BILL GARRETT, Davidson County
Trans:T20130073689 AFFIDAVIT
Recvd: 08/26/13 15:21 13 pgs
Fees:67.00 Taxes:0.00
20130826-0089927

This instrument prepared by:

JAY B. JACKSON, BPR #16745
Mitchell & Mitchell, Attorneys at Law
106 East College Street
Murfreesboro, TN 37130

AFFIDAVIT OF HEIRSHIP/INHERITANCE

Tax 053.06-08-141.00 CO

STATE OF RUTHERFORD]
COUNTY OF TENNESSEE]

Comes now your **Affiant, ANDREW THOMAS DIEHL**, and having first been duly sworn accordingly to law deposes and states as follows:

1. My name is Andrew Thomas Diehl, and this affidavit is based upon my personal knowledge. I also serve as the Executor of the Estate of Nancy Day Diehl and execute this affidavit in my personal capacity and in my capacity as Executor;

2. My mother was Nancy Day Diehl who died on January 31, 2013, at the age of 68. Attached as Exhibit A, is a copy of her death certificate;

3. Nancy Day Diehl, at her death, had four (4) children, Andrew Thomas Diehl (myself), Lauren Martha Burton, James Harry Diehl and Edward James Diehl.

4. Nancy Day Diehl died testate on January 31, 2013, and, at her death, she owned the entire fee simple interest described in Exhibit B to this Affidavit, by virtue of a tract or parcel of realty. A more complete and accurate description of said real

estate is attached to this Affidavit as Exhibit B. The address of the real property is 1860 Merritt Street, Old Hickory, Davidson County, Tennessee;

5. The Last Will and Testament of Nancy Day Diehl provided, in Article IV that the real estate described in paragraph four and Exhibit B be sold by the Executor of the Estate with the proceeds to be used to fund a trust for the benefit of James Harry Diehl. The Will is filed of record in the Seventh Circuit Court for Davidson County Court, Dkt. No. 113P736, a copy of which is attached as Exhibit C.

6. I (or through counsel) have, on behalf of the Estate of Nancy Day Diehl filed a inheritance tax return and represent that the Estate of Nancy Day Diehl will not owe any inheritance tax to the State Of Tennessee, Department of Revenue. A copy of said return is attached as Exhibit D;

7. Notice was given to the creditors of the estate and the time for filing claims against the Estate of Nancy Day Diehl has not expired, but the Estate has no reason to expect claims, if any, to exceed the assets of the Estate;

8. Tenncare sent a waiver stating no money was owed to them and a copy of it is attached as Exhibit E.

9. This instrument is made pursuant to T.C.A. Section 30-2-712. This instrument is exempt from tax pursuant to T.C.A. Section 67-4-409(a)(3)(D) and T.C.A. Section 67-4-409(a)(5) exempts this document from the valuation oath.

FURTHER AFFIANT SAYETH NOT.

WITNESS my hand this the 30th day of July, 2013.

ANDREW THOMAS DIEHL

Personally appeared before me, the undersigned Notary Public in and for said County and State, the within named bargainer, **ANDREW THOMAS DIEHL,** with whom I am personally acquainted (or proved to be on the basis of satisfactory evidence), who signed, sealed and delivered the foregoing instrument in my presence and who, upon oath, swore to and subscribed before me this Affidavit and who acknowledged executing the within instrument for the purpose therein contained and as his free act and deed.

Witness my hand and official seal, this 30th day of July, 2013.

MARY FUGITT
STATE OF TENNESSEE NOTARY PUBLIC
RUTHERFORD COUNTY

Notary Public
My commission expires: 10-18-15

"Exhibit B"
Legal Description

BEING all of Lot 63 on the plan of Waterford, Phase 4-B, of record in Plat Book 7900, page 770, of the Register's Office of Davidson County, Tennessee, to which plan reference is hereby made for a more complete and accurate description.

FOR source of title to said realty reference is made to a certain Warranty Deed from Preston S. Dunn and wife, Karen L. Dunn, to Nancy Diehl, a single woman, dated June 11, 2010, recorded June 14, 2010, appearing of record in Instrument 20100614-0045903, Register's Office of Davidson County, Tennessee.

