THIS INSTRUMENT PREPARED BY:
J. Blake Freeman, Attorney at Law
323 Emery Drive
Nashville, TN 37214-3113

BILL GARRETT, Davidson County
Trans:T20140047676 AFFIDAVITH
Recvd: 07/03/14 11:43 2 pgs
Fees:12.00 Taxes:0.00
20140703-0058851

AFFIDAVIT OF SURVIVORSHIP

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned authority, a Notary Public, in and for said county in said state, the undersigned Affiant, who being by me duly sworn, did on oath say:

That I, Marynell F. Driscoll, and my husband, Arthur Driscoll, Jr., are the Grantees in deed dated November 7, 1991, of record in Book 8480, page 874 in the Register's Office of Davidson County, Tennessee. Arthur Driscoll, Jr. died a resident of Davidson County, Tennessee, on _____. This is to state under oath that my husband and I were lawfully married at the time we obtained title to the aforementioned property, and remained married without any intervening legal separation or divorce until the date of Arthur Driscoll, Jr.'s death, and I am now the owner of said property as the surviving tenant by the entirety.

Further, I know of my own knowledge that there are no claims or unpaid debts, including state and federal inheritance and estate taxes, against Arthur Driscoll, Jr.'s estate.

Affiant understands that this affidavit is secured for the purpose of inducing The Tennessee Credit Union to lend money upon, and First American Title Insurance Company to insure the title upon, the land described in the deed aforesaid in reliance on the truth of the facts herein contained.

Marynell F. Driscoll
Marynell F. Driscoll Affiant

HOLLY LILE
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.

My Commission Expires AUG. 23, 2016

Holly Lile 6-17-14

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0703027

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Arthur Driscoll, Jr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): May 26, 2007
4. SOCIAL SECURITY NUMBER: [redacted]-4212
5a. AGE LAST BIRTHDAY (Years): 84
5b. UNDER 1 YEAR (MOS / DAYS)
5c. UNDER 1 DAY (HOURS / MIN)
6. DATE OF BIRTH (Month, Day, Year): Dec. 11, 1922
7. BIRTHPLACE (City and State or Foreign Country): Stillwater, Oklahoma
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] 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): 4500 Post Road H-75
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Marynell Freeman
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Consultant
12b. KIND OF BUSINESS/INDUSTRY: Lifeway
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 4500 Post Rd. H-75
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37205
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+): 5+

NAME OF DECEDENT (For use by Physician or Institution)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Arthur Driscoll, Sr.
18. MOTHER'S NAME (First, Middle, Maiden Surname): Esther Clements

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Marynell Driscoll
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4500 Post Rd. H-75 Nashville, Tennessee 37205

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): Harpeth Hills
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: J. Mitchell Todd
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3757
21c. SIGNATURE OF EMBALMER: Mary Katherine Evans
21d. LICENSE NUMBER OF EMBALMER: 5995
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn-Roesch-Patton Funeral Home 660 Thompson Lane Nashville, Tennessee 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

23. REGISTRAR'S SIGNATURE: Robert Rhodes Jr.
24. DATE FILED (Month, Day, Year): May 31, 2007

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 [X] SIGNATURE AND TITLE OF PHYSICIAN: Karl V. [illegible]
25b. LICENSE NUMBER: MD0140[illegible]
25c. DATE SIGNED (Month, Day, Year): 5/31/07
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)

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Dr. Karl VanDevender 2400 Patterson St. Ste. 400 Nashville, TN 37203

SEE INSTRUCTIONS ON OTHER SIDE

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. (Approximate Interval Between Onset and Death)
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Malignant lymphoma
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. 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.
29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [ ] 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
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)

PH-1639 (REV. 6/96)
BIRTH NO.
RDA 1399

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 Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

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

[redacted]

Tonya Y Foreman
Tonya Y Foreman
Local Registrar

Date Issued MAY 31 2007

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

CERTIFICATION OF VITAL RECORD