AFFIDAVIT OF HEIRSHIP/INHERITANCE

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

FROM: Eutres Craven (dec'd) and wife,
Georgia L. Craven (dec'd)

TO: Dixie Lee Craven

7869 02/03 0101 03C

RE: 1200 Ardee Avenue, Nashville, Tennessee
Property Tax Map 61-15, Parcel 121

Land in Davidson County, Tennessee, being Lot No. 1 of Block "D" on the Map of the Subdivision of Sunnymeade, of record in Book 974, pages 56 and 57, Register's Office for Davidson County, Tennessee (to which plat reference is hereby made for a more particular description).

Said Lot No. 1 fronts 50 feet on the south side of Ardee Avenue and runs back between parallel lines along the east margin of Williams Terrace, 140 feet to a dead line.

Being the same property conveyed to Eutres Craven and wife, Georgia L. Craven, by deed from John Richard Reynolds and wife Helen L. Reynolds, of record in Book 2278, Page 69, said Register's Office.

AFFIANT, being duly sworn according to law, does hereby depose, state and say that:

1. Affiant, Dixie Lee Craven, is of lawful age, and presently resides (and has for several years) at 1200 Ardee Avenue, Nashville, Davidson County, Tennessee. Dixie Lee Craven personally knew the decedents, Eutres Craven and wife, Georgia L. Craven, and has personal knowledge of the facts herein stated and of this family by reason of being their daughter.

2. Eutres Craven and wife, Georgia L. Craven, acquired fee simple title to the above-described property from by deed from John Richard Reynolds and wife, Helen L. Reynolds, of record in Book 2278, Page 69, said Register's Office. Eutres Craven and Eutres "Cotton" Craven was one and the same person.

3. Eutres Craven, died intestate on December 10, 1987, in Nashville, Davidson County, Tennessee where he had resided for several years prior to his death (See the Death ~~Notice~~ CERTIFICATE OF, a copy of which is attached hereto as Exhibit "A", and is hereby incorporated by reference). The decedent, Eutres Craven was survived by his wife and widow, Georgia L. Craven, who acquired said real property by survivorship, as surviving tenant by the entirety. D.L.C.

4. There was one child born from the marriage of Eutres Craven and wife, Georgia L. Craven, namely Dixie Lee Craven. Neither Eutres Craven nor Georgia L. Craven, had any other children, adopted or otherwise. Eutres Craven and wife, Georgia L. Craven were continuously married until his death, from May 4, 1954 (date of deed) to December 10, 1987.

5. The said Georgia L. Craven, died testate on November 6, 1988 (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 1200 Ardee Avenue for several years prior to her death. The decedent, Georgia L. Craven, left a Last Will and Testament dated March 14, 1988 [which has been probated and filed in Will Book 175, page 90, Probate (County) Court Clerk's Office for Davidson County, Tennessee, devising and bequeathing all property to her daughter, the said Dixie Lee Craven.

7. There are no unpaid debts nor taxes due upon the estates of the deceased; Affiant does not know of the existence of any unrevoked wills of either of the decedents other than the one referenced herein. Affiant is presently unmarried.

8. The real property (described herein) of the decedent(s), (Eutres Craven and wife,) Georgia L. Craven, passed to Dixie Lee Craven by virtue of said Will.

9. Affiant executes 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.

10. Affiant will, and does hereby agree to save, hold harmless and indemnify Lawyers Title Insurance Corporation from any loss or expense (specifically including, but not limited to, court costs and attorneys fees) arising by reason of claims (whether valid or not) against said Estates of Eutres Craven and/or Georgia L. Craven, both deceased.

FURTHER, Affiant saith not.

WITNESS MY HAND this the 3rd day of February, 1992, at office in said State and County.

Dixie Lee Craven
DIXIE LEE CRAVEN

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 Dixie Lee Craven, 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, on this day; Subscribed and sworn to before me, the undersigned Notary Public on this the 3 day of FEBRUARY, 1992.

