AFFIDAVIT OF HEIRSHIP/INHERITANCE

(Executed pursuant to T.C.A. Section 30-2-712, et. seq.)

FROM: Alfred E. Brandon (dec'd) and wife,
Clejo Brandon (dec'd)

TO: Billie H. Simpson and wife, Royce A. Simpson

RE: 3366 Mimosa Drive, Nashville, Tennessee
Property Tax Map 133-8, Parcel 6
Land in Davidson County, Tennessee, being Lot No. 118, on the Plan of Glencoe Acres, Section 1, of record in Plat Book 1835, pages 136, 137 and 138, Register's Office for Davidson County, Tennessee (to which plat reference is hereby made for a more particular description).

Said Lot No. 118 begins at a point in the northeasterly margin of Marcus Drive at the common corner of lots Nos. 118 and 129; thence with the common boundary line between lots 118 and 129, northeasterly 114.8 feet to the common rear corner of lots Nos. 118, 129, 130 and 117 on said plan; thence with the common boundary line between lots 118 and 117, southeasterly 175 feet to a point in the northwesterly margin of Mimosa Drive; thence with the margin of Mimosa Drive, southwesterly 75.3 feet to a marker; thence around a curve in a northwesterly direction 37.8 feet to a marker in the northeasterly margin of Marcus Drive; thence with the margin of said Drive northwesterly 140.5 feet to the point of beginning.

Being the same property conveyed to Alfred E. Brandon and wife, Clejo Brandon by deed from Charles F. Smith and wife, Lou Ella Smith, of record in Book 4278, Page 344, said Register's Office.

AFFIANTS, being duly sworn according to law, do hereby depose, state and say that:

1. Affiant, Billie H. Simpson, is of lawful age, and presently resides (and has for many years) at 223 Stirton Road, Nashville, Davidson County, Tennessee, with his wife, Royce A. Simpson. Billie H. Simpson personally knew the decedents, Alfred E. Brandon and wife, Clejoe Brandon, and has personal knowledge of the facts herein stated and of this family by reason of being a brother to Clejoe Brandon and brother-in-law to Alfred E. Brandon.

2. Affiant, Royce A. Simpson, is of lawful age, and presently resides (and has for many years) at 223 Stirton Road, Nashville, Davidson County Tennessee, with her husband Billie H. Simpson. Royce A. Simpson personally knew the decedents, Alfred E. Brandon and wife Clejoe Brandon, and has personal knowledge of the facts herein stated and of this family by reason of being a sister-in-law of the decedents.

3. Affiant, Melba Alexander, is of lawful age, and presently resides (and has for many years) at 2133 SAN BORN DRIVE, Nashville, Davidson County. Tennessee. Melba Alexander personally knew the decedents, Alfred E. Brandon and wife, Clejoe Brandon, and has personal knowledge of the facts herein stated and of this family of by reason of being a distant relative and friend to them for more than twenty years. Affiant, Melba Alexander,

makes oath as to the following paragraphs 5, 6 and 7 to the best of her knowledge, information and belief.

4. Alfred E. Brandon and wife, Clejoe Brandon, acquired fee simple title to the above-described property from by deed from Charles F. Smith and wife, Lou Ella Smith, of record in Book 4278, Page 344, said Register's Office. Clejoe Brandon, Lady Clejo Brandon and Clejo Brandon was one and the same person. Alfred E. Brandon and Alfred Elliott Brandon was one and the same person.

5. Alfred E. Brandon, died intestate on April 11, 1981, in Nashville, Davidson County, Tennessee where he had resided for several years prior to his death (See the Certificate of Death, a copy of which is attached hereto as Exhibit "A", and is hereby incorporated by reference). The decedent, Alfred E. Brandon was survived by his wife and widow, Clejoe Brandon, who acquired said real property by survivorship, as surviving tenant by the entirety.

6. There were no children born from the marriage of Alfred E. Brandon and Clejoe Brandon. Neither Clejoe Brandon, nor Alfred E. Brandon, had any other children, adopted or otherwise.

7. The said Clejoe Brandon died testate on January 19, 1991 (See the Certificate of Death, a copy of which is attached hereto as Exhibit "B", and is hereby incorporated by reference). She resided in Nashville, Davidson County, Tennessee at, and for several years prior to her death. The decedent, Clejoe Brandon, left a Last Will and Testament dated January 15, 1990 (a copy of which is attached hereto as Exhibit "C" and hereby incorporated by reference), devising and bequeathing all property to her brother, the said Billie H. Simpson. There were no other living brothers and/or sisters of Clejoe Brandon.

