This instrument prepared by Dewey Pedigo, Jr., Atty., 301 Stahlman Bldg., Nashville Tennessee. 37201

ED HILL REALTY CO.
2221 NOLENSVILLE RD.

BOOK 7464 PAGE 32

AFFIDAVIT OF HEIRSHIP

Map 119-1
Par. 352

RE: Land in Davidson County, Tennessee, being Lot No. 38 on the Map of G. W. Thuss's Additon, Nolensville Pike, as of record in Book 332, page 149, Register's Office for said County.

Said Lot No. 38 fronts 50 feet on the southerly side of Oriel, formerly Thuss Street, and runs back between parallel lines 150 feet to an alley.

Being the same property conveyed to James Howard Bennett and wife, Gertrude Bennett by deed from C. W. Head et ux of record in Book 1556, page 325, said Register's Office, and by deed of record in Book 1637, pge 235, said Register's Office, James Howard Bennett conveyed his interest in the above property to Gertrude Bennett. The said James Howard Bennett and Gertrude Bennett now deceased.

STATE OF TENNESSEE
and
COUNTY OF DAVIDSON

STATE OF NORTH CAROLINA
COUNTY OF _____

4627 02/05 0101 03CHECK 18.00

Affiants, Jane B. Rule and Roy G. Bennett, being duly sworn according to law, deposes and says:

(1) That they, Jane B. Rule and Roy G. Bennett, are the son and daughter of James Howard Bennett and Gertrude Bennett and the brother and sister of Gene Bennett, all of whom are now deceased.

(2) That James Howard Bennett and Gertrude Bennett were lawfully married, and to that marriage were born three (3) children, namely: Gene Bennett and your affiants, Jane B. Rule and Roy G. Bennett.

(3) That Gertrude Bennett died February 4, 1975, testate, but the will has not been probated. (See copy of Will attached hereto, marked, Exhibit 1.)

(4) That Gene Bennett died December 31, 1980, intestate, unmarried and without issue. (See copy of Certificate of Death attached hereto, marked, Exhibit 2.)

(5) That James Howard Bennett died November 17, 1987, intestate, unmarried and without issue (See copy of Certificate of Death attached hereto, marked, Exhibit 3.)

WITNESS our hands this the 26 day of January, 1988.

x Jane B Rule
JANE B. RULE

Roy G. Bennett
ROY G. BENNETT

Subscribed and sworn to before me this the 28 day of Jan 1988.

Barbara Rains Notary Public

My Commission Expires: 2-10-91

Subscribed and sworn to before me this the 26 day of Jan 1988.

Edward W Hall Notary Public

My Commission Expires: 7-17-88

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, THE UNDERSIGNED a Notary Public in and for said County and State, the within named, ROY G. BENNETT, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee, this 26 day of January, 1988.

Edward W. Hall Notary Public

My Commission Expires: 7-17-88

STATE OF NORTH CAROLINA
COUNTY OF Cumberland

Personally appeared before me, Jane B. Rule a Notary Public in and for said County and State, the within named, JANE B. RULE, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Fayetteville North Carolina, this 28 day of January, 1988.

Barbara Davis Notary Public

My Commission Expires: 2-10-91

IDENTIFICATION REFERENCE

FEB 5 11 25 AM 1988

DAVIDSON COUNTY, TN

0 3 0 5 2

AFFIDAVIT BOOK 7464 PAGE 34

STATE OF TENNESSEE and COUNTY OF DAVIDSON

STATE OF NORTH CAROLINA COUNTY OF Cumberland

Jane B. Rule and Roy G. Bennett, being first duly sworn on their oath states that they are a person of lawful age; that they are a resident of Davidson County, State of Tennessee and Fayetteville, North Carolina, and further deposes and states:

That they are the son and daughter of James Howard Bennett and Gertrude Bennett and the sister and brother of Gene Bennett, all of whom are now deceased. See copy of Affidavit of Heirship attached hereto.

That all the debts and inheritance taxes against the estate of James Howard Bennett, Gertrude Bennett and Gene Bennett have been or will be paid.

This Affidavit is being made to induce Attorneys Title Company to remove the exceptions listed in Item Number 3 of Schedule B of Commitment No. 265370, when the Policy is issued. The undersigned agree to hold Attorneys Title Company harmless from any loss arising from said omissions.

Signed: Jane B Rule
JANE B. RULE

Roy G. Bennett
ROY G. BENNETT

Subscribed and sworn to before me this 28 day of January, A.D., 1988.

Edward W. Hine
NOTARY PUBLIC

My Commission Expires: 7-17-88

Subscribed and sworn to before me this 28 day of January, A.D., 1988.

Barbara Rogers
NOTARY PUBLIC

My Commission Expires: 9-10-91

EXHIBIT 1

LAST WILL AND TESTAMENT OF GERTRUDE PAULINE BENNETT

I, Gertrude Pauline Bennett, now residing at 327 Oriel Street, Nashville, Tennessee, hereby revoking all other Wills by me at any time heretofore made, do hereby make, publish and declare this to be my last Will and Testament.

