THIS INSTRUMENT WAS PREPARED BY

David Coleman, Attorney, 9000 E. Church St., Brentwood, TN

Address New Owner	Send Tax Bills To	Map/Parcel
Harold Gordon Hutson Route 2, Box 474½ Burns, TN 37029	Same	Map 61-10 Par 107 12DZ-11970

AFFIDAVIT OF HEIRSHIP

(Executed pursuant to T.C.A., Section 31-2-310 et.seq.)

FROM: Jewell Marie Hutson

TO: Harold Gordon Hutson
Shirley Doris Talbert
Martha Marie Whitehead

RE: Land in Davidson County, Tennessee, being Lot No. 67 on the Plan of Maplewood Heights Subdivision, as of record in Book 547, Pages 77 and 78, Register's Office for said County.

Said Lot No. 67 fronts 100 feet on the westerly side of Saunders Avenue, and runs back between parallel lines 300 feet to a dead line.

Being 3858 Saunders Avenue, Inglewood, Tennessee.

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

Affiants, being first duly sworn according to law, depose and state:

1. Our parents, Jace Austin Hutson and wife, Jewell Marie Hutson, acquired the aforementioned property by deed from N. H. Hutson dated January 6, 1959, of record in Book 2861, Page 345, Register's Office for Davidson County, Tennessee.

2. Our father, Jace Austin Hutson, died in Davidson County, Tennessee, on November 3, 1981, intestate. A copy of his death certificate is attached as Exhibit "A". All debts and inheritance taxes if owing, have been paid. Our mother, Jewell Marie Hutson, became the sole owner of said property as surviving tenant by the entireties.

3. Jewell Marie Hutson died in Davidson County, Tennessee, on December 21, 1987. A copy of her death certificate is attached as Exhibit "B". She was unmarried at the time of her death.

4. The said Jewell Marie Hutson left a paper writing purporting to be her Last Will and Testament, a copy of which is attached hereto and marked Exhibit "C", wherein the property was largely divided equally between us, her three children. We hereby elect to take said property under the laws of Descent and Distribution. All debts and inheritance taxes if owing, have been paid. The personal property was distributed to our satisfaction as the beneficiaries.

5. The subject property aforementioned is not the principal place of residence for either of us. We are the only 3 children of Jewell Marie Hutson and each of us is over eighteen years old.

Further Affiants saith not.

Witness our hands on this 22 day of April, 1988.

Harold Gordon Hutson
HAROLD GORDON HUTSON

Shirley Doris Talbert
SHIRLEY DORIS TALBERT

Martha Marie Whitehead
MARTHA MARIE WHITEHEAD

Sworn to and subscribed before me,
this 22 day of April, 1988.

David Coleman
NOTARY PUBLIC

My commission expires: 5/13/89

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named Harold Gordon Hutson, Shirley Doris Talbert and Martha Marie Whitehead, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that they executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Brentwood, Tennessee, this 22 day of April, 1988.

David Coleman
NOTARY PUBLIC

My commission expires: 5/13/89.

Metropolitan Government of Nashville and Davidson County

Richard H. Fulton, Mayor

EXHIBIT A

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

NOV 12 1981

J. M. Bistowish, M.D.

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

BOOK 7524 PAGE 882

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.

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CAUSE

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

BIRTH NO. _____ STATE FILE NO.

1. DECEASED—NAME (FIRST, MIDDLE, LAST): Jace Austin Hutson
2. DATE OF DEATH (MONTH, DAY, YEAR): 11-3-81
3a. AGE—LAST BIRTHDAY (YEARS): 68
3b. UNDER 1 YEAR: MOS. / DAYS
3c. UNDER 1 DAY: HOURS / MIN.
4. DATE OF BIRTH (MONTH, DAY, YEAR): June 13, 1913
5. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)): White
6. SEX: Male
7a. COUNTY OF DEATH: Davidson
7b. CITY, TOWN OR LOCATION: Madison
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.): Nashville Memorial
7e. IF HOSP. OR INST., INDICATE DOA, OUTPATIENT, OR EMERGENCY (SPECIFY): In-Patient
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Tenn
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Jewel Browning
12a. SOCIAL SECURITY NUMBER (IF NONE, SPECIFY): [redacted]-5939
12b. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE): No
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Retired
13b. KIND OF BUSINESS OR INDUSTRY: Davidson Co Hwy Dept
14a. RESIDENCE—STATE: Tenn
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: Nashville
14d. STREET AND NUMBER: 3858 Saunders Avenue
14e. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
14f. CENSUS TRACT NO.
15. FATHER—NAME: Noah Henry Hutson
16. MOTHER—MAIDEN NAME: Mattie Ensey
17. INFORMANT—NAME, MAILING ADDRESS: Harold G. Hutson, Burns, Tenn
18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial
18b. DATE (MONTH, DAY, YEAR): 11-4-81
18c. CEMETERY OR CREMATORY—NAME: Spring Hill
18d. LOCATION (CITY OR TOWN, STATE): Nashville, Tenn
19a. FUNERAL DIRECTOR (SIGNATURE): Maude M. Robinson
19b. LICENSE NO.: 348
19c. EMBALMER (SIGNATURE): J R Bass
19d. LICENSE NO.: 2947
20. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Phillips-Robinson Co., Nashville, Tn
REGISTRAR—SIGNATURE: Marguerite M Bynum
21b. DATE RECEIVED BY LOCAL REGISTRAR: 11-12-81
22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE, DEGREE: Wendell W Wilson
22b. DATE SIGNED (MONTH, DAY, YEAR): 11-9-81
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 CAUSE(S) STATED. SIGNATURE, TITLE
23b. DATE SIGNED (MONTH, DAY, YEAR)
24a. CERTIFIER—NAME (TYPE OR PRINT): Wendell W. Wilson, M. D.
24b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Old Hickory, Tenn.

