This instrument was prepared by: Beck & Beck Attorneys, 4205 Gallatin Road, Nashville, Tennessee 37216

ADDRESS OF NEW OWNER AS FOLLOWS:
John W. Cheney, Jr.
1216 Acre Trail
Madison, TN 37115

BILL GARRETT, Davidson County
Trans:T20130057920 AFFIDAVIT
Recvd: 07/08/13 14:31 12 pgs
Fees:62.00 Taxes:0.00
20130708-0070359

SEND TAX BILLS TO:
Same as New Owner

MAP and PARCEL: 051 10 0 007.00

AFFIDAVIT OF HEIRSHIP, as to THE HEIRS OF JOHN W. CHENEY, SR.

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Affiant, **John W. Cheney, Jr.,** after first being duly sworn, states that he is an adult citizen and resident of Nashville, Davidson County, Tennessee, being over 18 years of age. He further states that he is the son of **John W. Cheney, Sr.**

John W. Cheney, Sr. was born February 26, 1920 and died on July 4, 1998, a copy of his death certificate is attached to this affidavit. **John W. Cheney, Sr.** was widowed at the time of his death. The affiant further states that **John W. Cheney, Sr.** had four biological children and one adopted child. His estate was probated in Davidson County Probate Court under Docket No. 98P-1709 and his Last Will and Testament was recorded in Will Book 225, Page, 1. Under his Will the property located at 1216 Acre Trail, Madison, TN went to his son, **John W. Cheney, Jr.** His other children all inherited other property, both real and personal that he owned.

John W. Cheney, Sr. inherited the property at 1216 Acre Trail, Madison, TN from his sister, **Edna C. Rogers,** who passed away on March 6, 1986, a copy of her death certificate is

attached to this affidavit. She was widowed at the time of her death. **Edna C. Rogers** had no children at the time of her death. Her estate was probated in Davidson County Probate Court under Docket No. 78012 and her Last Will and Testament was recorded in Will Book 154, Page 91. Under her Will the property located at 1216 Acre Trail, Madison, TN vested to her brother, **John W. Cheney, Sr.**

This Affidavit of Heirship is freely given pursuant to Section 30-2-712, et seq., Tenn. Code Ann., to help establish and reflect the heirship with respect to any real or personal property owned by **John W. Cheney, Sr.** in Davidson County, Tennessee, or elsewhere and particularly to confirm the vesting of title to certain real property in Davidson County, Tennessee described as follows:

1216 Acre Trail, Madison, TN

Under penalties of perjury the undersigned makes this Affidavit contained in the foregoing statement.

FURTHER AFFIANT SAITH NOT.

JOHN W. CHENEY, JR.

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Sworn to and subscribed before me this 25th day of June, 2013.

MELINDA G. ROOKER STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY MY COMMISSION EXPIRES AUGUST 17, 2015

NOTARY PUBLIC

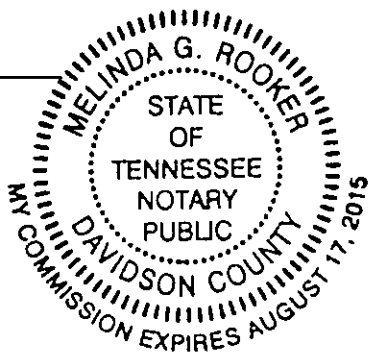
My Commission Expires: 08-17-15

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, Melinda G. Rooker, a Notary Public in and for said County and State, the within named **JOHN W. CHENEY, JR.**, the affiant with whom I am personally acquainted or proved to me on the basis of satisfactory evidence, and who acknowledged that he executed the within instrument for the purposes therein contained. Witness my hand and official seal at Nashville, Tennessee this 25th day of June, 2013.

Melinda G. Rooker
NOTARY PUBLIC

My Commission Expires: 08-17-15



CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

VITAL RECORDS

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT BLACK INK.

BIRTH NO. _____ STATE FILE NO.