BOOK 7464 PAGE 35

I appoint my son, Roy Gayden Bennett, as Executor of this my last Will and Testament and expressly excuse him from furnishing bond in such capacity.

I give, devise and bequeath all of my property, real, personal or mixed to my husband James Howard Bennett for and during his life time and at his death to be divided equally among my three children, Roy Gayden Bennett, Gene Bennett and Jane Bennett Rule, share and share alike, to be their property absolutely.

WITNESS MY HAND at Nashville, Tennessee this 2nd day of November, 1964.

Gertrude Pauline Bennett

On this 2nd day of November, 1964, Gertrude Pauline Bennett executed the foregoing instrument as her last Will and Testament, and we, at her request, in her sight and presence, and in the sight and presence of each other have signed our names as attesting witnesses.

_____ ADDRESS 405 Stahlman Bldg.

_____ ADDRESS " "

EXHIBIT 2

BOOK 7464 PAGE 36

Metropolitan Government of Nashville and Davidson County

Richard H. Fulton, Mayor

E. M. BISTOWISH, M.D., REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY

JAN 19 1981

J. M. Bistowish, M.D

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

006030

BECOMES A LEGAL ID WHEN PROPERLY EXE-) AND FILED.

OR PRINT IN AMENT BLACK INK.

DECEASED

RESIDENCE WHERE DE- D LIVED. IF DEATH OC- D IN INSTITUTION, GIVE ENCE BEFORE ADMIS-

PARENTS AND INFORMANT

T REQUIRED PRIOR TO PORTATION OF BODY BY ON CARRIER OR RE- FROM STATE.

DISPOSITION

CERTIFIER

ATH NOT ATTENDED BY CIAN. AUTHORIZED OFFI- IGN HERE. ANY PHYSI- OR MEDICAL EXAMINER TING CERTIFICATE MUST ETE AND SIGN MEDICAL FICATION WITHIN 72 POWER OF SIGNATURE T BE DELEGATED.

REGISTRAR

BIRTH NO. _____ STATE FILE NO.

1. DECEASED—NAME: GENE BENNETT			2. DATE OF DEATH: December 31, 1980
3a. AGE—LAST BIRTHDAY (YEARS): 46	3b. UNDER 1 YEAR: MONTHS / DAYS	3c. UNDER 1 DAY: HOURS / MINS.	4. DATE OF BIRTH: December 11, 1934
5. RACE: White	6. SEX: Male		
7a. COUNTY OF DEATH: Davidson	7b. CITY, TOWN OR LOCATION: Nashville	7c. INSIDE CITY LIMITS: Yes	7d. HOSPITAL OR OTHER INSTITUTION—NAME: Vanderbilt Hospital
7e. IF HOSP. OR INST.: Inpatient			
8. STATE OF BIRTH: Tennessee	9. CITIZEN OF WHAT COUNTRY: U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Widowed	11. SURVIVING SPOUSE:
12a. SOCIAL SECURITY NUMBER: [redacted]-6932	12b. SERVICE: No	13a. USUAL OCCUPATION: Carpenter	13b. KIND OF BUSINESS OR INDUSTRY: Earl Shacklett
14a. RESIDENCE—STATE: Tennessee	14b. COUNTY: Davidson	14c. CITY, TOWN, OR LOCATION: Nashville	14d. STREET AND NUMBER: 327 Oriel Dr.
14e. INSIDE CITY LIMITS: Yes	14f. CENSUS TRACT NO.		
15. FATHER—NAME: James H. Bennett	16. MOTHER—MAIDEN NAME: Gertrude Hays	17. INFORMANT—NAME: Roy Bennett	MAILING ADDRESS: 347 Gillette Rd.
18a. BURIAL, CREMATION, REMOVAL, OTHER: Burial	18b. DATE: Jan. 2, 81	18c. CEMETERY OR CREMATORY—NAME: Hermitage	18d. LOCATION: Hermitage, Tenn.
19a. FUNERAL DIRECTOR: [signature]	19b. LICENSE NO.: 2846	19c. EMBALMER: [signature]	19d. LICENSE NO.: 2520
20. FUNERAL HOME—NAME AND ADDRESS: Hibbett&Hailey Donelson, Tn. 37214	21a. REGISTRAR—SIGNATURE: Esther D. Groh	21b. DATE RECEIVED BY LOCAL REGISTRAR: 1-19-81	
22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSES STATED. SIGNATURE: Richard L. Gibson DEGREE			22b. DATE SIGNED: 1/12/81
23a. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSES STATED. SIGNATURE TITLE			23b. DATE SIGNED
24a. CERTIFIER—NAME (TYPE OR PRINT): Richard L. Gibson, M. D.	24b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Nashville, Tennessee		

25. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

(a) IMMEDIATE CAUSE: Tricyclic overdose — INTERVAL BETWEEN ONSET AND DEATH:

DUE TO, OR AS A CONSEQUENCE OF: (b)

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: DUE TO, OR AS A CONSEQUENCE OF: (c)

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) — 26. AUTOPSY

27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED:	27b. DATE OF INJURY:	27c. HOUR: M.	27d. DESCRIBE HOW INJURY OCCURRED:
27e. INJURY AT WORK:	27f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC.:	27g. LOCATION: STREET OR R.F.D. NO. / CITY OR TOWN / STATE	

08-018 (4/80)

EXHIBIT 3

Metropolitan Government of Nashville and Davidson County

Bill Boner, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

ESTHER D. GROH, LOCAL REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY

NOV 24 1987

Esther D. Groh

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

3705351

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT BLACK INK.

BIRTH NO _____ STATE FILE NO

DECEASED

1. DECEASED—NAME: JAMES HOWARD BENNETT
2. DATE OF DEATH (MONTH, DAY, YEAR): Nov. 13, 1987
3a. AGE—LAST BIRTHDAY (YEARS): 82
4. DATE OF BIRTH (MONTH, DAY, YEAR): Aug. 18, 1905
5. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)): White
6a. ORIGIN OR DESCENT (ITALIAN, MEXICAN, GERMAN, ETC. (SPECIFY)): American
6. SEX: Male
7a. COUNTY OF DEATH: Davidson
7b. CITY, TOWN OR LOCATION: Nashville
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.): General Hospital
7e. IF HOSP OR INST (ENTER CODE): Inpatient
8. STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY): Tenn.
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME):
12a. SOCIAL SECURITY NUMBER (IF NONE SPECIFY): [redacted]-3605
12b. SERVICE IN ARMED FORCES (SPECIFY ANY OR DATES OF SERVICE): No
12c. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED): Painter
12d. KIND OF BUSINESS OR INDUSTRY: Self
13a. RESIDENCE—STATE: Tenn.
13b. COUNTY: Davidson
13c. CITY, TOWN, OR LOCATION: Nashville
13d. STREET AND NUMBER: 2606 Grandview Ave.
13e. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
13f. CENSUS TRACT NO:

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

PARENTS AND INFORMANT

14. FATHER—NAME: William Telford Bennett
15. MOTHER—MAIDEN NAME: Mary Ella Carlton
16. INFORMANT—NAME: Roy Bennett
17. MAILING ADDRESS: 347 Gillette Drive Nashville, Tenn.

PERMIT REQUIRED PRIOR TO TRANSPORTATION OF BODY BY COMMON CARRIER OR REMOVAL FROM STATE

DISPOSITION

18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial
18b. DATE (MONTH, DAY, YEAR): 11-16-87
18c. CEMETERY OR CREMATORY—NAME: Hermitage Memorial Gardens
18d. LOCATION (CITY OR TOWN, STATE): Hermitage, Tenn.
19a. FUNERAL DIRECTOR (SIGNATURE): Herman Ellis
19b. LICENSE NO: 1600
19c. EMBALMER (SIGNATURE): William R. Appleton
19d. LICENSE NO: 3310
20. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Woodbine Funeral Home Nashville, Tenn.
21. REGISTRAR—SIGNATURE: Esther D Groh
21b. DATE RECEIVED BY LOCAL REGISTRAR: 11-24-87

CERTIFIER

22a. PHYSICIAN—CERTIFY THAT THE DEATH OCCURRED AT THE PLACE ON THE DATE AND DUE TO THE CAUSE(S) STATED—SIGNATURE: [signature] DEGREE:
22b. DATE SIGNED (MONTH, DAY, YEAR): 11-19-87
23a. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED—SIGNATURE: TITLE:
23b. DATE SIGNED (MONTH, DAY, YEAR):

IF DEATH NOT ATTENDED BY PHYSICIAN AUTHORIZED OFFICIAL SIGN HERE ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS POWER OF SIGNATURE CANNOT BE DELEGATED

24. CERTIFIER—NAME (TYPED OR PRINT): Brenda Butka, M. D.
24a. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Nashville, TN.

CAUSE

25. PART I. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
(a) IMMEDIATE CAUSE: Cardiopulmonary arrest
DUE TO, OR AS A CONSEQUENCE OF
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)
PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (d):
INTERVAL BETWEEN ONSET AND DEATH:
AUTOPSY (YES OR NO):
26. ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED (SPECIFY):
27a. DATE OF INJURY (MONTH, DAY, YEAR):
27b. HOUR:
27c.
27d. DESCRIBE HOW INJURY OCCURRED:
27e. INJURY AT WORK (SPECIFY YES OR NO):
27f. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (SPECIFY)):
27g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE):

PH 1659
Rev 9-81 CRC

202-06-003