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

(a) IMMEDIATE CAUSE: Cerebral Hemorrhage — 5 hrs.
DUE TO, OR AS A CONSEQUENCE OF:
(b) CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: Malignant Hypertension — 5yrs
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): Uremia

26. AUTOPSY (YES OR NO): No

27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)
27b. DATE OF INJURY (MONTH, DAY, YEAR)
27c. HOUR
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)

CMC

HSD-01R (3/80)

Metropolitan Government of Nashville and Davidson County

Bill Boner, Mayor

EXHIBIT B

FREDIA S. WADLEY, M.D.
LOCAL REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY, TN

JAN 28 1988

Fredia S Wadley, 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.

BOOK 7524 PAGE 883

8706329

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT BLACK INK.

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

BIRTH NO. _____ STATE FILE NO.

DECEASED

1. DECEASED—NAME: Jewell Marie Hutson
2. DATE OF DEATH: December 21, 1987
3a. AGE—LAST BIRTHDAY (YEARS): 69
3b. UNDER 1 YEAR (MONTHS)
3c. UNDER 1 DAY (HOURS)
4. DATE OF BIRTH: 12/6/18
5. RACE: White
6. ORIGIN OR DESCENT: American
7. SEX: Female
7a. COUNTY OF DEATH: Davidson
7b. CITY, TOWN OR LOCATION: Madison
7c. INSIDE CITY LIMITS: yes
7d. HOSPITAL OR OTHER INSTITUTION: Nashville Memorial
7e. inpatient
8. STATE OF BIRTH: Tennessee
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Widowed
11. SURVIVING SPOUSE: None
12a. SOCIAL SECURITY NUMBER: [redacted]-3580
12b. SERVICE IN ARMED FORCES: No
13a. USUAL OCCUPATION: Housewife
13b. KIND OF BUSINESS OR INDUSTRY: N/A

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

14a. RESIDENCE—STATE: Tennessee
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: Nashville
14d. STREET AND NUMBER: 3858 Saunders Ave
14e. yes
14f. CENSUS TRACT NO.

PARENTS AND INFORMANT

15. FATHER—NAME: John Carroll Browning
16. MOTHER—MAIDEN NAME: Margaret N. Russell
17. INFORMANT—NAME: Harold Hutson
MAILING ADDRESS: Route #2 Box 474-1/2 Burns TN 37029

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

DISPOSITION

18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial
18b. DATE: 12/23/87
18c. CEMETERY OR CREMATORY—NAME: Spring Hill
18d. LOCATION: Nashville TN
19a. FUNERAL DIRECTOR: Garner Robinson
19b. LICENSE NO.: 347
19c. EMBALMER: Jeff Croy
19d. LICENSE NO.: 3867
20. FUNERAL HOME—NAME AND ADDRESS: Phillips-Robinson Co., Nashville, TN
21. REGISTRAR—SIGNATURE: Esther D. Groth
DATE RECEIVED BY LOCAL REGISTRAR: Jan 28 1988

CERTIFIER

22a. PHYSICIAN—I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSES STATED. SIGNATURE: Jones Moore MD DEGREE
22b. DATE SIGNED: 1-22-88
23a. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSES STATED. SIGNATURE TITLE
23b. DATE SIGNED
24a. CERTIFIER—NAME (TYPE OR PRINT): Dr. Jones Moore, M.D.
24b. MAILING ADDRESS: 620 Gallatin Rd. Madison TN 37115

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.

CAUSE

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

(a) IMMEDIATE CAUSE: Cardiopulmonary arrest — ~20 min.
(b) DUE TO, OR AS A CONSEQUENCE OF: Cardiac arrhythmia — ~25 min.
(c) DUE TO, OR AS A CONSEQUENCE OF: Cardiomyopathy with cardiomegaly — 10+ yrs.

