PREPARED BY: WILLIAM D. CASTLEMAN, 110 GLANCY STREET, SUITE 112
GOODLETTSVILLE, TN 37072

04202
IDENTIF. & REFERENCE 47

AFFIDAVIT OF HEIRSHIP
AND
INDEMNITY AGREEMENT

94 JAN -5 AM 10:48

FELIX [illegible] REGISTER
DAVIDSON COUNTY, TN.

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

BOOK 9210 PAGE 674

The undersigned, being the only heirs-at-law and the only beneficiaries under the Last Will and Testament of Mary Frances Irwin, after being duly sworn, make affidavit under oath as follows:

1. That on November 6, 1970, by deed of record in Book 4461, page 635, Register's Office for Davidson County, Tennessee, Elsie S. Ewing, a widow, conveyed to Isaac H. Irwin and wife, Mary F. Irwin, as tenants by the entirety, a certain tract or parcel of land in Davidson County, Tennessee, being a house and lot at 3816 Burrus Avenue, Nashville, Tennessee, said property being more specifically and particularly described as follows, to-wit:

LAND in Davidson County, Tennessee, described as follows:

BEING the southerly 75 feet of Lot 68, on the map of the subdivision of the Maplewood Home Tract, as of record in Book 421, page 174, Register's Office for said County.

2. That Isaac H. Irwin, a/k/a Isaac Henry Irwin, Sr., died intestate on April 1, 1976, survived by his wife, Mary F. Irwin, a/k/a Mary Frances Irwin, at which time ownership and title to the said property became vested in Mary F. Irwin, as surviving tenant by the entirety. A copy of the death certificate of Isaac H. Irwin, a/k/a Isaac Henry Irwin, Sr., is attached as Exhibit A.

3. That Mary F. Irwin, a/k/a Mary Frances Irwin, died testate on August 24, 1993, leaving a Last Will and Testament dated February 20, 1986. A copy of the death certificate of Mary F. Irwin, a/k/a Mary Frances Irwin, and a copy of the Last Will and Testament of Mary Frances Irwin are attached as Exhibits B and C respectively.

4. That there were four (4) children born to Isaac H. Irwin, Sr. and Mary F. Irwin during their respective lifetimes, namely, Isaac H. Irwin, Jr., Tandy L. Irwin, Mary A. Calhoun and Charles A. Irwin, who died in infancy without issue.

5. That the Last Will and Testament of Mary Frances Irwin, attached as Exhibit C, provides that the decedent's real and personal property be sold and that the proceeds from the said sale be divided among Isaac H. Irwin, a/k/a Isaac H. Irwin, Jr., Tandy L. Irwin and Mary A. Calhoun, in substantially equal shares.

6. That the beneficiaries under the Last Will and Testament of Mary Frances Irwin are the same as her heirs-at-law, whose names, addresses and telephone numbers appear as follows:

A. Isaac H. Irwin, Jr.
1004 Curdwood Blvd.
Nashville, TN 37216
Phone: (615) 226-3009

B. Tandy L. Irwin
1602 Lee Jones Road
Adams, TN 37010
Phone: (615) 696-2924

C. Mary A. Calhoun
1560 Providence Road
Lebanon, TN 37087
Phone: (615) 374-2435

7. By agreement of the heirs and beneficiaries of the decedent's estate, the property at 3816 Burrus Avenue, Nashville, Tennessee, was sold at auction sale by Feller Brown Realty & Auction Co. on November 6, 1993, at which sale, the property was purchased by Lucy H. Johnson and Nathaniel B. Johnson, Jr. for a purchase price of $40,000.00.

8. That the said sale was a commercially reasonable sale and that the undersigned specifically approve all matters relating to the said sale.

9. That the said Last Will and Testament of Mary Frances Irwin was never filed for probate, nor was there an administration of her estate, but that all debts, taxes and other obligations owing by Mary Frances Irwin, during her lifetime or by reason of her death, have been fully paid and satisfied.