8. There are no unpaid debts nor taxes due upon the estates of the deceased.

9. The real property (described herein) of the decedent(s), (Alfred E. Brandon and wife,) Clejoe Brandon, passed to Billie H. Simpson by virtue of said Will.

10. The parties and affiants join in the execution of this instrument for the purposes of stating that the above facts are true and for the purpose of inducing the issuance of title insurance on the above-referenced property.

FURTHER, Affiants saith not.

WITNESS OUR HANDS this the 25th day of March, 1991, at office in said State and County.

Billie H. Simpson
BILLIE H. SIMPSON

Royce A. Simpson
ROYCE A. SIMPSON

Melba Alexander
MELBA ALEXANDER

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 Billie H. Simpson with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence), and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Brentwood, TN on this day; Subscribed and sworn to before me, the undersigned Notary Public on this the 25 day of March, 1991.

Tom D. Coleman
Notary Public

My commission expires: 3-3-1992.

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 Royce A. Simpson, with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence), and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Brentwood, TN on this day; Subscribed and sworn to before me, the undersigned Notary Public on this the 25th day of March, 1991.

Tom D. Coleman
Notary Public

My commission expires: 3-3-1992.

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 Melba Alexander, 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, TN on this day; Subscribed and sworn to before me, the undersigned Notary Public on this the 25 day of March, 1991.

Tom D. Coleman
Notary Public

My commission expires: 3-3-1992.

This instrument was prepared by:
DAVID COLEMAN, Attorney
9000 East Church Street B-102
Brentwood, TN 37027

Metropolitan Government of Nashville and Davidson County

Richard H. Fulton, Mayor

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

APR 22 1981

J. M. Bertolotti, M.D.

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

EXHIBIT "A"

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 8316 PAGE 42

8101728

IS BECOMES A LEGAL CORD WHEN PROPERLY EXE- TED AND FILED.

PE OR PRINT IN RMANENT BLACK INK.

DECEDENT

AL RESIDENCE WHERE DE- SED LIVED. IF DEATH OC- RED IN INSTITUTION, GIVE IDENCE BEFORE ADMIS- N.

PARENTS AND INFORMANT

MIT REQUIRED PRIOR TO NSPORTATION OF BODY BY MON CARRIER OR RE- AL FROM STATE

DISPOSITION

CERTIFIER

EATH NOT ATTENDED BY SICIAN, AUTHORIZED OFFI- SIGN HERE. ANY PHYSI- OR MEDICAL EXAMINER CUTING CERTIFICATE MUST PLETE AND SIGN MEDICAL IFICATION WITHIN 48 S. POWER OF SIGNATURE OT BE DELEGATED.

CAUSE

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

BIRTH NO. _____ STATE FILE NO. _____

1. DECEDENT—NAME: AIFRED ELLIOTT BRANDON
2. DATE OF DEATH: April 11, 1981
3a. AGE—LAST BIRTHDAY: 76
3b. UNDER 1 YEAR: MONTHS / DAYS
3c. UNDER 1 DAY: HOURS / MINUTES
4. DATE OF BIRTH: March 5, 1905
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: Baptist Hospital
7e. Inpatient
8. STATE OF BIRTH: Tenn.
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married
11. SURVIVING SPOUSE: Clejo Simpson
12a. SOCIAL SECURITY NUMBER: 410-28-8979
12b. SERVICE IN ARMED FORCES: No
13a. USUAL OCCUPATION: Attendant
13b. KIND OF BUSINESS OR INDUSTRY: Hospital
14a. RESIDENCE—STATE: Tenn.
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: Nashville
14d. STREET AND NUMBER: 3366 Mimosa Dr.
14e. INSIDE CITY LIMITS: Yes
14f. CENSUS TRACT NO.:
15. FATHER—NAME: Elvis N. Brandon
16. MOTHER—MAIDEN NAME: Maude Elliott
17. INFORMANT—NAME: Wife
MAILING ADDRESS: Same
18a. BURIAL, CREMATION, REMOVAL, OTHER: Burial
18b. DATE: 4-14-81
18c. CEMETERY OR CREMATORY—NAME: Riverside
18d. LOCATION: Woodbury, Tenn.
19a. FUNERAL DIRECTOR: Herman Potts
19b. LICENSE NO.: 1600
19c. EMBALMER: William R. Appleton
19d. LICENSE NO.: 3310
20. FUNERAL HOME—NAME AND ADDRESS: Woodbine Funeral Home Nashville, Tenn.
21. REGISTRAR—SIGNATURE: Esther D. Hyde
21a. DATE RECEIVED BY LOCAL REGISTRAR: 4-22-81
22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE: Fredric E Condren DEGREE: MD
22b. DATE SIGNED: 4/17/81
22c. 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: DATE:
22d. DATE SIGNED:
23a. CERTIFIER—NAME (TYPE OR PRINT): Fredric E Condren
24a. MAILING ADDRESS: 345 24th Ave N Nashville Tenn 37203
25. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	a Arteriosclerotic Heart Disease	9 yrs
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST	b Congestive Heart Failure	24 hrs
	c Upper Gastrointestinal Hemorrhage	48 hrs

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a).
Diabetes mellitus
26. AUTOPSY (YES OR NO): No
27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)
27b. DATE OF INJURY
27c. HOUR
27d. DESCRIBE HOW INJURY OCCURRED
27e. INJURY AT WORK
27f. PLACE OF INJURY
27g. LOCATION

FORMS RSD 55-10
SD 1-10

RECORDER'S MEMO
LEGIBILITY OF WRITING, DATA or Printing in This Document Unsatisfactory When Received.

Metropolitan Government of Nashville and Davidson County

Bill Boner, Mayor

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

EXHIBIT "B"

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.

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

910047

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): LADY CLEJO BRANDON
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): JANUARY 19, 1991
4. SOCIAL SECURITY NUMBER: [redacted]-3087
5. AGE - LAST BIRTHDAY (Years): 84
6. DATE OF BIRTH: NOV.1,1906
7. BIRTHPLACE (City and State or Foreign Country): WOODBURY, TENNESSEE
8. WAS DECEDENT EVER IN US ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [X] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): GOOD SAMARITAN CONVALESCENT CENTER
9c. CITY, TOWN, OR LOCATION OF DEATH: ANTIOCH
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): WIDOWED
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): HOUSEWIFE
12b. KIND OF BUSINESS/INDUSTRY: SELF
13a. RESIDENCE - STATE: TENN.
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 3366 MIMOSA DRIVE
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37211
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No; if yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [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): 8; College (1-4 or 5+):

NAME OF DECEDENT (To be completed by physician or institution)

PARENTS

17. FATHER'S NAME (First, Middle, Last): LAWTON SIMPSON
18. MOTHER'S NAME (First, Middle, Maiden, Surname): LUCY ELIZABETH CONLEY

INFORMANT

19a. INFORMANT'S NAME (Type/Print): BILLY H. SIMPSON
19b. RELATIONSHIP TO DECEASED: BROTHER
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 223 STIRTON RD., NASHVILLE, TN 37210

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): RIVERSIDE CEMETERY
20c. LOCATION - City or Town, State: WOODBURY, TENNESSEE
21a. SIGNATURE OF FUNERAL DIRECTOR: Herman Potts
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 1466
21c. SIGNATURE OF EMBALMER: William L. Clayton
21d. LICENSE NUMBER OF EMBALMER: 3310
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODBINE FUNERAL HOME, INC. - NASHVILLE, TN; WOODBURY FUNERAL HOME - WOODBURY, TN
22b. LICENSE NUMBER OF FUNERAL HOME: 396

REGISTRAR

23. REGISTRAR'S SIGNATURE: Mary C. Pentecost
24. DATE FILED (Month, Day, Year): February 11, 1991

CERTIFIER

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: Attending physician W. Charles Joe, M.D.
25b. LICENSE NUMBER: M.D.9230
25c. DATE SIGNED (Month, Day, Year): 2/1/91
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):

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): Y. Charles Joe, M.D. 7182 Whites Creek Pk., Joelton, Tennessee 37080

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. Carcinoma of Sphenoid Sinus
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: Seizure disorder, Chronic Obstructive Pulmonary Disease, Arteriosclerotic Heart Disease, Compression Fracture of Spine, Prolapse of Uterus,

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 [X] No

30. MANNER OF DEATH: 1 [X] Natural 5 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide
31a. DATE OF INJURY (Month, Day, Year):
31b. TIME OF INJURY:
31c. INJURY AT WORK? 1 [ ] Yes 2 [X] 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):

BIRTH NO.

