RECORDING REQUESTED BY:
Timios, Inc.
5716 Corsa Ave., Suite 102
Westlake Village, CA 91362
Phone: (877) 804-6407

AND WHEN RECORDED MAIL TO:
CHRISTIANA ODIGIE
2513 BAYVIEW DR
NASHVILLE, TN 37217-3442

Prepared By:
Michael Lofaso
201 Old County Rd., ste 205
Melville, NY 11747

Deal No.: 456957

Bill Garrett Davidson County
Batch# 9316 AFFIDAVIT
10/06/2017 12:49:30 PM 5 pgs
Fees: $27.00 Taxes: $0.00
20171006-0102916

APN: 136 05 0 023.00

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF TENNESSEE)

) SS.

COUNTY OF DAVIDSON)

CHRISTIANA ODIGIE AKA CHRISTIANA IDAHOSA of legal age, being first duly sworn, deposes and says:

FREDERICK O. ODIGIE is the decedent mentioned in the attached copy of Certificate of Death, and is the same person as FREDERICK O. ODIGIE, named as one of the parties in that certain deed dated 02/26/1999, executed by NVR, INC, A VIRIGINA CORP, SUCCESSOR BY MERGER TO NVR HOME, INC A VIRGINA CORP T/A RYAN HOMES, A VIRGINA CORP to FREDERICK O. ODIGIE AND CHRISTIANA IDAHOSA as **joint tenants** WITH RIGHT OF SURVIVORSHIP, recorded on 03/11/1999, in **BOOK 11379 PAGE 323**, Official Records of DAVIDSON County, TENNESSEE describing the following real property:

Legal Description Attached Hereto as Exhibit "A"

A CERTAIN TRACT OR PARCEL OF LAND IN DAVIDSON COUNTY, STATE OF TENNESSEE, DESCRIBED AS FOLLOWS, TO-WIT: BEING LOT NO. 41 AS SHOWN ON THE PLAN OF SECTION THREE OF BAYVIEW OF RECORD IN PLAT BOOK 9700, PAGE 685, IN THE REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE. PARCEL NO.: 13605002300 BEING THE SAME PROPERTY CONVEYED TO FREDERICK O. ODIGIE, UNMARRIED AND CHRISTIANA IDAHOSA, UNMARRIED, AS JOINT TENANTS WITH RIGHT OF SURVIVORSHIP BY DEED FROM NVR, INC., A VIRGINIA CORPORATION, SUCCESSOR BY MERGER TO NVR HOMES, INC. A VIRGINIA CORPORATION T/A RYAN HOMES, A VIRGINIA CORPORATION RECORDED 03/11/1999 IN DEED BOOK 11379 PAGE 323, IN THE REGISTER'S OFFICE OF DAVIDSON COUNTY, TENNESSEE.

Most Commonly Known As: 2513 BAYVIEW DR, NASHVILLE, TN 37217-3442

Dated: 6/2/17

Christiana Odgie
CHRISTIANA ODIGIE

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said State, this 2 day of June, 2017

Signature Ella K. Butler

Notary Expiration: 09/07/2020

ELLA K. BUTLER
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY, TENN.

(This area for notary stamp)

ATTACH COPY OF DEATH CERTIFICATE

NVR, INC. A VIRGINAI CORPORATION
FREDERICK O. ODGIE, UNMARRIED & CHRISTIANA IDAHOSA, UNMARRIED

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

CERTIFICATE OF DEATH

STATE OF MISSISSIPPI — STATE FILE NUMBER 123-

TYPE OR PRINT WITH BLACK INK

Filed DATE JUL 18 2008

DECEASED

1. NAME: FREDERICK (Middle) OMON (Last) ODIGIE
2. SEX: Male
3a. HOUR OF DEATH: 6:47AM
3b. DATE OF DEATH (Month, Day, Year): July 8, 2008
4. RACE (Specify White, Black, American Indian, etc.): Black
5a. AGE AT LAST BIRTHDAY: 52 Years
5b. IF UNDER 1 YEAR ONLY: MOS
5c. DAYS
5d. HOURS
5e. MINS
6. DATE OF BIRTH (Month, Day, Year): JANUARY 12, 1956
7. PLACE OF DEATH: INPT, OUTPT, EMER RM, OR DOA
8. STATE OF BIRTH: NIGERIA
7a. CITY OR TOWN OF DEATH: Robinsonville
7b. HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER (If not in either, give street address, route number, or other location): 1021 Casino Ctr. Dr. RM 124
9. DECEDENT'S EDUCATION (Specify only highest grade completed): Elem/High School/College (0-12): 12 (13-17): 4
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): CHRISTIANA OSHODIN
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No): NO
13. ORIGIN OR DESCENT (Specify Cuban, Mexican, etc.): NIGERIAN
14. SOCIAL SECURITY NUMBER: 411-49-9078
15a. USUAL OCCUPATION (Kind of work done during most of working life): PSYCHIATRIC TECHNICIAN
15b. KIND OF BUSINESS OR INDUSTRY: MENTAL HEALTH
16a. STREET AND NUMBER OR RURAL LOCATION: 2513 BAYVIEW DRIVE
16b. INSIDE CITY LIMITS (Specify Yes or No): YES
16c. CITY OR TOWN: NASHVILLE
16d. COUNTY: DAVIDSON
16e. STATE: TN

