶
27b. LICENSE NUMBER: MD 26421
27c. DATE SIGNED (Month, Day, Year): 2-6-13
27d. NAME AND ADDRESS: 109 Glenelg Dr Brentwood TN 37027

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.

Approximate interval: Onset to death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. COPD — 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. CAD — 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? ☐ 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)

PH-1630 (Rev. 10/2011) RDA 1399

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.

5713100

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

Teresa S. Hendricks
STATE REGISTRAR

Otetha J. Boyd, Local Registrar
Williamson County

Date Issued FEB 08 2013

CERTIFICATION OF VITAL RECORD