THIS INSTRUMENT PREPARED BY:
MARK H. WESTLAKE, ATTORNEY
GULLETT, SANFORD, ROBINSON & MARTIN, PLLC
150 Third Avenue South, Suite 1700
Nashville, TN 37201 (615) 244-4994

BILL GARRETT, Davidson County
Trans:T20130065104 AFFIDAVIT
Recvd: 07/30/13 14:34 6 pgs
Fees:32.00 Taxes:0.00
20130730-0079351

Address Property Tax Bills To:

Vaughan K. Poyner, Andrew P. Poyner and
Emily Poyner Vance
3622 Bellwood Drive
Nashville, TN 37205

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Affiant, Vaughan K. Poyner, a surviving son of Lucille Vaughan Poyner, after first being duly sworn, states as follows:

1. By Warranty Deed of record in Book 4193, page 635, Register Office for Davidson County, Tennessee, the property described in Exhibit A attached hereto was conveyed to Keath Poyner and wife, Lucille Vaughan Poyner their heirs and assigns.

2. Keath Poyner died on June 29, 2012 survived by his wife Lucille Vaughan Poyner. His wife, LUCILLE VAUGHAN POYNER died on February 13, 2013. (Copies of the death certificates for Keath Poyner and Lucille Vaughan Poyner are attached hereto as Exhibit B.)

3. Decedent, LUCILLE VAUGHAN POYNER left a will leaving all her property equally to her three children, VAUGHAN POYNER, ANDREW P. POYNER and EMILY POYNER VANCE.

Decedent, LUCILLE VAUGHAN POYNER's will is recorded as a muniment of title in the Davidson County Probate Court Clerk's Office at 1 Public Square, Nashville, Tennessee 37219.

4. This Affidavit of Inheritance is given pursuant to Tennessee Code Annotated § 30-2-712, *et seq.*, to establish and reflect the inheritance by and to confirm the vesting of title to said interest in Vaughan K. Poyner, Andrew P. Poyner and Emily Poyner Vance.

5. LUCILLE VAUGHAN POYNER was not a TennCare beneficiary. Her estate was not subject to Tennessee Inheritance Tax.

Further affiant saith not.

ESTATE OF LUCILLE VAUGHAN POYNER

By: _____
Vaughan K. Poyner, Surviving Son

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within VAUGHAN K. POYNER (with whom I am personally acquainted or proved to me on the basis of satisfactory evidence), after being duly sworn acknowledged himself to be a surviving son of Lucille Vaughan Poyner and that as such he executed the foregoing Affidavit of Inheritance for the purpose therein contained.

WITNESS my hand and official seal this 18th day of June, 2013.

Linda K. Robertson
Notary Public
My Commission Expires: _____

LINDA K. ROBERTSON
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

MY COMMISSION EXPIRES:
December 6, 2016

EXHIBIT

tabbies

A

WARRANTY DEED

BOOK 4193 PAGE 635

ADDRESS NEW OWNER (S) AS FOLLOWS:	SEND TAX BILLS TO:	MAP-PARCEL NUMBERS
Keath Poyner et ux.	Keath Poyner	Map 104-15
(NAME) 3622 Bellwood Drive	(NAME) 3622 Bellwood Drive	Pac 219
(STREET ADDRESS OR ROUTE NUMBER) Nashville, Tennessee	(STREET ADDRESS) Nashville, Tennessee	
(CITY) (P. O. ZONE) (STATE)	(CITY) (ZONE) (STATE)	PW

For and in Consideration of the sum of Ten and no/100 ($10.00) *DOLLARS*

cash in hand paid by Keath Poyner and wife, Lucille Vaughan Poyner, and other good and valuable considerations accepted as cash, the receipt of all of which is hereby acknowledged,

We, George Neil Bennett and wife, Jo Ann W. Bennett,

have bargained and sold, and by these presents do transfer and convey unto the said Keath Poyner and wife, Lucille Vaughan Poyner,

their *heirs and assigns, a certain tract or parcel of land in Davidson County, State of Tennessee, described as follows, to-wit:*

Being lot No. 22 of Block "B" as shown on the Plan of Bellwood, a subdivision of lots near Nashville, as of record in book 547, pages 149 and 150, Register's Office for said County.

Said lot No. 22 fronts 60 feet on the northerly side of Bellwood Drive and runs back on the westerly line 142.87 feet and on the easterly line 133.92 feet to a dead line, and shows 74 feet on said dead line.

Being the same real property conveyed to George Neil Bennett and wife, Jo Ann W. Bennett, by deed from Evelyn Bransford Hyde and husband, of record in book 2481, page 547, said Register's Office.

This conveyance is made subject to easement for sanitary sewer and/or storm drainage granted Metropolitan Government of Nashville and Davidson County, Tennessee, by George N. Bennett, et ux, across premises as set out in instrument of record in book 3924, page 400, Register's Office for Davidson County, Tennessee.