202-06-002 (Rev. 10/89)

RECORDER'S MEMO
Legibility of Writing, Typing or Printing in this Document Unsatisfactory When Received.

EXHIBIT "C"

Last Will and Testament

OF

CLEJOE BRANDON BOOK 8316 PAGE 44

I, CLEJOE BRANDON, domiciled in Davidson County, Tennessee, being of sound mind and disposing memory, do hereby make, publish, and declare this to be my Last Will and Testament, hereby revoking all former Wills and Codicils to Wills at anytime heretofore made by me.

ARTICLE I

I direct that all of my just debts, my funeral expenses and the costs of the administration of my estate be paid as soon as practicable after my death. My Executor or Executrix in his or her sole discretion may pay from my domiciliary estate all or any portion of the costs of ancillary administration and other similar proceedings in other jurisdictions.

ARTICLE II

I hereby will, devise, and bequeath all of my property, whether real, personal, or mixed, tangible or intangible, of whatsoever nature and wheresoever situated to Billie H. Simpson.

ARTICLE III

If Billie H. Simpson has predeceased me, then I will devise, and bequeath all of my property, whether real, personal, or mixed, tangible or intangible, of whatsoever nature and wheresoever situated to Royce Simpson.

RECORDERS MEMO
LEGIBILITY OF WRITING, TYPING OR PRINTING
THIS DOCUMENT UNSATISFACTORY WHEN RECEIVED

Clejo Brandon
Testatrix

I hereby appoint Billie H. Simpson as my Executor of this my Last Will and Testament. If he has predeceased me or is unable to serve, then I nominate and appoint Royce Simpson to serve in his stead. I authorize my Executor or my Executrix to do any and all things which are in his or her sole opinion are necessary to complete the administration and settlement of my estate. I expressly give my said Executor or Executrix power to convey land and grant title within the terms of this Will. I further direct that my Executor or Executrix to serve without bond and I waive inventory.

IN WITNESS WHEREOF, I have hereunto subscribed my name on this the 15th day of January, 1990 at Nashville, Tennessee.

Clejoe Brandon

Clejoe Brandon, Testatrix

The foregoing instrument consisting of two (2) typewritten pages was, at the date thereof, signed, published, and declared by the said CLEJOE BRANDON, as and for her Last Will and Testament, in our presence, and we, the undersigned, at her request, and in her presence, and in the presence of each other, have subscribed our signatures as witnesses, this attestation clause having been read by us and we having noted that the events herein enumerated took place as stated.

J. P. Hamilton
WITNESS

1037 McCall St. Nashville, Tn. 37211
ADDRESS

Eileen J. Allen
WITNESS

3366 Nevada Drive
ADDRESS

RECORDERS MEMO
LEGIBILITY OF WRITING, TYPING OR PRINTING
THIS DOCUMENT UNSATISFACTORY WHEN RECEIVED

simwil2

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF DAVIDSON

The undersigned, after first being duly sworn according to law, depose and say:

1. That they are adult citizens of the State of Tennessee.

2. That they witnessed the execution of the Last Will and Testament of CLEJOE BRANDON, dated the 15TH day of JANUARY, 1990, to which this affidavit is attached, and that this affidavit is being made at the request of the Testatrix, and in accordance with Tennessee Code Annotated, 32-2-110.

3. That their signatures are affixed to said Last Will and Testament, that they signed or affixed the same at the instance and at the request of the Testatrix and in her presence and in the presence of each other, at the place and on the date recited in said Last Will and Testament.

4. That the Testatrix signed said paper writing as and for her Last Will and Testament in their sight and presence.

5. That at the time they witnessed said Will, the Testatrix was, in their opinion, of sound mind.

WITNESS

WITNESS

Sworn to and subscribed before me, a Notary Public, on this the 15TH day of JANUARY, 1990.

Notary Public

My Commission Expires: 3/4/91

6376 03/26 0101 03CHECK 24.00

RECORDERS MEMO
LEGIBILITY OF WRITING, TYPING OR PRINTING
THIS DOCUMENT UNSATISFACTORY WHEN RECEIVED

01570

IDENTIF. REFERENCE

MAR 26 8 03 AM '91

FELIX Z. WILSON
DAVIDSON COUNTY TN.