DECEASED

1. DECEASED—NAME (FIRST, MIDDLE, LAST): EDNA BELL ROGERS

2. DATE OF DEATH (MONTH, DAY, YEAR): March 6, 1986

3a. AGE—LAST BIRTHDAY (YEARS): 81

3b. UNDER 1 YEAR — MOS.: DAYS:

3c. UNDER 1 DAY — HOURS: MIN.:

4. DATE OF BIRTH (MONTH, DAY, YEAR): June 9, 1904

5a. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)): White

5b. ORIGIN OR DESCENT (ITALIAN, MEXICAN, GERMAN, ETC (SPECIFY)): American

6. SEX: Female

7a. COUNTY OF DEATH: Coffee

7b. CITY, TOWN OR LOCATION: Manchester

7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes

7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.): Coffee Medical Center

7e. IF HOSP. OR INST. INDICATE DOA, OP/Emer. Rm., Inpatient (Specify): Emergency Room

8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Tennessee

9. CITIZEN OF WHAT COUNTRY: USA

10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed

11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): ----------

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

12a. SOCIAL SECURITY NUMBER (IF NONE, SPECIFY): [redacted]3751

12b. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE): No

13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Cafeteria Manager

13b. KIND OF BUSINESS OR INDUSTRY: DUPONT CO.

14a. RESIDENCE—STATE: Tennessee

14b. COUNTY: Davidson

14c. CITY, TOWN, OR LOCATION: Madison

14d. STREET AND NUMBER: 1216 Acre Trail

14e. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes

14f. CENSUS TRACT NO.:

PARENTS AND INFORMANT

15. FATHER—NAME: Charley John Cheney

16. MOTHER—MAIDEN NAME: Hattie Bell Rowland

17. INFORMANT—NAME: John W. Cheney, Sr.

MAILING ADDRESS: Manchester, Tennessee 37355 Rt. #5, Box 5398

PERMIT REQUIRED PRIOR TO TRANSPORTATION OF BODY BY COMMON CARRIER OR REMOVAL FROM STATE.

DISPOSITION

18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Cremation

18b. DATE (MONTH, DAY, YEAR): Mar. 7, 1986

18c. CEMETERY OR CREMATORY—NAME: Spring Hill

18d. LOCATION (CITY OR TOWN, STATE): 5110 Galatin Rd. Nashville, Tn.

19a. FUNERAL DIRECTOR (SIGNATURE): Fred Headman

19b. LICENSE NO.: 23

19c. EMBALMER (SIGNATURE): Fred Headman

19d. LICENSE NO.: 1561

20. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Manchester F.H. Manchester, Tn. 37355

21a. REGISTRAR—SIGNATURE:

21b. DATE RECEIVED BY LOCAL REGISTRAR:

CERTIFIER

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE. ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE: H. Y. YANG MD DEGREE

22b. DATE SIGNED (MONTH, DAY, YEAR): 3/6/86

23a. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. SIGNATURE: TITLE:

23b. DATE SIGNED (MONTH, DAY, YEAR):

24a. CERTIFIER—NAME (TYPE OR PRINT): H. Y. YANG, M.D.

24b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 845 D McArthur Dr. Manchester, Tennessee 37355

CAUSE

25. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a): Cardiogenic Shock

DUE TO, OR AS A CONSEQUENCE (b): Acute anterior wall myocardial infarction

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST

DUE TO, OR AS A CONSEQUENCE OF (c):

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) — AUTOPSY (YES OR NO): 26.

27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):

27b. DATE OF INJURY (MONTH, DAY, YEAR):

27c. HOUR: M.

27d. DESCRIBE HOW INJURY Ooccurred:

27e. INJURY AT WORK (SPECIFY YES OR NO):

27f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (SPECIFY):

27g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE):

PH-1659
Rev. 9/81 CRC

This is a true and exact copy of the certificate of death on file with the Tennessee Department of Public Health, Division of Vital Statistics, Nashville, Tennessee.

MANCHESTER FUNERAL HOME

Fred Headman

DATE March 7, 1986

This is to certify that the above signed Fred Headman appeared before me on this the 7 day of March, 1986. Sworn and subscribed to before me a Notary Public in Manchester, (Coffee County) Tennessee.