Exhibit "A"

STATE OF TENNESSEE
Office of Vital Records

1300609

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Nancy Day Diehl
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): January 31, 2013
4. TIME OF DEATH (Hours): 3:00 am
5a. AGE (Last Birthday (Years)): 68
5b. UNDER 1 YEAR (Months / Days / Hours / Minutes)
6. DATE OF BIRTH (Month, Day, Year): July 14, 1944
7. BIRTHPLACE (City and State or Foreign Country): New York, NY

TYPE/PRINT IN PERMANENT BLACK INK

6a. 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)

6b. FACILITY NAME (If not institution, give street and number): Summit Medical Center
6c. CITY OR TOWN: Hermitage
6d. COUNTY OF DEATH: Davidson

12. MARITAL STATUS: [ ] Married [ ] Married, but separated [ ] Widowed [X] Divorced [ ] Never married [ ] Unknown
13. SURVIVING SPOUSE (If wife, give maiden name)
14a. DECEDENT'S USUAL OCCUPATION: Executive Director
14b. KIND OF BUSINESS/INDUSTRY: Non-Profit Organization

3

9. SOCIAL SECURITY NUMBER: [redacted]-0716
10. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
11. COUNTY: Davidson
12c. CITY OR TOWN: Old Hickory
12a. STREET AND NUMBER: 1860 Merritt Street
12b. INSIDE CITY LIMITS: [X] Yes [ ] No
13. ZIP CODE: 37138
14. WAS DECEDENT EVER IN U.S. ARMED FORCES? [ ] Yes [X] No

NAME OF DECEDENT (Please Type or Print)

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)
[X] 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 "Other" 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): Robert Lippert
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Martha Day

DISPOSITION

20a. INFORMANT'S NAME: Andy Diehl
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 4425 Westlawn Dr. #A-301, Nashville, TN 37209
21a. METHOD OF DISPOSITION: [ ] Burial [X] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Music City Crematory Service
21c. LOCATION - City or Town, State: Nashville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▸ Wayne Berryman
22b. LICENSE NUMBER: 3367
22c. SIGNATURE OF EMBALMER: ▸ N/A
22d. LICENSE NUMBER: N/A
23a. NAME AND ADDRESS OF FUNERAL HOME: Music City Mortuary, 2409 Kline Avenue, Nashville, Tennessee 37211
23b. LICENSE NUMBER OF FUNERAL HOME: 1105

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▸ Larry B. Healy, Jr., CR
25. [illegible] (Month, Day, Year): Feb 1, 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 COMPLETING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS

27a. SIGNATURE OF CERTIFIER: ▸ [signature]
27b. LICENSE NUMBER: 45908
27c. DATE SIGNED (Month, Day, Year): January February 1, 2013
27d. NAME AND ADDRESS: 5161 Flatford Suite 715 Hermitage TN 37076

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. multiple strokes — Approximate interval: Onset to death: 2 weeks
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. Sepsis due unclear etiology — Due to (or as a consequence of)
c. — Due to (or as a consequence of)
d. — Due to (or as a consequence of)

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
Crohn's disease, Chronic immunosuppression

29a. WAS AN AUTOPSY PERFORMED? [ ] Yes [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [X] No

31. MANNER OF DEATH: [X] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined
32. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [X] 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)

RDA 1531

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.

5676908

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

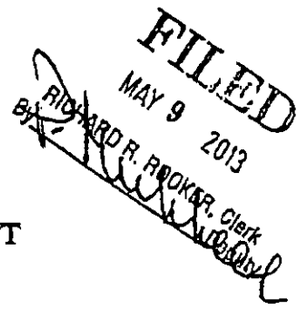
Teresa S. Hendricks
STATE REGISTRAR

Date Issued: 2/11/2013

CERTIFICATION OF VITAL RECORD

Copy

13P736



LAST WILL AND TESTAMENT

OF

NANCY DAY DIEHL

I, NANCY DAY DIEHL, of Greene County, Tennessee, do hereby make, publish and declare this to be my Last Will and Testament, hereby revoking any and all wills or codicils to wills heretofore made by me.

