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20131115-0118458

THIS AFFIDAVIT OF HEIRSHIP PREPARED BY:

PAUL C. HAYES, ESQ.
Howard Mobley Hayes & Gontarek, PLLC
2319 Crestmoor Road
Nashville, Tennessee 37215
(615) 627-4444

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Pursuant to Tenn. Code Ann. Section 30-2-712, I, DAVIS LANCASTER REESE, being duly sworn, hereby state as follows:

1. My full name is DAVIS LANCASTER REESE. I currently reside at 2107 32nd Avenue South, Nashville, Tennessee 37212.

2. My mother, CHRISTIANA LANCASTER REESE (the "Decedent"), died intestate on April 18, 2013 in Nashville, Tennessee, as evidenced by the Certificate of Death attached hereto as Exhibit A.

3. I am the Decedent's son and the Administrator of the Decedent's intestate estate. Accordingly, I have personal knowledge of the matters stated in this Affidavit.

4. The Decedent's heirs at law were Davis Lancaster Reese and Christiana Graham Reese.

5. The Decedent owned real property located at 2107 32nd Avenue South, Nashville, Tennessee 37212 at the time of her death. This real property vested immediately upon the Decedent's death in the Decedent's heirs at law pursuant to Tenn. Code Ann. Section 31-2-103.

6. This affidavit will confirm that title to the Property vested in Davis Lancaster Reese and Christiana Graham Reese immediately following the Decedent's death.

Further, affiant saith not.

Dated this the 11th day of November, 2013.

DAVIS LANCASTER REESE

Sworn to and subscribed before me
on this the 11th day of November,
2013.

Notary Public

My Commission Expires:

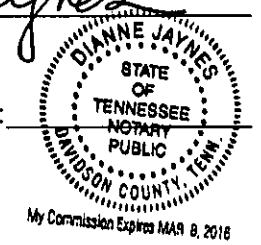


EXHIBIT A

Certificate of Death of Christiana Lancaster Reese

(Attached)

STATE OF TENNESSEE
Office of Vital Records

13025 63

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Christiana Lancaster Reese
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): April 18, 2013
4. TIME OF DEATH (Approx.): 4:40 PM
5a. AGE-Last Birthday (Years): 54
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): April 26, 1958
7. BIRTHPLACE (City and State or Foreign Country): Austin, TX

TYPE/PRINT IN PERMANENT BLACK INK

6a. 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 residence ☐ Other (Specify)

6b. FACILITY NAME (If not institution, give street and number): 2107 32nd Avenue South
6c. CITY OR TOWN: Nashville
6d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: ☐ Married ☐ Married, but separated ☐ Widowed ☒ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): None
11a. DECEDENT'S USUAL OCCUPATION: Homemaker
11b. KIND OF BUSINESS/INDUSTRY: Her Own Home

12. SOCIAL SECURITY NUMBER: [redacted]-2239
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TN
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville

13d. STREET AND NUMBER: 2107 32nd Ave. S.
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37212
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

NAME OF DECEDENT (If not by Physician or Institution): Christiana Lancaster Reese 5

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

PARENTS

18. FATHER'S NAME (First, Middle, Last): John Williams Lancaster
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Helen Landolt

DISPOSITION

20a. INFORMANT'S NAME: Davis Reese
20b. RELATIONSHIP TO DECEDENT: Ex-Husband
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 301 S.W. Adams St. Peoria, IL 61602

21a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): NFCS
21c. LOCATION - City or Town and State: Nashville, TN

22a. SIGNATURE OF FUNERAL DIRECTOR: Mary Waddell
22b. LICENSE NUMBER: 6471
22c. SIGNATURE OF EMBALMER:
22d. LICENSE NUMBER:
23a. NAME AND ADDRESS OF FUNERAL HOME: NFCS 210 McMillan St., Nashville, TN 37203
23b. LICENSE NUMBER OF FUNERAL HOME: 1136

REGISTRAR

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

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS

26. CERTIFIER (Check only one)
26a. ☐ 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.

27a. SIGNATURE OF CERTIFIER:
27b. LICENSE NUMBER: 31292
27c. DATE SIGNED (Month, Day, Year): April 19, 2013
27d. NAME AND ADDRESS: Amy Hawes, M.D., 850 R.S. Gass Boulevard, Nashville, TN 37216, MEC13-C792

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. Hanging
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
b. _____
Due to (or as a consequence of):
c. _____
Due to (or as a consequence of):
d. _____

Approximate interval Onset to death: a. _____ b. _____ c. _____ d. _____

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: ☐ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☒ Suicide ☐ Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ 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): Unknown
34b. TIME OF INJURY: UNK
34c. INJURY AT WORK? ☐ Yes ☒ No
34d. PLACE OF INJURY - at home, farm, street, factory, office, building, etc. (Specify): Residence
34e. DESCRIBE HOW INJURY OCCURRED: Hanged self
34f. LOCATION OF INJURY (Street and Number, City or Town, State): 2107 32nd Avenue South, Nashville, TN

RDA 1299

TH-1458 (Rev. 9/2011)

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.

5806099

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

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

APR 24 2013
Date Issued

SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD