BILL GARRETT, Davidson County
Trans:T20130056410 AFFIDAVIT
Recvd: 07/02/13 15:25 3 pgs
Fees:17.00 Taxes:0.00
20130702-0068488

Vantage Land Title
59A N Dixie Drive
Vandalia, OH 45377

Commitment Number: 13041172

This instrument prepared by:
Jay A. Rosenberg, Esq., Rosenberg LPA, Attorneys At Law, 3805 Edwards Road, Suite 550, Cincinnati, Ohio 45209 (513) 247-9605 Fax: (866) 611-0170 and Thomas Granville McCroskey, Esq., Tennessee Bar Number: 015569.

AFFIDAVIT OF TRANSFER TO SURVIVOR/SURVIVORSHIP AFFIDAVIT

STATE OF Tennessee
COUNTY OF Davidson

Joanie Wright ("Affiant"), being first duly cautioned and sworn, and having personal knowledge of the facts and being competent to testify as to these matters, deposes and says as follows:

1. William L. Wright, formerly of Davidson County, Tennessee, died on 1-06-2002, a legal resident of the state of Tennessee.
2. A certified copy of the Death Certificate for William L. Wright is attached to this Affidavit.
3. The decedent and this Affiant were the grantees in a certain deed dated recorded at Official Records Book 11524, Page 630, of the Deed Records of Davidson County, Tennessee (the "Deed"), with respect to the property legally described as follows: SITUATED IN THE COUNTY OF DAVIDSON, STATE OF TENNESSEE, AND BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS: BEING LOT NO. 48, ON THE PLAN OF THE WOODLANDS, PHASE 2, OF RECORD IN BOOK 6900, PAGE 635, REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE, TO WHICH PLAT REFERENCE IS HEREBY MADE FOR A MORE COMPLETE

DESCRIPTION. BEING THE SAME PROPERTY CONVEYED TO WILLIAM L. WRIGHT AND JOANIE WRIGHT, HUSBAND AND WIFE BY DEED OF RECORD IN BOOK 11524, PAGE 630, REGISTER'S OFFICE FOR SAID COUNTY. SUBJECT TO ALL EASEMENTS AND RESTRICTIONS OF RECORD. COMMONLY KNOWN AS: 600 Magnolia Lane, Nashville, TN 37211 PARCEL NUMBER: 172-3B/48.00 CO

4. In the Deed, the grantees designated are William L.Wright and Joanie Wright, husband and wife.
5. The address of Affiant is 600 Magnolia Lane, Nashville, TN 37211.
6. Affiant gives this Affidavit for the purpose of transferring the title to the foregoing property to Affiant on the records of the Recorder's Office in Davidson County, Tennessee.

Joanie Wright

Sworn to before me and subscribed in my presence by Joanie Wright this 30th May, 2013.

Notary Public

EMILY E. KINZIG
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

My Commission Expires
February 8, 2017

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

020088

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): WILLIAM LEE WRIGHT, SR.
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): 01/06/2002
4. SOCIAL SECURITY NUMBER: [redacted]3533
5a. AGE-LAST BIRTHDAY (Years): 58
5b. UNDER 1 YEAR (Months)
5c. UNDER 1 DAY (Hours)
6. DATE OF BIRTH (Month, Day, Year): JULY 29,1943
7. BIRTHPLACE (City and State or Foreign Country): NASHVILLE, TENN.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 X No
9a. PLACE OF DEATH (Check only one): 1 Inpatient 2 X ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Vanderbilt Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): DIVORCED
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): RESEARCH ASSISTANT
12b. KIND OF BUSINESS/INDUSTRY: VANDERBILT UNIVERSITY MEDICAL CENTER
13a. RESIDENCE-STATE: TENN.
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 530 HARDING PLACE, APT. B-29
CENSUS TRACT
14a. INSIDE CITY LIMITS? X Yes ☐ No
14b. ZIP CODE: 37211
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No - if yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes ☐ 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+): 4

PARENTS

17. FATHER'S NAME (First, Middle, Last): JAMES ASBERRY WRIGHT
18. MOTHER'S NAME (First, Middle, Maiden Surname): DOLORES RUCKER

INFORMANT

19a. INFORMANT'S NAME (Type/Print): WILLIAM LEE WRIGHT, JR.
19b. RELATIONSHIP TO DECEASED: SON
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 153-D WOODMONT BLVD., NASHVILLE TN 37205

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, TENN.
21a. SIGNATURE OF FUNERAL DIRECTOR: William R. Appleton
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2700
21c. SIGNATURE OF EMBALMER: William R. Appleton
21d. LICENSE NUMBER OF EMBALMER: 3310
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODBINE FUNERAL HOME, INC. 5852 NOLENSVILLE ROAD, NASHVILLE, TENN. 37211
22b. LICENSE NUMBER OF FUNERAL HOME: 760

REGISTRAR

24. REGISTRAR'S SIGNATURE: [signature]
24. DATE FILED (Month, Day, Year): January 15, 2002

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 ☐ SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER
25c. DATE SIGNED (Month, Day, Year)
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 X SIGNATURE AND TITLE OF MEDICAL EXAMINER: [signature]
26b. LICENSE NUMBER: 34173
26c. DATE SIGNED (Month, Day, Year): 1/7/2002
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Feng Li, M.D., Ph.D. 84 Hermitage Ave Nashville TN 37210; MEC02-0047

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

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. Atherosclerotic cardiovascular disease
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.

SEE INSTRUCTIONS ON CODING BELOW

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 X Yes 2 ☐ No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 X 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? 1 ☐ Yes 2 ☐ 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)

BIRTH NO.

PH-1839 (REV. 6/98) RDA 1339

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.

John P. Dunn
John P. Dunn
Local Registrar

01/22/02
Date Issued

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

CERTIFICATION OF VITAL RECORD