This is ( ) unimproved (X) improved property, known as 3622 Bellwood Drive, Nashville, Tennessee (Home Number) (Street) P. O. Address: (City or Town)

To Have and to Hold the said tract or parcel of land, with the appurtenances, estate, title and interest thereto belonging to the said Keath Poyner and wife, Lucille Vaughan Poyner, their *heirs and assigns, forever.*

And we *do covenant with the said* Keath Poyner and wife, Lucille Vaughan Poyner, *that* we are *lawfully seized and possessed of said land in fee simple; have a good right to convey it, and the same is unencumbered.*

And we *do further covenant and bind* ourselves, our *heirs and representatives, to warrant and forever defend the title to the said land to the said* Keath Poyner and wife, Lucille Vaughan Poyner, their *heirs and assigns against the lawful claims of all persons whomsoever.*

Witness our *hand* s *this* 20th *day of* November, *19* 67, *the corporate party, if any, having caused its name to be signed hereto by its duly authorized officers on said day and date.*

George Neil Bennett

Jo Ann W. Bennett

This Instrument Was Prepared By

Dewey W. Pedigo

Of The Law Firm Pedigo & Sandon

Stahlman Building: Nashville, Tennessee

BOOK 4193 PAGE 636

STATE OF TENNESSEE }
COUNTY OF DAVIDSON }

Personally appeared before me, Raymond H. Darrow, *a Notary Public in and for said County and State,* George Neil Bennett and wife, Jo Ann W. Bennett,

the within named bargainor S., with whom I am personally acquainted, and who acknowledged that they executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee *this* 29th *day of* November, *19*67.

My Commission Expires April 21, 1971

Raymond H. Darrow
Notary Public

Commission expires

NOTARY PUBLIC DAVIDSON COUNTY

STATE OF TENNESSEE }
COUNTY OF DAVIDSON }

Before me, _____, *a Notary Public of the State and County aforesaid, personally appeared* _____, *with whom I am personally acquainted, and who, upon oath, acknowledged* _____*self to be* _____ *of the* _____, *the within named bargainor, a corporation, and that* _____*he as such* _____, *being authorized so to do, executed the foregoing instrument for the purpose therein contained, by signing the name of the corporation by* _____*self as* _____.

Witness my hand and seal, at office in _____, *this* _____ *day of* _____, *19*____.

_____
Notary Public

Commission expires _____



STATE TAX $ 27.50
PROBATE .50
TOTAL $ 27.50

NOV 30 1967 PAID NOV 30 1967 C.T.

R. E. WORRALL
COUNTY COURT CLERK
DAVIDSON COUNTY, TENN.

WARRANTY DEED

FROM
George Neil Bennett et ux.

TO
Keath Poyner et ux.

18.00 R.M.

98064

FELIX Z. WILSON II REGISTER
DAVIDSON COUNTY
STATE OF TENN

Nov 30 11 29 AM '67

NOTED: BOOK 117 PAGE 76
RECORDING FEE $ 2.00
DEP. REG. .50

Compliments of
Guaranty Title
Office of
Chicago Title Insurance Company
American Trust Bldg.—S. W. Corner
Third & Union
Phone 250-2650
NASHVILLE, TENNESSEE

G.T.C.
Nelson

EXHIBIT
tabbies
B

STATE OF TENNESSEE
Office of Vital Records

13009775

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): LUCILLE VAUGHAN POYNER
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): February 19, 2013
4. TIME OF DEATH (Hours): 1:00 pm
5. IF UNDER 1 YEAR: Months / Days
6. IF UNDER 1 DAY: Hours / Minutes
7. DATE OF BIRTH (Month, Day, Year): March 9, 1930
8. AGE-Last Birthday (Years): 82
9. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee

10a. PLACE OF DEATH (Check only one)
10b. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
10c. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing home/long term care facility ☒ Decedent's home ☐ Other residence ☐ Other (Specify)

11a. FACILITY NAME (If not institution, give street and number): 3622 Bellwood Avenue
11b. CITY OR TOWN: Nashville
11d. COUNTY OF DEATH: Davidson

12. MARITAL STATUS: ☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown
13. SURVIVING SPOUSE (If wife, give name prior to first marriage)
14. DECEDENT'S USUAL OCCUPATION: Commercial Artist
15. KIND OF BUSINESS/INDUSTRY: Fashion Illustration

16. SOCIAL SECURITY NUMBER: [redacted]9958
17a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
17b. COUNTY: Davidson
17c. CITY OR TOWN: Nashville

17d. STREET AND NUMBER: 3622 Bellwood Avenue
17e. INSIDE CITY LIMITS: ☒ Yes ☐ No
17f. ZIP CODE: 37205
17g. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

18. 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

19. DECEDENT OF HISPANIC ORIGIN? (Check the one 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

4

PARENTS

20. FATHER'S NAME (First, Middle, Last): Andrew Patrick Vaughan
21. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Addie Mae Frances

INFORMANT

22a. INFORMANT'S NAME: Vaughan K. Poyner
22b. RELATIONSHIP TO DECEDENT: Son
22c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 3622 Bellwood Avenue Nashville, TN, 37205

DISPOSITION

23. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
24. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Crawford Mortuary & Crematory
24c. LOCATION - City or Town and State: Nashville, Tennessee

25. SIGNATURE OF FUNERAL DIRECTOR: Clyde B. Woodard
25b. LICENSE NUMBER: 4114
25c. SIGNATURE OF EMBALMER
25d. LICENSE NUMBER

25e. NAME AND ADDRESS OF FUNERAL HOME: Crawford Mortuary & Crematory 2714 Grandview Avenue Nashville, Tennessee 37211
25f. LICENSE NUMBER OF FUNERAL HOME: 713

REGISTRAR

26. REGISTRAR'S SIGNATURE: Theresa Hendricks, OK
27. DATE FILED (Month, Day, Year): Feb. 15, 2013

CERTIFIER

28. CERTIFIER (Check only one)
28a. ☒ PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.
28b. ☐ 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 PART MUST COMPLETE and sign WITHIN 48 HOURS

29. SIGNATURE OF CERTIFIER: Tracy Darling MD
29a. LICENSE NUMBER: MD 116416
29c. DATE SIGNED (Month, Day, Year): 2/15/13
29d. NAME AND ADDRESS: 2000 Church St Nashville, TN 37236

CAUSE OF DEATH

30. 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. dementia — Due to (or as a consequence of): b. Vascular disease — Due to (or as a consequence of): c. — Due to (or as a consequence of): d.
Approximate interval: Onset to death: 1-2 yrs

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

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

30a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☐ No
30b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

31. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
32. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown
33. 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

34. 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)

DH-1658 (Rev. 10/2011)

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

5660091

Theresa B. Hendricks
STATE REGISTRAR

Tonya Y. Fortman, Local Registrar
Davidson County, Tennessee

FEB 15 2013
Date Issued

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

1300775

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last, Suffix): LUCILLE VAUGHAN POYNER
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): February 13, 2013
4a. TIME OF DEATH (Military): 1:00pm
4b. AGE-Last Birthday (Years): 82
5a. UNDER 1 YEAR: Months / Days
5b. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): March 9, 1930
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee

PLACE OF DEATH

8a. 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 institution ☐ Other (Specify)
8b. FACILITY NAME (If not Institution, give street and number): 3622 Bellwood Avenue
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

DECEDENT

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: Commercial Artist
11b. KIND OF BUSINESS/INDUSTRY: Fashion Illustration
12. SOCIAL SECURITY NUMBER: [redacted]-8958
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 3622 Bellwood Avenue
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37205
14. WAS DECEDENT EVER IN U.S. 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

INFORMANT

18. INFORMANT'S NAME (First, Middle, Last): Antrihew Patrick Vaughan
18b. MOTHER'S MAIDEN NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Addie Mae Frances
20a. INFORMANT'S MAILING ADDRESS: Vaughan K Poyner
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 3622 Bellwood Avenue Nashville, TN, 37205

DISPOSITION

21a. METHOD OF DISPOSITION: ☐ Donation ☐ Entombment ☐ Burial ☒ Cremation ☐ Other (Specify) ☐ Other State
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Crawford Mortuary & Crematory
21c. LOCATION - City or Town and State: Nashville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: Heidi B. Weddle
22b. LICENSE NUMBER: 4114
22c. SIGNATURE OF EMBALMER
22d. LICENSE NUMBER
23a. NAME AND ADDRESS OF FUNERAL HOME: Crawford Mortuary & Crematory 2714 Grandview Avenue Nashville, Tennessee 37211
23b. LICENSE NUMBER OF FUNERAL HOME: 713

REGISTRAR

24. REGISTRAR'S SIGN ABOVE: Heidi Bowden, OK
25. DATE FILED (Month, Day, Year): Feb 15 2013

CERTIFIER

26. CERTIFIER (Check only one): ☒ PHYSICIAN: To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated. ☐ 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.

Registration OR Medical Examiner Decedent Cause of Death Must Complete Items 27a-28 Within 48 Hours.

27a. SIGNATURE OF CERTIFIER: Tracy Doering MD
27b. LICENSE NUMBER: MD 116 16
27c. DATE SIGNED (Month, Day, Year): 2/15/13
27d. NAME AND ADDRESS: 2000 Church St Nashville TN 37236

CAUSE OF DEATH

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. dementia
Due to (or as a consequence of): b. Vascular disease
Due to (or as a consequence of): c.
Due to (or as a consequence of): d.
Approximate interval: Onset to death: 11-2 yrs

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.: hypertensive heart disease
28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☐ No
28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

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

32. 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)

RH-1658 (Rev. 10/2011)

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.

5660091

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

Teresa C. Hendricks
STATE REGISTRAR

Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

Date Issued: FEB 15 2013

CERTIFICATION OF VITAL RECORD

Feb 19 2013 1:17PM HP Fax