ARTICLE I
Payment of Debts and Taxes

I direct that all debts that shall be legally owing by me, my funeral expenses and the expense of the administration of my estate, be paid by my Executor as soon as possible. Notwithstanding this direction, if, at the time of my death, I have any debt which is secured by real estate, whether by mortgage or by other security instrument, my Executor may pay such debt or permit such real estate to pass subject to such debt. I further direct my Executor to pay all estate, inheritance and death taxes that shall be imposed by reason of my death, including any such taxes on the proceeds of insurance on my life, whether or not the property transfer or proceeds with respect to which said taxes are levied are part of my testamentary estate at my death.

ARTICLE II
My Family

My family consists of my daughter, LAUREN MARTHA BURTON and my sons, JAMES HARRY DIEHL, EDWARD JAMES DIEHL and ANDREW THOMAS DIEHL. My son, James Harry Diehl, has a developmental disability and therefore, I have provided for his interests through a trust which I hereby declare to be irrevocable, which is contained within this Will. However, the trust shall only come into effect under this Will document in the event that son James Harry Diehl survives me.

Copy

ARTICLE III
Distribution of Personal Property

It is my intention that certain items of my personal property be given to specific individuals. I intend to make a list of the items of property which I wish to give, identifying the persons who are to receive them. This list will be written entirely in my handwriting and will be signed by me. My plan is to store this list with my Will. I ask my personal representative to look for this list and, if it is found, distribute the items listed to the persons indicated. I direct that this distribution, if it occurs, not be supervised by any court and that any property items distributed in accordance with the list not be required to be included in any inventory of my estate, except as may be required for the purposes of estate or inheritance taxes. I also direct that my personal representative have absolute discretion as to whether or not to make distribution of such property without the interference of any court or beneficiary or the representative of any beneficiary.

ARTICLE IV
Provision for my Children

In the event that my son, James Harry Diehl, survives me, I direct that my Executor sell my residence at 1751 Old Shiloh Road, Greeneville, Tennessee, by whatever means my Executor, in his sole discretion, deems appropriate and beneficial for James Harry Diehl and deposit the net proceeds from such sale with the Trustee of the Trust created in this Will, to be used to fund such Trust for the Benefit of James Harry Diehl. The entire remainder of my estate, I give to my three other children, Lauren, Edward and Andrew in equal shares, per stirpes. In the event that any of the three children do not survive me and have no surviving children, I direct that the share that would have gone to such child, be divided between my other surviving children, other than James Harry Diehl. If James Harry Diehl does not survive me, I direct that my entire estate go to my surviving children, per stirpes.

ARTICLE V
Supplemental Care Trust for James Harry Diehl

Copy

In the event my son, James Harry Diehl, survives me, I direct that the share of my estate intended for him, go to the Trustee of the James Harry Diehl Supplemental Care Trust, to be held, IN TRUST, under the terms and conditions set out in this Will. This Trust is declared to be irrevocable. The creation of this Trust is dependent upon James Harry Diehl surviving me, and if he fails to do so, I direct that all assets, which would have gone to the Trust for his benefit be distributed to my heirs in accordance with the provisions of Article IV of this will.

The Trustee shall receive all of the assets comprising the trust estate and shall, insofar as is practicable, create a Trust Account, which shall bear interest but which shall be readily available for disbursements in accordance with the purposes of this Trust. The Trustee may, but is not required to liquidate any non-liquid assets. The Trustee may invest all or a part of the funds received in accordance with the statutory rules for investments contained in Tennessee Code Annotated but shall be guided, at all times, by the admonition that the assets of the Trust must be readily available for payment for the purposes set out in this document. In making the directions contained in this Article, it is my intention that my Trustee be afforded wide discretion in the management of the Trust and not be subject to the scrutiny of any court unless the beneficiary or someone acting on his behalf charges that trust funds have been inappropriately diverted to the benefit of the Trustee. My Trustee shall not be entitled to fees for services performed in his or her fiduciary capacity but shall be entitled to reimbursement for all reasonable expenses without prior approval of any court.