For RESIDENCE (when other answers somewhat of home) other mailing address

PARENTS

17. FATHER—NAME: First ODIGIE Middle OJAMEN Last
18. MOTHER—NAME: First VICTORIA Middle Maiden AKATA

INFORMANT

19a. INFORMANT—NAME (Type or print): NANCY COLLINS
19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code): P.O. BOX 5646—PEARL, MS 39288-5646

DISPOSITION

20a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
20b. CEMETERY, CREMATORY—NAME: UROMI CEMETERY
20c. LOCATION (City and State): UROMI, NIGERIA
21a. EMBALMER—SIGNATURE AND NUMBER: [signature] ESV39
21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER: MISSISSIPPI MORTUARY SVCS 61M
21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code): P.O. BOX 5646—PEARL, MS 39288-5646

PRONOUNCEMENT

22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print): Casey Johnson DMEI
22b. PRONOUNCED DEAD (Month, Day, Year): ON July 8, 2008
22c. PRONOUNCED DEAD (Hour): AT 7:25AM
22d. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code): P.O. Box 933, Tunica, MS 38676

CERTIFIER

23. CERTIFIER—NAME (Type or print): Casey Johnson DMEI
24a. On the basis of my knowledge, death occurred due to the cause(s) and manner as stated.
24b. This section to be completed by medical examiner ONLY
24c. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated.
SIGNATURE: [signature] MD
24d. TITLE: Deputy Coroner / DMEI
24e. DATE SIGNED (Month, Day, Year): July 15, 2008
24f. DATE SIGNED (Month, Day, Year):
24g. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)

Mississippi State Board of Health Rule No. 515 Revised 1-1-81

CAUSE OF DEATH

25. PART I. DEATH CAUSED BY:
(a) IMMEDIATE CAUSE (Enter one cause only): Pending Toxicology — Interval between onset and death: Unknown
(b) DUE TO OR AS A CONSEQUENCE OF (Enter one cause only): — Interval between onset and death:
(c) DUE TO OR AS A CONSEQUENCE OF (Enter one cause only): — Interval between onset and death:

Conditions, if any, which gave rise to immediate cause stating the underlying cause last

26. PART II. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I.
27. AUTOPSY (Yes or No): Yes
28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No): Yes

Had Decedent been Pregnant Within 90 Days Prior to Death? ☐ Yes ☐ No

Use if death NOT due to natural causes:
29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify): Pending
29b. DATE OF INJURY (Month, Day, Year)
29c. HOUR OF INJURY
29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED
29e. INJURY AT WORK (Yes or No)
29f. PLACE OF INJURY (Specify: Home, Farm, Street, Factory, Office building, etc.)
29g. LOCATION: Street or route number; City or town; State

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

JUL 18 2008

Judy Mauldin
STATE REGISTRAR

WARNING: A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

THIS PAPER CONTAINS A COLORED BACKGROUND ON WHITE PAPER. THIS IS WATERMARKED PAPER. DO NOT ACCEPT WITHOUT FIRST HOLDING TO LIGHT TO VERIFY A WATERMARK.

RECORDING REQUESTED BY:

201710060102916

EXHIBIT "A"

LEGAL DESCRIPTION

File No: 08-01469700

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

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PARCEL NO.: 13605002300

BEING THE SAME PROPERTY CONVEYED TO FREDERICK O. ODIGIE, UNMARRIED AND CHRISTIANA IDAHOSA, UNMARRIED, AS JOINT TENANTS WITH RIGHT OF SURVIVORSHIP BY DEED FROM NVR, INC., A VIRGINIA CORPORATION, SUCCESSOR BY MERGER TO NVR HOMES, INC. A VIRGINIA CORPORATION T/A RYAN HOMES, A VIRGINIA CORPORATION RECORDED 03/11/1999 IN DEED BOOK 11379 PAGE 323, IN THE REGISTER'S OFFICE OF DAVIDSON COUNTY, TENNESSEE.

True Copy Certification

I, Emily McClellan, 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.

Signature

State of PA

County of Allegheny

Personally appeared before me, Meredith Williams, a notary public for this county and state, Emily McClellan who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Notary's Signature

My Commission Expires: Nov. 1 2020

Notary' Seal (if on paper)

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
MEREDITH WILLIAMS
Notary Public
HOPEWELL TWP, BEAVER COUNTY
My Commission Expires Nov 1, 2020