David Coleman
Notary Public

DAVID COLEMAN NOTARY PUBLIC AT LARGE STATE OF TENNESSEE

My commission expires: 5/22/93.

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

6123c

IDENTIFICATION

FEB 3 3 20 PM '92

DAVIDSON COUNTY, TN

BOOK 8541 PAGE 836

EXHIBIT "A"

SUMNER COUNTY HEALTH DEPARTMENT

GALLATIN — 452-4811
411 SOUTH WATER
P.O. BOX 899
GALLATIN, TN. 37066

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

S BECOMES A LEGAL ORD WHEN PROPERLY EXE- ED AND FILED.

E OR PRINT IN MANENT BLACK INK.

DECEASED

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

PARENTS AND INFORMANT

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

DISPOSITION

CERTIFIER

EATH NOT ATTENDED BY SICIAN, AUTHORIZED OF- AL SIGN HERE. ANY SICIAN OR MEDICAL EX- NER EXECUTING CER- CATE MUST COMPLETE SIGN MEDICAL CER- CATION WITHIN 48 URS. POWER OF NATURE CANNOT BE EGATED.

CAUSE

1-13

BIRTH NO. _____ STATE FILE NO.

1. DECEASED—NAME (FIRST / MIDDLE / LAST): Eutres (none) Craven				2. DATE OF DEATH (MONTH, DAY, YEAR): December 10, 1987	
3a. AGE—LAST BIRTHDAY (YEARS): 79	3b. UNDER 1 YEAR (MOS. / DAYS) / UNDER 1 DAY (HOURS / MIN.)	4. DATE OF BIRTH (MONTH, DAY, YEAR): 10/30/08	5a. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)): White	5b. ORIGIN OR DESCENT—ITALIAN, MEXICAN, GERMAN, ETC (SPECIFY): American	6. SEX: Male
7a. COUNTY OF DEATH: Sumner	7b. CITY, TOWN, OR LOCATION: Hendersonville	7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes	7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, NURSING HOME, STREET, ETC.): Hendersonville Hospital	7e. IF HOSP. OR INST., INPATIENT OR OP/Emer. Rm., Inpatient (Specify): ER	
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Missouri	9. CITIZEN OF WHAT COUNTRY: USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married	11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Georgia Lawson		
12a. SOCIAL SECURITY NUMBER (IF NONE, SPECIFY): [redacted]-2775	12b. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE): Yes-WWII	13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Antique Cabinet Maker	13b. KIND OF BUSINESS OR INDUSTRY: Self-Employed		
14a. RESIDENCE—STATE: Tennessee	14b. COUNTY: Davidson	14c. CITY, TOWN, OR LOCATION: Nashville	14d. STREET AND NUMBER: 1200 Ardee Ave.	14e. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes	14f. CENSUS TRACT NO.
15. FATHER—NAME: Avner A. Craven	16. MOTHER—MAIDEN NAME: Donnie Belle Griggs	17. INFORMANT—NAME: Dixie Lee Craven	MAILING ADDRESS: 1200 Ardee Ave.		
18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial	18b. DATE (MONTH, DAY, YEAR): 12/14/87	18c. CEMETERY OR CREMATORY—NAME: National	18d. LOCATION: Madison	CITY OR TOWN	STATE: TN
19a. FUNERAL DIRECTOR (SIGNATURE): Garner Robinson	19b. LICENSE NO.: 347	19c. EMBALMER (SIGNATURE): Jeff Croy	19d. LICENSE NO.: 3867		
20. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Phillips-Robinson Co., Nashville, TN	21a. REGISTRAR—SIGNATURE: Naomi Jones, L.R.	DEGREE	21b. DATE RECEIVED BY LOCAL REGISTRAR: Jan. 13, 1988		
22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE: [illegible] M.D.			22b. DATE SIGNED (MONTH, DAY, YEAR): Dec. 31 1987		
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): Dr. Kenneth Freeman	24b. MAILING ADDRESS (STREET OR R.F.D. NO.): c/o Hendersonville Hospital	CITY OR TOWN: HV., Tenn.	STATE	ZIP: 37075	

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): Death in E. R.
DUE TO, OR AS A CONSEQUENCE OF (b):
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: Bus 2° to Cabin Vis. collapse
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) — AUTOPSY (YES OR NO) 26.

