Davidson County AFFIDAVITH
Recvd: 03/20/14 07:56 5 pgs
Fees:27.00 Taxes:0.00
20140320-0022847

Commitment Number: 07695TN13

This instrument prepared by:
Jay A. Rosenberg, Esq., Rosenberg LPA, Attorneys At Law, 3805 Edwards Road, Suite 550, Cincinnati, Ohio 45209 (513) 247-9605 Fax: (866) 611-0170 and Thomas Granville McCroskey, Esq., Tennessee Bar Number: 015569.

SURVIVORSHIP AFFIDAVIT

STATE OF Tennessee
COUNTY OF Davidson

Susan Kier Hendel ("Affiant"), being first duly cautioned and sworn, and having personal knowledge of the facts and being competent to testify as to these matters, deposes and says as follows:

1. Ruth M. Kier died January 1, 2000, and Henry Hendel, Sr., died June 8, 2004, a legal each as resident of the state of Tennessee.
2. Copies of evidence of the date of death for each person named above is attached hereto.
3. The decedent and this Affiant were the grantees in a certain deed dated recorded at Book 11312 page 787, of the Deed Records of Davidson County, Tennessee (the "Deed"), with respect to the property legally described as follows:

A CERTAIN TRACT OR PARCEL OF LAND IN DAVIDSON COUNTY, TENNESSEE, DESCRIBED AS FOLLOWS:

LAND IN DAVIDSON COUNTY, TENNESSEE, BEING LOT NO. 100 ON THE PLAN OF HUNTERS BRANCH, SECTION 2A, AS OF RECORD IN BOOK 6250, PAGE 819, AND AMENDED IN BOOK 6815, PAGE 77, REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE.

SAID LOT NO. 100 FRONTS 79.21 FEET ON THE EASTERLY MARGIN OF HUNTERS BRANCH ROAD AND EXTENDS BACK 105.07 FEET ON THE SOUTHERLY LINE AND 105.00 FEET ON THE NORTHERLY LINE TO A DEAD LINE IN THE REAR MEASURING 60 FEET THEREON.

SUBJECT TO ALL EASEMENTS, RESERVATIONS, COVENANTS, CONDITIONS, AGREEMENTS OF RECORD, IF ANY.

BEING THE SAME PROPERTY CONVEYED TO HENRY HENDEL, SR., AND WIFE, SUSAN KIER HENDEL AND RUTH M. KIER, ALL AS JOINT TENANTS WITH RIGHT OF SURVIVORSHIP BY WARRANTY DEED FROM LOUIE L. DAVIS AS RECORDED 01/26/1999 IN BOOK 11312 AT PAGE 788 AS DOCUMENT 0541306.

Commonly Known As: 1437 HUNTERS BRANCH, ANTIOCH, TN, 37013
TAX ID: 172080A10000CO

4. In the Deed, the grantees designated are Susan Kier Hendel, Ruth M. Kier and Henry Hendel, Sr., as joint tenants, with right of survivorship.
5. The address of Affiant is 1437 HUNTERS BRANCH, ANTIOCH, TN 37013.
6. Affiant gives this Affidavit for the purpose of transferring the title to the foregoing property to Affiant on the records of the Recorder's Office in Davidson County, Tennessee.

Susan Kier Hendel

Sworn to before me and subscribed in my presence by Susan Hendel this March 13th, 2014.

Notary Public

RICHARD JOHNSTON
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.

STATE OF TENNESSEE NOTARY PUBLIC
RICHARD JOHNSTON
DAVIDSON COUNTY, TENN.

My Commission Expires AUG. 17, 2015

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2004 024239

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Henry Hendel Sr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): June 8, 2004
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]9190
5a. AGE LAST BIRTHDAY (Years): 83
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): Dec. 24, 1920
7. BIRTHPLACE (City and State or Foreign Country): Bronx, New York
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 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Maury County Regional Hospital 59
9c. CITY, TOWN, OR LOCATION OF DEATH: Columbia
9d. COUNTY OF DEATH: Maury
10. MARITAL STATUS (Never Married, Married, Widowed, Divorced (Specify)): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Susan Kier
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Weapons Logistician
12b. KIND OF BUSINESS/INDUSTRY: Dept. of the Army
13a. RESIDENCE STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1437 Hunters Branch Rd.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37013
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No. Specify If yes:
15. RACE (American Indian, Black, White, etc. (Specify)): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Edward Julius Hendel Jr.
18. MOTHER'S NAME (First, Middle, Maiden Surname): Anna Quinn

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Susan Hendel
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1437 Hunters Branch Rd. Antioch, TN 37013

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place): Middle Tennessee Veterans
20c. LOCATION (City or Town, State): Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Carol Austin
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5229
21c. SIGNATURE OF EMBALMER: Alfred E. Knight III
21d. LICENSE NUMBER OF EMBALMER: 4934
22a. NAME AND ADDRESS OF FUNERAL HOME: Brentwood Funeral Home, 9010 Church St. E., Brentwood, TN 37027
22b. LICENSE NUMBER OF FUNERAL HOME: 911

REGISTRAR

23. REGISTRAR'S SIGNATURE: Wanda Newcomb
24. DATE FILED (Month, Day, Year): June 15, 2004

CERTIFIER

25a. PHYSICIAN: To the best of my knowledge, death occurred at the date and place and due to the cause(s) and manner as stated. 1 [ ] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER: MD 0027091
25c. DATE SIGNED (Month, Day, Year): 6-15-04
26a. 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 as stated. 2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER:
26c. DATE SIGNED (Month, Day, Year):
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print):

IF MEDICAL EXAMINER - MUST COMPLETE AND SIGN CERTIFICATION WITHIN 48 HOURS

CAUSE OF DEATH

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.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Pneumonia — Approximate Interval Between Onset and Death: 2d
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST:
b. 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: Dementia
29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] 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):

1559 (REV 6/99)

BIRTH NO

RDA 1099

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.

