This Document prepared by:
Leroy J. Ellis, IV
3844 Old Hickory Blvd.
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(615) 847-2000

AFFIDAVIT OF DEATH

Davidson County AFFIDAVIT
Recvd: 07/31/13 15:33 3 pgs
Fees:17.00 Taxes:0.00
20130731-0079942

COMES NOW Leroy Johnston Ellis, IV, First being duly sworn according to law and does make oath and say:

1. I am an adult citizen and attorney licensed to practice law in the State of Tennessee, and am competent to make this affidavit.

2. I was acquainted with WILBURN ALLEN WITHERS who resided at 757 Old Lebanon Dirt Road, in Hermitage, Davidson County, Tennessee.

3. The Said WILBURN ALLEN WITHERS died in Davidson County, Tennessee on May 26th 2013, as shown by the Certificate of Death attached hereto as Exhibit "A".

4. This Affidavit is given to show the Termination of the Life Estate retained by WILBURN ALLEN WITHERS, in certain real property located in Davidson County, Tennessee, known as 971 Tulip Grove Road, Hermitage, TN. 37076, and as further described in the Deed of record as Instrument #20051104-0134211, Register's Office for Davidson County, Tennessee.

FURTHER AFFIANT SAIETH NOT.

Leroy Johnston Ellis, IV

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Sworn to and subscribed before me this 31st day of JULY, 2013.

Bradley D. Mason
Notary Public
My Commission Expires: 8-23-16

BRADLEY D. MASON
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.
My Commission Expires AUG 23, 2016

STATE OF TENNESSEE
Office of Vital Records

1303354

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER

PART I

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Wilburn Allen Withers
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): May 26, 2013
4. TIME OF DEATH (Approx.): 3:38 pm
5a. AGE-Last Birthday (Years): 87
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): January 20, 1926
7. BIRTHPLACE (City and State or Foreign Country): Wilson Co, Tennessee

TYPEPRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: [X] 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): Summit Medical Center
8c. CITY OR TOWN: Hermitage
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS: [X] Married [ ] Married, but separated [ ] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Agnes Louise Jackson
11a. DECEDENT'S USUAL OCCUPATION: Meat Packer
11b. KIND OF BUSINESS/INDUSTRY: Grocery

7B JA

12. SOCIAL SECURITY NUMBER: -2149
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Hermitage
13d. STREET AND NUMBER: 757 Old Lebanon Dirt Road
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37076
14. WAS DECEDENT EVER IN US ARMED FORCES? [X] 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)
[X] 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)
[X] 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)
[X] 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): Jacob Lee Withers
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Mary Lee Hurt

INFORMANT

20a. INFORMANT'S NAME: Agnes Louise Withers
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 757 Old Lebanon Dirt Road, Hermitage, TN 37076

DISPOSITION

21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Cowgill Community Cemetery
21c. LOCATION - City or Town and State: Hermitage, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: Bond
22b. LICENSE NUMBER: 3930
22c. SIGNATURE OF EMBALMER: Kenyon B. Gibbs
22d. LICENSE NUMBER: 3247
23a. NAME AND ADDRESS OF FUNERAL HOME: Bond Memorial Chapel 1098 Weston Drive Mt. Juliet, Tennessee 37122
23b. LICENSE NUMBER OF FUNERAL HOME: 1041

REGISTRAR

24. REGISTRAR'S SIGNATURE: Tonya L Keely, Jr DR
25. DATE FILED (Month, Day, Year): May 30, 2013

CERTIFIER

26. CERTIFIER (Check only one):
26a. [X] 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
27b. LICENSE NUMBER: 47308
27c. DATE SIGNED (Month, Day, Year): 5/29/13
27d. NAME AND ADDRESS: Arman Hakimian MD 2255 Fast Blvd, Suite 6 Hermitage, TN 37076

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.

Approximate Interval: Onset to death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Acute Pulmonary Arrest — Due to (or as a consequence of): — 1 month
b. UTI — Due to (or as a consequence of): — 4-5 days
c. — Due to (or as a consequence of):
d. — 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

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: [X] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [ ] No [X] 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-1659 (Rev. 10/2011) RDA 1399

COPY IMAGE CAPTURE ANTI-FRAUD PROTECTION

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.

EXHIBIT A

5801508

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

Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

MAY 30 2013
Date Issued

Teresa S. Hendricks
STATE REGISTRAR

SEAL OF THE STATE OF TENNESSEE DEPARTMENT OF AGRICULTURE DEPARTMENT OF COMMERCE 1796

DEPARTMENT OF HEALTH DEPARTMENT OF AGRICULTURE DEPARTMENT OF COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

CERTIFICATE of AUTHENTICITY

I, **Leroy Johnston Ellis, IV** do hereby make oath that I am an Attorney licensed in the State of Tennessee, Bar # 017968, and custodian of the Electronic version of the attached document tendered for registration herewith and that this is a True and Correct copy of the original Document executed and authenticated according to Law.

Leroy Johnston Ellis, IV,
Attorney at Law, BPR #17968

STATE OF TENNESSEE }
COUNTY OF DAVIDSON }

Before me, Madeline J Erwin the undersigned, a notary public in the state of Tennessee, personally appeared Leroy Johnston Ellis, IV, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who acknowledged that this certification of an electronic document is true and correct and whose signature I have witnessed.

Madeline J Erwin
NOTARY PUBLIC

My Commission Expires: November 3, 2015

MADELINE J. ERWIN NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TENNESSEE

This Certificate Prepared by:
Leroy, J. (Johnny) Ellis, IV
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Old Hickory, TN. 37138
(615) 847-2000

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