Noblene Bell
Notary Public

My commission expires _____

My Commission Expires
2-2-1988

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

AUG 13 1998

9804011

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): JOHN WILLIAM CHENEY, Sr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): July 4, 1998
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]500
5a. AGE-LAST BIRTHDAY (Years): 78
6. DATE OF BIRTH (Month, Day, Year): Feb 26, 1920
7. BIRTHPLACE (City and State or Foreign Country): Manchester, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): St. Thomas Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name): None
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Trainmaster
12b. KIND OF BUSINESS/INDUSTRY: CSX Railroad
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Coffee
13c. CITY, TOWN OR LOCATION: Manchester
13d. STREET AND NUMBER OR RURAL LOCATION: 3888 Goose Pond Rd.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [ ] Yes 2 [ ] No
13f. ZIP CODE: 37355
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): College (1-4 or 5+): 2

NAME OF DECEDENT For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Charles Cheney
18. MOTHER'S NAME (First, Middle, Maiden Surname): Hattie Belle (Unknown)

INFORMANT

19a. INFORMANT'S NAME (Type/Print): John William Cheney, Jr.
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1216 Acre Trail Madison, Tennessee 37115

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): Adam Duncan Cemetery
20c. LOCATION-City or Town, State: Coffee Co., Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4904
21c. SIGNATURE OF EMBALMER: Chris Neighbours
21d. LICENSE NUMBER OF EMBALMER: 4253
22a. NAME AND ADDRESS OF FUNERAL HOME: Manchester Funeral Home P.O. Box 840, 214 E. Main St. Manchester, TN 37349
22b. LICENSE NUMBER OF FUNERAL HOME: 109

REGISTRAR

23. REGISTRAR'S SIGNATURE: [signature]
24. DATE FILED (Month, Day, Year): August 5, 1998

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 [ ] SIGNATURE AND TITLE OF PHYSICIAN: [signature]
25b. LICENSE NUMBER: MD6472
25c. DATE SIGNED (Month, Day, Year): 7/24/98
26a. MEDICAL EXAMINER - On the basis of examination and or investigation, in my opinion, death occurred at the time, 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): Everette Howell, 2410 Patterson St., Suite 500, Nashville, TN 37203

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. Right frontal intracerebral hematoma
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.: Fell at home. Details are not known to me.

29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [ ] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
31a. DATE OF INJURY (Month, Day, Year): 7-03-98
31b. TIME OF INJURY: ? M
31c. INJURY AT WORK? 1 [ ] Yes 2 [X] No
31d. DESCRIBE HOW INJURY OCCURRED: unknown
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify): home
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State): unknown

BIRTH NO.

Last Will and Testament

1. I, John W. Cheney, Sr. presently residing at 3888 Hoods Pond Rd. Manchester, TN. 37355 do hereby make and declare this to be my last will and Testament and I do hereby revoke any and all wills and Codicils heretofore made by me.

2. Any item or items willed to any person or persons who precede me in death, that provison will become void and the item, if monetary, will then be left in my account and divided equally between John W. Cheney, Jr. and John W. Cheney III. If the item or items involved consist of such items as vehicle or other personal property, the same will go with the farm to John W. Cheney III.

3. I order and direct that my funeral expenses and any other just debts that I may have be paid as soon as practical after my death and be paid from the funds as directed later in this will.

4. I give and leave to my Son John W. Cheney, Jr. my property consisting of a house and lot and some miscellaneous personal property - all located at 1216 Acre Trail, Madison, Davidson County, Tennessee.

RECORDERS MEMO
LEGIBILITY OF WRITING, TYPING OR PRINTING IN THIS DOCUMENT UNSATISFACTORY WHEN RECEIVED

5. I Give and Leave my real estate property consisting of approximately 34 acres located near Ashland City, Cheatham County, Tenn. (in Boston hollow) to my Daughter Regina Bell Bailes.

6. My real estate property and personal property that is not specifically provided for elsewhere in this will, located on Goose pond Rd. Coffee County TN. I leave to my adopted Son. John W. Cheney III.

7. I leave the 1953 antique pontiac catalina to John W. Cheney III.

8. To my Daughter Regina Bailes, I leave the sum of $5000.00.
To my Daughter Melda Ruth Hall, I leave the sum of $5-000.00
To my Son Ronald T. Cheney, I leave the sum of $2000.00

9. I leave my antique piper arms double barrel shotgun to my Grand Son. Mark Horton.

10. The Du pont Stock certificate that I own, I leave to my Son John W. Cheney, Jr.

13. My motor vehicles, if still in my possession at the time of my death will go as follows:
My 1983 Oldsmobile 88, I leave to John W. Cheney, Jr.
My 1984 Chevrolet pick up, I leave to John W. Cheney, Jr.
My 1987 Dodge Charger - and my
1987 Dodge Daytona, I leave to John W. Cheney III
My 1978 Datsun pickup station wagon, I leave to Ronald T. Cheney.
My Honda 550 motorcycle, I leave to Ronald T. Cheney.