10. That an examination of the title to the real property at 3816 Burrus Avenue, Nashville, Tennessee, reveals a Deed of Trust executed by Mary F. Irwin, a widow, to Billy W. Graves, Trustee, of record in Book 5900, page 494, Register's Office for Davidson County, Tennessee, to secure to Friendly Loan & Thrift, Inc. one note dated June 17, 1982, in the original principal amount of $3,564.00 payable in thirty-six (36) monthly installments of $99.00 each; that the said Friendly Loan & Thrift, Inc. is now out of business; but, that the indebtedness, as shown in the said Deed of Trust, was fully paid and satisfied by Mary F. Irwin during her lifetime.

11. That to induce the buyers of the property at 3816 Burrus Avenue, Nashville, Tennessee, to consummate the sale and transfer of the said property, and that to induce First

American Title Insurance Company to issue an owner's title insurance policy to Nathaniel B. Johnson, Jr. and wife, Lucy H. Johnson, the undersigned agree to indemnify and hold harmless Nathaniel B. Johnson, Jr. and wife, Lucy H. Johnson, and First American Title Insurance Company from any cost, expense or judgment relating to any claim, demand or suit involving the estate of Mary Frances Irwin, and in particular the failure to probate or administer the said estate, including any claims or debts, taxes or other obligations owing by Mary F. Irwin during her lifetime or by reason of her death, and from any claim, demand or suit relating to the payment of any moneys claimed owing under that Deed of Trust executed by Mary F. Irwin, a widow, to Billy W. Graves, Trustee, of record in Book 5900, page 794, Register's Office for Davidson County, Tennessee, to secure to Friendly Loan & Thrift, Inc. one note dated June 17, 1982, in the original principal amount of $3,564.00, including the reasonable attorneys' fees, court costs and other litigation expenses that may be incurred by Nathaniel B. Johnson, Jr., Lucy H. Johnson and/or First American Title Insurance Company, Inc.

Isaac H. Irwin Jr.
ISAAC H. IRWIN, JR.

Tandy L. Irwin
TANDY L. IRWIN

Mary A. Calhoun
MARY A. CALHOUN

Sworn to and subscribed before me on this the 21st day of December, 1993.

NOTARY PUBLIC

My Commission Expires: 9/17/97

6043 01/05 0101 03CHECK 32.00

EXHIBIT A

RAY BLANTON
GOVERNOR

STATE OF TENNESSEE
DEPARTMENT OF PUBLIC HEALTH
NASHVILLE 37219

Eugene W. Fowinkle, M.D., M.P.H.
Commissioner

APR 19 1976

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 Public Health and multi-color seal of State Registrar are affixed.

EUGENE W. FOWINKLE, M.D., M.P.H.
Commissioner

BOOK 9210 PAGE 677

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH — FILE NO.
VITAL RECORDS

BIRTH NO.

DECEASED — NAME (FIRST, MIDDLE, LAST)
1. ISAAC HENRY IRWIN SR.

DATE OF DEATH (MONTH, DAY, YEAR)
2. April 1, 1976

RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY))
3. White

SEX
4. Male

AGE — LAST BIRTHDAY (YEARS)
5a. 63

UNDER 1 YEAR — MOS. / DAYS
5b.

UNDER 1 DAY — HOURS / MIN.
5c.

DATE OF BIRTH (MONTH, DAY, YEAR)
6. May 27, 1912

COUNTY OF DEATH
7a. Davidson

CITY, TOWN, OR LOCATION OF DEATH
7b. Nashville

INSIDE CITY LIMITS (SPECIFY YES OR NO)
7c. Yes

HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
7d. Baptist Hospital

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)
8. Tennessee

CITIZEN OF WHAT COUNTRY
9. USA

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
10. Married

SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
11. Mary Harris

SOCIAL SECURITY NUMBER
12a. [redacted]-1579

SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE)
12b.

USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)
13a. Welding Instructor

KIND OF BUSINESS OR INDUSTRY
13b.

RESIDENCE — STATE
14a. Tennessee

COUNTY
14b. Davidson

CITY, TOWN, OR LOCATION
14c. Nashville

INSIDE CITY LIMITS (SPECIFY YES OR NO)
14d. Yes

STREET AND NUMBER
14e. 3816 Burrus St.

FATHER — NAME
15. William Irwin

MOTHER — MAIDEN NAME
16. Dora Cook

INFORMANT — NAME
17. Mary Harris Irwin

MAILING ADDRESS
Nashville, Tn.

