THIS INSTRUMENT PREPARED BY: LARRY D. CRAIG, Attorney at Law, 305 Fourteenth Avenue, North, Nashville, Tennessee 37203

Decedent:	Larry Gene Randall
Heirs at Law:	Jon M. Randall and Dennis L. Randall
Real Property Interest:	Situated upon Pecan Valley Road, Nashville, Davidson County, TN
Map:	056-00-0
Parcels:	010.00, 043.00 and 045.00

AFFIDAVIT OF HEIRSHIP

Comes the Affiant, Randall H. Herrman, being first duly sworn according to law, being of lawful age, residing at 514 Mathes Court, Goodlettsville, Tennessee 37072, pursuant to Section 30-2-712, Tennessee Code Annotated, hereby giving under oath the following of his own free will as a disinterested person, in regard to the decedent's estate interest(s), and based upon his personal knowledge and familiarity with the decedent, Larry Gene Randall, and the family thereof in excess of Fifty (50) years, acknowledging and stating as follows, to wit:

1. I personally knew Larry Gene Randall, deceased, and am aware that he died on November 11, 2003, in Davidson County, Tennessee. Further, I am aware that he had inherited interest in parcels of land lying on Pecan Valley Road in Nashville, Davidson County, Tennessee. The decedent was a resident of Montgomery County, Tennessee on the date of his death.

2. Larry Gene Randall was unmarried on the date of his death and had been divorced in years prior. He had no children born to or adopted by him and as such, died without any issue. He was survived by his two brothers, Jon M. Randall and Dennis L. Randall, his nearest next of kin.

3. The real property interest for the purposes of this affidavit of heirship are derived as hereinafter set forth. The parent tract of the real property, from which there have been out-conveyances, was owned by H.L. Randall and wife, Theney Randall. Theney Randall died on February 5, 1971, survived by her husband who died on January 6, 1972. There were four children born unto the said H.L. Randall and wife, Theney Randall, to wit: Robert T. Randall, whose date of death is March 25, 1975; Monroe L. Randall, whose date of death was June 22, 1983; Orville L. Randall, whose date of death was February 5, 1978; and Janice Randall Herrman, whose date of death was October 11, 1982. The four children of H.L. Randall and wife, Theney Randall, held a life estate interest in and to their owned real property and the remainder persons were their seven (7)

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grandchildren, which included the decedent, Larry Gene Randall. H.L. Randall's testate estate was probated in the Davidson County Court, #56865.

4. The only children born unto Orville L. Randall and wife, Maude Randall, (both deceased, with respective dates of death, 2/5/78 and 5/25/00) were Jon M. Randall, Dennis L. Randall and Larry Gene Randall.

5. The heirs at law of Larry Gene Randall are his two brothers, Jon M. Randall and Dennis L. Randall, by virtue of Larry Gene Randall dying unmarried, with parents deceased, without issue, and to the best of my knowledge without any probate estate administration, he having died without a last will.

6. This affidavit of heirship and statement of facts is being made to ascertain the heirs at law on the date of death of Larry Gene Randall and for registration in the Register of Deeds Office for Davidson County, Tennessee, pursuant to the aforestated statute.

7. A copy of the decedent's death certificate reviewed by me is attached hereto.

FURTHER, Affiant saith not.

WITNESS my hand this 1 day of Oct, 2013.

Randall H Herrman
RANDALL H. HERRMAN

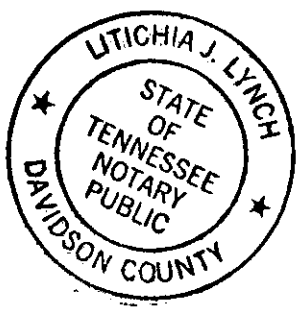
STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, a Notary Public in and for said County and State, the within named Randall H. Herrman 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 purpose therein contained.

Witness my hand and official seal at Goodlettsville Renasant Bank, Tennessee, this 1 day of Oct, 2013.

Utichia J Lynch
NOTARY PUBLIC

My Commission Expires: May 8 2017



STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

0306417

2003 048450

1 DECEDENT'S NAME (First Middle Last): LARRY GENE RANDALL
2 SEX: MALE
3 DATE OF DEATH (Month Day Year): NOVEMBER 11, 2003
4 SOCIAL SECURITY NUMBER (If Deceased): [redacted]0403
5a AGE LAST BIRTHDAY (Years): 56
5b UNDER 1 YEAR (Months / Days): 5c UNDER 1 DAY (Hours / Min):
6 DATE OF BIRTH (Month Day Year): JAN 11, 1947
7 BIRTHPLACE (City and State or Foreign Country): NASHVILLE, TENNESSEE
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a PLACE OF DEATH (Check only one): HOSPITAL 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b FACILITY NAME (If not institution give street and number): VA TN VALLEY HEALTHCARE SYSTEM 090
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): N/A
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): U.S. ARMY
12b KIND OF BUSINESS/INDUSTRY: MILITARY
13a RESIDENCE STATE: TENNESSEE
13b COUNTY: MONTGOMERY
13c CITY TOWN OR LOCATION: CLARKSVILLE
13d STREET AND NUMBER OR RURAL LOCATION: 2807 TROUGHS SPRING ROAD
13e INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f ZIP CODE: 37043
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+):
17 FATHER'S NAME (First Middle Last): ORVILLE RANDALL
18 MOTHER'S NAME (First Middle Maiden Surname): MAUDE McDONALD
19a INFORMANT'S NAME (Type/Print): VA TN VALLEY HEALTHCARE SYSTEM
19b RELATIONSHIP TO DECEASED: VA FILE
19c MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code): 1310 24th AVE. SOUTH, NASHVILLE, TN 37212
20a METHOD OF DISPOSITION: 1 [ ] Burial 2 [X] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b PLACE OF DISPOSITION (Name of cemetery crematory or other place): AFFILIATED CREMATORY
20c LOCATION City or Town State: NASHVILLE, TENNESSEE
21a SIGNATURE OF FUNERAL DIRECTOR: DALE CAMERON
21b LICENSE NUMBER OF FUNERAL DIRECTOR: 5456
21c SIGNATURE OF EMBALMER: N/A
21d LICENSE NUMBER OF EMBALMER: N/A
22a NAME AND ADDRESS OF FUNERAL HOME: PHILLIPS-ROBINSON COMPANY 2707 GALLATIN ROAD, NASHVILLE, TENNESSEE 37216
22b LICENSE NUMBER OF FUNERAL HOME: 331
23 REGISTRAR SIGNATURE: Roberta W. Rhodes
24 DATE FILED (Month Day Year): November 14, 2003
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 [X] SIGNATURE AND TITLE OF PHYSICIAN: John Newman MD
25b LICENSE NUMBER: TN012056
25c DATE SIGNED (Month Day Year): 11/14/03
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):
OR MED EX
INITIATE ETE AND CERTIFI
27 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): JOHN NEWMAN, M.D. 1310 24th AVE. SOUTH, NASHVILLE, TENNESSEE 37212
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. UPPER GASTROINTESTINAL HEMORRHAGE
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. CIRRHOSIS OF THE LIVER
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: SQUAMOUS CELL CARCINOMA OF THE LARYNX; ADENOCARCINOMA UNKNOWN ORIGIN
29a WAS AN AUTOPSY PERFORMED? 1 [X] Yes 2 [ ] No
29b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [X] 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: M
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:
ROA 1/99

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

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

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

6188158

Date Issued: Sep-10-2013

CERTIFICATION OF VITAL RECORD