14. An oral agreement between me and John W. Cheney, Jr. was made and two joint bank accounts were established in the name of John W. Cheney, Sr. OR John W. Cheney, Jr. Also, John W. Cheney, Jr. was made beneficiary on each of my life insurance policies. John W. Cheney, Jr. will handle to collect the benefits from each insurance policy. He is to deposit the sums collected in the joint account. He is to pay all of my just bills and obligations, including my funeral expenses, from this bank account. After this is done and items 8-9 and 10 of this will are complied with, the remainder of the bank accounts is to be equally divided between John W. Cheney, Jr. and John W. Cheney, III

15. In the event I have disposed of any of the items that are willed to any person herein, and therefore not available, then that item or items in this will are to be considered null and void.

16. I nominate and appoint my son John W. Cheney, Jr. as Executor of this will and further direct that John, Jr. will not be required to make any bond for his faithful performance of his duties.

17. I subscribe my name to this will this 4th day of December 1995

John W. Cheney, Sr.

Witness Ray Thomas

Witness David Thomas

Appeared before me this 4th day of December, 1995, Mr. John W. Cheney, Sr.

Brenda D. Tomberlin, Notary Public
My Commission expires Sept. 21, 1996

IN THE PROBATE COURT FOR DAVIDSON COUNTY, TENNESSEE

FILED
99 JAN 13 AM 10:08
RICHARD [illegible] CLERK
[signature] D.C.

IN RE: LAST WILL AND TESTAMENT OF)
JOHN W. CHENEY, SR.,) No. 98P-1709
Deceased.)

AFFIDAVIT

STATE OF TENNESSEE)
COUNTY OF Coffee)

I, RAY THOMAS, after being first duly sworn, make oath that on December 4, 1995, JOHN W. CHENEY, SR., signed his Last Will and Testament in my sight and presence; that I, in his sight and presence, and in the sight and presence of the other witness, David Thomas, then subscribed my name thereto as attesting witness; that, at the time of execution, the Testator was more than eighteen (18) years of age, of sound mind and disposing memory, and did not appear under any undue influence; and that the undersigned was more than eighteen (18) years of age and witnessed the signing of said Last Will and Testament at the Testator's request on the day and date above written

Ray Thomas
RAY THOMAS

Sworn to and subscribed before me this
the 3 day of June, 1998. 1999

Juanita Davis
NOTARY PUBLIC

MY COMMISSION EXPIRES: June 23, 1999

RECORDERS MEMO
LEGIBILITY OF WRITING, TYPING OR PRINTING IN THIS DOCUMENT UNSATISFACTORY WHEN RECEIVED

STATE OF TENNESSEE)

COUNTY OF Coffee)

FILED

99 JAN 13 AM 10:08

RICHARD R. [illegible] CLERK

D.C.

AFFIDAVIT

I, DAVID THOMAS, after being first duly sworn, make oath that on December 4, 1995, JOHN W. CHENEY, SR., signed his Last Will and Testament in my sight and presence; that I, in his sight and presence, and in the sight and presence of the other witness, Ray Thomas, then subscribed my name thereto as attesting witness; that, at the time of execution, the Testator was more than eighteen (18) years of age, of sound mind and disposing memory, and did not appear under any undue influence; and that the undersigned was more than eighteen (18) years of age and witnessed the signing of said Last Will and Testament at the Testator's request on the day and date above written

DAVID THOMAS

Sworn to and subscribed before me this

the 3 day of Jan., ~~1998~~ 1999.

NOTARY PUBLIC

MY COMMISSION EXPIRES: June 23, 1999

STATE OF TENNESSEE

I, **RICHARD R. ROOKER,** Clerk of the Circuit Court for Davidson County, in the State aforesaid, do hereby certify that the foregoing is a true and correct copy of the Order heretofore entered in the Circuit Court for Davidson County, Tennessee, on the day of _ , _ , in the Case Number 98P1709 between CHENEY JR., JOHN W Petitioner, and CHENEY SR., JOHN W Respondent, as same remains of record in Vol. , Page _ of the Minutes of said Court.

IN TESTIMONY WHEREOF, I hereunto subscribe my name and affix the seal of said Court, at office, in Nashville, the 12 day of JUNE

RICHARD R. ROOKER, Clerk,

By _____ Deputy Clerk

RICHARD R. ROOKER CIRCUIT COURT CLERK