CONDITIONS IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a). — AUTOPSY (YES OR NO): Yes

Cushing's syndrome, Hypertension, small pulmonary emboli, atherosclerosis

26. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)
27a. DATE OF INJURY
27b. HOUR
27c.
27d. DESCRIBE HOW INJURY OCCURRED
28. INJURY AT WORK (SPECIFY YES OR NO)
29. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)
30. LOCATION—STREET OR R.F.D. NO., CITY OR TOWN, STATE

PH 1659
Rev. 9-81

FILED 4/25/88 UNREGISTERED

EXHIBIT C

W-2
Duplicate

Last Will and Testament

BOOK 7524 PAGE 884

KNOW ALL MEN BY THESE PRESENTS: That I Jewell Marie Hutson of the City/Town of Nashville, County of Davidson and State of Tennessee, being of sound and disposing mind and memory, do make, publish and declare the following to be my LAST WILL AND TESTAMENT, hereby revoking all Wills by me at any time heretofore made.

FIRST: I direct my Executor, hereinafter named, to pay all my funeral expenses, administration expenses of my estate, including inheritance and succession taxes, state or federal, which may be occasioned by the passage of or succession to any interest in my estate under the terms of this instrument, and all my just debts, excepting mortgage notes secured by mortgages upon real estate.

SECOND: All the rest, residue and remainder of my estate, both real and personal, of whatsoever kind or character, and wheresoever situated, I give, devise and bequeath to my beloved husband:

_____, to be his absolutely and forever.

THIRD: If my said husband does not survive me, then I give, devise and bequeath such rest, residue and remainder of my estate to

Name _____

Address _____
Number Street City State

to be his/hers absolutely and forever.

FOURTH: I hereby appoint my husband _____ as Executor of this my LAST WILL AND TESTAMENT. If he does not survive me, then I appoint Harold Gordon Hutson (son) as Executor/Executrix. I direct that no Executor/Executrix serving hereunder shall be required to post bond.

IN WITNESS WHEREOF, I have hereunto set my hand and seal at _____

this Twelfth (12th) day of April 1985.

(sign here) Geraldine Hutson L.S.

Signed, sealed, published and declared to be her LAST WILL AND TESTAMENT by the within named Testatrix in the presence of us, who in her presence and at her request, and in the presence of each other, have hereunto subscribed our names as witnesses:

(1) Hugh D. Hutson of Nashville (City) Tennessee (State)

(2) David H. Hutson of Madison (City) Tenn. (State)

(3) Bud Weller of Madison (City) Tenn (State)

AFFIDAVBOOK 7524 PAGE 885

STATE OF Tennessee
COUNTY OF Davidson } ss:

Personally appeared (1) Martha M. Whitehead,
(2) Shirley Talbert and (3) Ray L. Head,
who being duly sworn, depose and say that they attested the said Will and they subscribed the same at the request and in the presence of the said Testatrix and in the presence of each other, and the said Testatrix signed said Will in their presence and acknowledged that she had signed said Will and declared the same to be her LAST WILL AND TESTAMENT and deponents further state that at the time of the execution of said Will the said Testatrix appeared to be of lawful age and sound mind and memory and there was no evidence of undue influence. The deponents make this affidavit at the request of the Testatrix.

(1) Martha M. Whitehead
(2) Shirley Talbert
(3) Ray L Head Nashville Tenn

Subscribed and sworn to before me this Twelfth (12th) day of April 1985.

(Notary Seal)

Geraldine Hutson
Notary Public

I, Jewel Marie Hutson

I, Jewel Marie Browning Hutson, being of sound and disposing mind and memory, do make, and declare the following to be my Last Will and Testament.

First, I direct my Executrix, and son, Harold H. Hutson to pay all my funeral expenses and any remaining debts that I may incur before my death.

This being the 12th day of April, 1985 I wish my estate to be divided between my beloved children. My son, Harold Gordon Hutson, my daughter: Martha Marie Whitehead, and daughter, Shirley Norris Talbert.

It is my wish that the

home at 3858 Saunders Ave, Nashville, Tenn. be put up for sale and sold. That the proceeds be used to pay off any remaining funeral expenses not covered by my insurance and any debts not paid at the time of my death. The money that is left is to be divided equally between my children. Harold, Martha, & Shirley.

BOOK 7524 PAGE 887

As for my personal belongings I want each child to pick out what he or she wants. Also there are some things in my home that already belongs to my children. Some of which are the freezer & dryer belonging to Shirley. Martha has some furniture upstairs & a treddle sewing machine. What possessions

~~cat~~ are ~~left~~ are to be sold at auction. The equipment which my husband, Austin, bought to be used outside in the yard and Garden, is to be sold and the money divided equally between the Children.

I have two insurance polices to be used at my death. One from the County Highway Dept. & one with American National. The Metro insurance is for one thousand dollars & the American National is for five hundred. My daughter, Shirley Talbert, is named beneficiary of these policies. The policies are to go toward my funeral expenses.

BOOK 7524 PAGE 888

It also is my wish that any money that I have accumulated be taken and divided equally among my children

Jewell M Hutson April 12 - 1985

(over)

BOOK 7524 PAGE 889

24042

IDENTIFICATION REFERENCE 7609 04/25 0101 03CHECK 30.00

APR 25 9 34 AM '89

FELIX Z. WILSON II REGISTER
DAVIDSON COUNTY, TN