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

6404813

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

6404813

Date Issued: Mar-13-2014

STATE OF TENNESSEE
Office of Vital Records

0006426

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE 2000002957

1 DECEDENT'S NAME (First, Middle, Last)	2 SEX	3 DATE OF DEATH (Month, Day, Year)
RUTH ELIZABETH MAHAFFY KIER	F	JANUARY 19, 2000

4 SOCIAL SECURITY NUMBER (If Deceased)	5a AGE-LAST BIRTHDAY (Years)	5b UNDER 1 YEAR MOS	DAYS	5c UNDER 1 DAY HOURS	MIN	6 DATE OF BIRTH (Month, Day, Year)	7 BIRTHPLACE (City and State or Foreign Country)
[redacted]1095	91					MAY 25, 1908	ARGYLE, NEW YORK

8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No

9a PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)

9b FACILITY NAME (If not institution, give street and number)	9c CITY, TOWN, OR LOCATION OF DEATH	9d COUNTY OF DEATH
1437 HUNTERS BRANCH ROAD 910	ANTIOCH 094	DAVIDSON 19

10 MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify)	11 SURVIVING SPOUSE (If wife, give maiden name)	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b KIND OF BUSINESS/INDUSTRY
WIDOWED		TEACHER	EDUCATION

13a RESIDENCE-STATE	13b COUNTY	13c CITY, TOWN OR LOCATION	13d STREET AND NUMBER OR RURAL LOCATION
TENNESSEE	DAVIDSON	ANTIOCH	1437 HUNTERS BRANCH ROAD

TRACT	13e INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No	13f ZIP CODE	14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No Specify, if yes	15 RACE-American Indian, Black, White, etc (Specify)	16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5+)
		37013		WHITE		4

17 FATHER'S NAME (First, Middle, Last)	18 MOTHER'S NAME (First, Middle, Maiden Surname)
DAVID ALEXANDER MAHAFFY	SUSAN ELIZABETH WILLIAMS

19a INFORMANT'S NAME (Type/Print)	19b RELATIONSHIP TO DECEASED	19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
SUSAN K. HENDEL	DAUGHTER	1437 HUNTERS BRANCH ROAD ANTIOCH, TENNESSEE 37013

20a METHOD OF DISPOSITION 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)	20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c LOCATION-City or Town, State
	SPRINGHILL CEMETERY	MADISON, TENNESSEE

21a SIGNATURE OF FUNERAL DIRECTOR	21b LICENSE NUMBER OF FUNERAL DIRECTOR	21c SIGNATURE OF EMBALMER	21d LICENSE NUMBER OF EMBALMER
DON WHITLEY	3098	N/A	

22a NAME AND ADDRESS OF FUNERAL HOME	22b LICENSE NUMBER OF FUNERAL HOME
ROESCH-PATTON, AUSTIN, BRACEY AND CHARLTON 1715 BROADWAY NASHVILLE, TENNESSEE 37203	121

23 REGISTRAR'S SIGNATURE	24 DATE FILED (Month, Day, Year)
Catherine D. Haralson	February 2, 2000

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	25b LICENSE NUMBER	25c DATE SIGNED (Month, Day, Year)
John Powers MD	12533	1-25-2000

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)

MED-EX-CATE AND 48

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)

DR. JAMES POWERS, VUMC VMC EAST #4 7th FLOOR, NASHVILLE, TENNESSEE 37232

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 MI 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 AS CVD DUE TO (OR AS A CONSEQUENCE OF)	
	c NOK 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: CVA, Alzheimers Dementia

29a WAS AN AUTOPSY PERFORMED?	29b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
1 [ ] Yes 2 [X] No	1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH	31a DATE OF INJURY (Month, Day, Year)	31b TIME OF INJURY	31c INJURY AT WORK?	31d DESCRIBE HOW INJURY OCCURRED
1 [X] Natural 5 [ ] Pending Investigation; 2 [ ] Accident; 3 [ ] Suicide 6 [ ] Could not be Determined; 4 [ ] Homicide		M	1 [ ] Yes 2 [ ] No	

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

RDA 1399

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.

6404812

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

6404812

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued Mar-13-2014

CERTIFICATION OF VITAL RECORD

COPYRIGHT CAUTIONED; ANTI-FRAUD PROTECTION

True Copy Certification

I, Jourdan Steward, do hereby make oath that I am a licensed attorney and/or the 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.

Jadan Steward
Signature

State of Kansas

County of Johnson

Personally appeared before me, Stephanie Noblit a notary public for this county and state, Jourdan Steward, who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Stephanie Noblit
Notary's Signature

My Commission Expires: _____
Notary' Seal (if on paper)

STEPHANIE NOBLIT
Notary Public
State of Kansas
My Commission Expires 2-26-2014