BOOK 8491 PAGE 424

AFFIDAVIT OF HEIRSHIP

1289 11/21 0101 01CASH 9.00

STATE OF TENNESSEE)
)ss.
COUNTY OF Davidson)

HILDA NICHOLS, being first duly sworn and pursuant to TCA 30-2-712, deposes and makes oath that:

1. I am the sole heir-at-law of Carris Jackson, deceased, who died July 10, 1985, as evidenced by a copy of the Death Certificate attached hereto as Exhibit A.

2. That the property contained and described in the Deed attached hereto as Exhibit B, passed to me as sole heir-at-law of Carris Jackson.

And further, affiant sayeth not.

Hilda Nichols
HILDA NICHOLS

STATE OF TENNESSEE)
)ss.
COUNTY OF Davidson)

Before me, the undersigned, a notary public within and for the state and county aforesaid, personally appeared Hilda Nichols, with whom I am personally acquainted, who upon her oath acknowledged herself to be the person named herein, and that she has read and executed the foregoing instrument of her own free will.

Kerrann M. Waddell
Notary Public
My Commission Expires: April 4, 1993

6.3 6.5.7

Nov 21 2 13 PM '91

This instrument prepared by:

KEVIN S. KEY (9519)
136 Fourth Avenue South
P.O. Box 1022
Franklin TN 37065
(615) 790-2464

Metropolitan Government of Nashville and Davidson County

File #261322

Richard H. Fulton, Mayor

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

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-5313

JUL 29 1985

J. M. Bistowish M.D.

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 8491 PAGE 425

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

8503398

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT BLACK INK.

Birth No. _____ State File No. _____

DECEASED

1. Decedent—Name: First: Carris; Middle: ; Last: Jackson
2. Date of Death (Month, Day, Year): 7-10-85
3a. Age—Last Birthday (Years): 67
3b. Unit: ; 4. Date of Birth (Month, Day, Year): 12-19-1917
5. Race (White, Black, American Indian, etc.): Black
6. Origin or Descent (Italian, Mexican, German, etc.): American
7. Sex: Male
8a. County of Death: Davidson
8b. City, Town or Location: Nashville
8c. Inside City Limits (Specify Yes or No): Yes
8d. Hospital or Other Institution—Name (If not in either, give street and number): Residence-925 Wedgewood Ave
8e. If not in hospital or institution, give street address or location.
9. State of Birth (If not in U.S.A., name country): Tennessee
10. Citizen of What Country: U.S.A.
11. Married, Never Married, Widowed, Divorced (Specify): Widowed
12. Surviving Spouse (If wife, give maiden name): _____
13a. Social Security Number: 408-07-5268
13b. Usual Occupation (Give kind of work done during most of working life, even if retired): Warehouse Worker
13c. Kind of Business or Industry: _____
14a. Residence—State: Tennessee
14b. County: Davidson
14c. City, Town, or Location: Nashville
14d. Street and Number: 925-Wedgewood Ave.
14e. Inside City Limits (Specify Yes or No): Yes
14f. Census Tract No.: _____
15. Father—Name: Thomas Jackson
16. Mother—Maiden Name: Lurlie
17. Informant—Name: Hilda Nichols 925 Wedgewood Av.

PARENTS AND INFORMANT

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

DISPOSITION

18a. Burial, Cremation, Removal, Other (Specify): Burial
18b. Date: 7-15-85
18c. Cemetery or Crematory—Name: Hardgrave
18d. Location—City or Town, State: Madison Tennessee
19. Funeral Director (Signature): William H. Taylor
Licensee No.: 3285
20. Funeral Home—Name and Address: Adkins-2510 12th Av So. Nash. Tn. 37206
21. Registrar (Signature): Evelyn D. Hunt
Date Signed: 7-25-85

CERTIFIED

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.

22. Physician—I certify that the death occurred at the place, on the date, and due to the causes stated.
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: Charles W. Harlan, M.D.
Title: _____
Date Signed: 7/23/85
23a. Certifier—Name (Type or Print): CHARLES W. HARLAN, M.D.
23b. Mailing Address: 72 Hermitage Avenue Nashville TN 37210

CAUSE

24. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
Immediate Cause: (a) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE
Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last: (b) _____ (c) _____
Interval Between Onset and Death: _____
PART II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not related to cause given in PART I (d): Chronic obstructive pulmonary disease/Chronic ethanolism
25. Autopsy (Yes or No): No
26. Accident, Suicide, Homicide, or Undetermined (Specify): _____
27a. Date of Injury (Month, Day, Year): _____
27b. Hour: _____
27c. Describe How Injury Occurred: _____
27d. Injury at Work (Specify Yes or No): _____
27e. Place of Injury at Home, Farm, Street, Factory, Office Bldg., etc. (Specify): _____
27f. Location—Street or R.F.D. No., City or Town, State: _____

PH-1658 (Rev. 9/81)

202-06-002

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

EXHIBIT A

This instrument prepared by: USA Financial Services
P.O. Box 680151
Franklin, Tn, 37068

BOOK 8491 PAGE 426

DEED OF TRUST

This Indenture, Made this 30th day of October, 1991,

between

Hilda Nichols

of the County of Davidson and State of Tennessee, hereinafter called First Party, and William B. Cannon, Jr, Trustee of the County of Williamson and State of Tennessee, hereinafter called Second Party.

Witnesseth: That the First Party, for and in consideration of the sum of one dollar and the matters herein recited, has granted, bargained, sold, and conveyed, and does hereby grant, bargain, sell, and convey unto the Second Party, the following described real property and premises, to-wit: Situate in the ..... Civil District of Davidson County, Tennessee.

BEGINNING at the southeast corner of 10th Avenue South and Grove Avenue, being the northwest corner of Lot No. 1; thence with the easterly margin of 10th Avenue South, southerly 135.5 feet; thence at right angle easterly 55 feet to the line between Lots Nos. 1 and 2 in said subdivision. Thence with said line, northerly 135.5 feet to the southerly margin of Grove Avenue; thence with the margin of Grove Avenue; westerly 55 feet to the point of beginning.

BEING the same property conveyed to Hilda Nichols with Carris Jackson retaining a life estate by deed from Carris Jackson (a widower), of record in Book 5227, page 979, Register's Office for Davidson County, Tennessee.

ALSO BEING the same property conveyed to Carris Jackson and wife Margaret W. Jackson by deed from Myrtle Blackman O'Neal as of record in Book 3856, page 892, Register's Office for Davidson County, Tennessee. The said Margaret W. Jackson having since died. The said property is improved and known as 925 Grove Avenue, Nashville, Tennessee.

SUBJECT to any and all existing easements, setback lines and restrictive covenants of record in said Register's Office.

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

EXHIBIT B

This is improved property commonly known as: 925 Wedgewood Ave
Nashville, Tn 37203

Maximum Principle Indebtedness for Tennessee Recording Tax Purposes is $ 105204.60