ARTICLE VI
Trust Provisions

The Trustee shall pay to or for the benefit of James Harry Diehl, so much of the Trust as shall be reasonably necessary to provide adequately for his health, education, maintenance and support. Such payments shall be made first from the income of the Trust and then from principal but any such payment or expenditure shall be subject to the further provisions hereinafter made.

a. If any individual or organization, other than the organization which is contractually obligated to provide care, housing and maintenance of the beneficiary, provides care and/or supervision of him, the Trustee may pay to them

Copy

reasonable compensation for the services actually rendered, including, but not by way of limitation, the value of meals, lodging and other similar services furnished to him, together with reimbursement for any other reasonable expenses incurred. Such payments shall have priority over all other purposes for which this trust is established, subject only to reasonable expenses for the administration of, and all taxes levied against, this Trust. Any taxes levied against the Trust shall be paid first from the income earned by the trust and, only if such income is insufficient for such purposes, from the Trust principal.

b. The express purpose of this Trust, which is in limitation of the language hereinabove, is to provide for the extra and supplemental care, maintenance, support and education of James Harry Diehl and shall be considered in addition to and over and above all benefits that he may otherwise receive. This includes but is not limited to benefits which he may receive or to which he may be entitled from any local, state or federal agency, or from any private agency, and I expressly declare that it is my intent that the Trustee use the corpus and income of the Trust only to supplement such other benefits to which my son may be entitled. In this respect, the Trustee shall be authorized to make arrangements for him to have vacation and recreation trips away from his place of residence and I direct that the reimbursement of not only his expenses but also the expenses, if requested, of the person or persons taking or accompanying him on such trips shall be considered as proper expenditures from this trust estate. I further direct, without limiting the use of the funds thereby, that all funds spent for medicine, dentistry and medical care, which are in excess of insurance or other contractual coverages, and all funds spent for clothing, recreation, entertainment and "treats" for my son, shall be deemed proper expenditures from this trust estate, subject only to the express limitations herein provided.

c. The Trustee, in cooperation with others, shall apply to appropriate federal, state, local and private agencies and departments for the payment of such disability awards to which my son may be entitled by reason of the handicap with which he has, the same having been diagnosed and established by competent personnel and the records of which shall be made available to the Trustee.

d. The interest in this Trust to which the beneficiary is entitled shall not

Copy

be pledged, assigned, transferred, sold or in any manner whatsoever accelerated, anticipated or encumbered by him, nor shall his interest in this Trust be in any manner subject or liable in the hands of the Trustee for any debts, contracts, or engagements of the beneficiary, or be subject to any assignment, or any voluntary or involuntary alienation or disposition thereof, or to any legal process, bankruptcy proceedings or the interferences or control of creditors or others and if, for any reason, any such interest shall, or except for this provision would, vest in or be enjoyed by any person, firm or corporation other than James Harry Diehl, specifically including the federal government, any state or local government, or any private agency, the trust herein expressed concerning such interest shall cease as to him and thereafter the Trustee may pay to the beneficiary or expend for his benefit out of any trust funds only such sums as the Trustee, in his or her absolute discretion, shall deem proper. Any income of the Trust which is not expended for the benefit of the beneficiary or for any other purpose authorized herein shall be incorporated into the principal of the Trust estate at least annually.

e. Upon the death of James Harry Diehl, I direct that this Trust shall terminate and the Trustee shall pay from the assets then comprising the trust estate, any of his funeral expenses not otherwise provided for, including the erection of a suitable monument at his grave, and shall deliver the balance of the trust estate, after such expenditure and the final administrative expenses of the Trust, in accordance with the default provisions of Article IV.

f. In the event that the assets available for the creation of the this Trust do not exceed the amount of ten thousand dollars ($10,000.00), my personal representative may, but is not required, to distribute all of the assets intended to comprise the Corpus of the Trust in accordance with the provisions of Article IV of my Will and, in this event, the James Harry Diehl Supplemental Care Trust shall not be created.

g. I hereby authorize and empower the Trustee, in his or her sole and absolute discretion, at any time and from time to time, to disburse from the principal of the Trust, even to the point of completely exhausting the

Copy

Trust, such amounts as he or she may deem advisable to provide adequately and properly for the care, health, education, maintenance and support of the beneficiary, including, but not by way of limitation, expenses incurred by reasons of illness and disability. In determining the amounts of principal to be so disbursed, the Trustee shall take into consideration any other income, property or entitlements (including insurance coverages) which he may have from any other source and the Trustee's discretion shall be conclusive as to the advisability of any such disbursement and the same shall not be questioned by anyone. I impose as a restriction on the power and authority herein conferred that the Trustee shall not be authorized or empowered to make any such disbursement of Trust funds if such power or authority would, or could, constitute, or be deemed to constitute, a benefit to the beneficiary which would, or could, result in a denial to him of any benefit from any federal, state, local or private agency, department or program, specifically including, but not by way of limitation, benefits which may otherwise be available to him under the Supplemental Security Income Program , the Medicaid Program or any other program, whether or not similar, and whether administered by a federal, state, local or private agency.

ARTICLE VII
Appointment of Fiduciaries

a. I nominate and appoint my son, Andrew Thomas Diehl, as Executor of my estate. In the event that he does not survive me or is unable or unwilling to serve as my fiduciary, I direct that my surviving children nominate a successor from among them. I further direct that if my Executor, at any time, feels the need of assistance in the performance of his duties, he may appoint one or more of his siblings to serve with him by providing notice of such appointment in writing to each of my heirs under this Will and to the court having probate jurisdiction of my estate.

b. I appoint my son, Andrew Thomas Diehl, as Trustee of the Trust created for James Harry Diehl. If he fails to qualify or later cease to serve, I direct that Lauren and Edward designate a successor from between them. I direct that, in the event that the Trustee feels the need for assistance in the performance of his duties, the same provisions

Copy

for additional fiduciaries set out in the previous paragraph apply to the appointment of an additional Trustee.

c. I direct that all of the fiduciaries appointed by this article or named herein as an additional fiduciaries be permitted to serve without the necessity of posting bond for the faithful performance of their duties. I further direct that the court not require the filing of any accounting or other report, including an inventory, of any kind by my fiduciaries. The Trustee appointed herein is directed to furnish to the beneficiary of the Trust for James Harry Diehl an annual account of the balance of the Trust, together with a listing of the expenditures made by the Trustee during the year.

ARTICLE VIII
Fiduciary Powers

My fiduciaries shall have each power, duty and discretion currently permissible by law, as well as any duty, power or discretion which later is imposed or conferred on them by law, including each fiduciary power contained in T.C.A. 35-50-110 which is incorporated in the Will by reference.

ARTICLE IX
Fiduciary Discretion

I want my fiduciaries to exercise their discretion without fear of incurring liability or unnecessary expense. Therefore, unless any of them act capriciously or arbitrarily, my Estate or Trust may indemnify the Fiduciary for each monetary expense, (including attorney fees), incurred, expended or arising from the exercise of such discretion.

Copy

This Will consists of nine Articles, I through IX inclusive. I now sign this as my Last Will on the 19 day of May, 2003, pursuant to T.C.A. 32-2-110, and I request the attesting witnesses to make the affidavit which is attached to this Will.

Nancy Day Diehl
TESTATRIX

ATTEST TO EXECUTION OF WILL:

The foregoing instrument, consisting of this and four preceding pages, was signed published and declared by Nancy Day Diehl, the Testatrix, to be her Last Will and Testament, in our presence, and we, at her request and in her presence and in the presence of each other have subscribed our names as witnesses, this _____ day of _____, 2003.

_____ Residing at 355 Keller Rd
Afton Tn 37616

Karen S. Harrison Residing at 86 Gefellers Dr.
Greeneville TN 37743

Copy

STATE OF TENNESSEE }
}
COUNTY OF GREENE }

AFFIDAVIT OF ATTESTING WITNESSES

The undersigned, being first duly sworn, make oath that they are the attesting witnesses to the Last Will and Testament of Nancy Day Diehl, dated the 19 day of May, 2003; that the document was signed by Nancy Day Diehl, as and for and at the time acknowledged, published and declared by her to be her Last Will and Testament, in the sight and presence of us; and we, in the sight and presence of the Testatrix and of each other have subscribed our names as attesting witnesses on the same day and date above noted and we further make oath that the Testatrix was of sound mind and disposing memory, and not acting under fraud or the menace of undue influence of any person, and was more than eighteen years of age; and that each of the attesting witnesses is more than eighteen years of age.

This Affidavit is executed at the request of the Testatrix; and the undersigned have been informed that the Affidavit may be introduced in evidence in the probate of said instrument.

Nancy Jenning

Karen S. Harrison

Sworn and subscribed before me this 19 day of May 2003.

NOTARY PUBLIC

My Commission Expires: 4/4/05