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

This is to certify that the above is a true and correct copy of the record filed with the Division of Vital Records, Tennessee Department of Health and Environment by the local health department. This is valid only when the embossed seal of the issuing local health department is affixed.

Naomi W. Jones, Local Registrar
Naomi W. Jones, Local Registrar

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

8541 PAGE 837 EXHIBIT "B"

STATE OF TENNESSEE
DEPARTMENT OF HEALTH AND ENVIRONMENT
CORDELL HULL BUILDING
NASHVILLE, TENNESSEE 37219-5402

I hereby certify the below to be a true and correct copy of the official document on file in this department. Valid ONLY when embossed seal of the Tennessee Department of Health and Environment and red imprinted signature of the State Registrar are affixed.

JUL 13 1991

Paula Taylor
Paula Taylor
State Registrar

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

BIRTH NO. _____ STATE FILE NO. 88-039903

1. DECEASED—NAME (FIRST, MIDDLE, LAST): Georgia Lee Craven
2. DATE OF DEATH (MONTH, DAY, YEAR): November 6, 1988
3a. AGE—LAST BIRTHDAY (YEARS): 76
3b. UNDER 1 YEAR: MOS. / DAYS
3c. UNDER 1 DAY: HOURS / MIN.
4. DATE OF BIRTH (MONTH, DAY, YEAR): 7/7/12
5a. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)): White
5b. ORIGIN OR DESCENT (ITALIAN, MEXICAN, GERMAN, ETC. (SPECIFY)): American
6. SEX: Female
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 Hosp.
7e. IF HOSP. OR INST. (Indicate DOA, DOR, Emerg. Rm., Inpatient) (Specify): D.O.A
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Kentucky
9. CITIZEN OF WHAT COUNTRY: U.S.A
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): None
12a. SOCIAL SECURITY NUMBER (IF NONE, SPECIFY): 409-24-7137
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): Beautician
13b. KIND OF BUSINESS OR INDUSTRY: Beauty Shop
14a. RESIDENCE—STATE: Tennessee
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: Nashville
14d. STREET AND NUMBER: 1200 Ardee Ave
14e. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
14f. CENSUS TRACT NO.:
15. FATHER—NAME: George Lawson
16. MOTHER—MAIDEN NAME: Effie Wherry
17. INFORMANT—NAME: Dixie Craven
MAILING ADDRESS: 1200 Ardee Ave.
18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial
18b. DATE (MONTH, DAY, YEAR): 11/8/88
18c. CEMETERY OR CREMATORY—NAME: National
18d. LOCATION (CITY OR TOWN, STATE): Madison, TN
19a. FUNERAL DIRECTOR (SIGNATURE): Robb Robinson
19b. LICENSE NO.: 346
19c. EMBALMER (SIGNATURE): Jeff Croy
19d. LICENSE NO.: 3867
20. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Phillips-Robinson Co. / Nashville, TN
21a. REGISTRAR—SIGNATURE: Mary C. Pentecost
21b. DATE RECEIVED BY LOCAL REGISTRAR: Nov. 14, 1988
22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE AND DUE TO THE CAUSE(S) STATED. SIGNATURE: [signature] DEGREE: MD
22b. DATE SIGNED (MONTH, DAY, YEAR): 11/9/88
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): Dr John Chauvin
24b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 4777 Andrew Jackson Parkway Hermitage, TN

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)	Congestive Heart Failure	
DUE TO, OR AS A CONSEQUENCE OF: (b)	Extreme Heart Disease	
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). 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):

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