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

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE
(a) [illegible]
10 Hours

DUE TO, OR AS A CONSEQUENCE OF:
(b) [illegible]
10 Hours

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)
19a.

IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
19b.

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)
20a.

DATE OF INJURY (MONTH, DAY, YEAR)
20b.

HOUR
20c. M.

HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20d.

INJURY AT WORK (SPECIFY YES OR NO)
20e.

PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)
20f.

LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)
20g.

PHYSICIAN — CERTIFICATION
I ATTENDED THE DECEASED AND DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
SIGNATURE
DEGREE
DATE SIGNED (MONTH, DAY, YEAR)
21a.
21b.

MEDICAL EXAMINER — CERTIFICATION
ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.
SIGNATURE
TITLE
DATE SIGNED (MONTH, DAY, YEAR)
22a.
22b.

CERTIFIER — NAME (TYPE OR PRINT)
23a. Dr. Peter R. Kaplan

MAILING ADDRESS (STREET OR R.F.D. NO. / CITY OR TOWN / STATE / ZIP)
23b. 21st & Hayes Medical Bldg. Nashville, Tenn.

BURIAL, CREMATION, REMOVAL (SPECIFY)
24a. Burial

DATE (MONTH, DAY, YEAR)
24b. 4-3-76

CEMETERY OR CREMATORY — NAME
24c. Mt. Hope

LOCATION (CITY OR TOWN / STATE)
24d. Franklin, Tennessee

FUNERAL HOME — NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
25. Franklin Memorial Chapel Franklin, Tenn.

REGISTRAR — SIGNATURE
26. [illegible]

DATE RECEIVED BY LOCAL REGISTRAR
26a. APR 15 76

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

Metropolitan C ernm— EXHIBIT B ' Davic n County

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

SEP 3 1993

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 9210 PAGE 678

9304367

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT: For use by physician or medical examiner

DECEDENT

1. DECEDENT'S NAME: Mary Frances Irwin
2. SEX: Female
3. DATE OF DEATH: August 24, 1993
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-8718
5a. AGE - LAST BIRTHDAY (Years): 76
5b. UNDER 1 YEAR: MOS. / DAYS / HOURS / MIN.
6. DATE OF BIRTH: July 9, 1917
7. BIRTHPLACE: Nashville, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH: 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other
9b. FACILITY NAME: Nashville Memorial Hospital
9c. CITY, TOWN OR LOCATION OF DEATH: Madison
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS: Married / Never Married / Widowed / Divorced: Widowed
11. SURVIVING SPOUSE:
12a. DECEDENT'S USUAL OCCUPATION: Nurse
12b. KIND OF BUSINESS/INDUSTRY: Nursing Home
13a. RESIDENCE - STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 3816 Burrus St.
DENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37216
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [ ] No
15. RACE - American Indian, Black, White, Etc.: White
16. DECEDENT'S EDUCATION: Elementary/Secondary (0-12): 12 / College (1-4 or 5+):

PARENTS

17. FATHER'S NAME: Lee Henley Harris
18. MOTHER'S NAME: Bessie Hull

INFORMANT

19a. INFORMANT'S NAME: Mary A. Calhoun
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS: 1516 Providence Rd. Lebanon, TN 37087

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other
20b. PLACE OF DISPOSITION: Mt. Hope Cemetery
20c. LOCATION - City or Town, State: Franklin, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Donald Carrison
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4308
21c. SIGNATURE OF EMBALMER: ▶ Glen Grant
21d. LICENSE NUMBER OF EMBALMER: 3285
22a. NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Company, 2707 Gallatin Road, Nashville, TN 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 331

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Marsha H. Biggerstaff
24. DATE FILED: September 1, 1993

PHYSICIAN / MEDICAL EXAMINER

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 [ ] SIGNATURE AND TITLE OF PHYSICIAN: ▶
25b. LICENSE NUMBER:
25c. DATE SIGNED:
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date 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:

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): Dr. Verne Allen, 310 25th Ave., North, Nashville, TN

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)

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Cardiorespiratory arrest — 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. Stroke — 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: Hiatal Herniation

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 [ ] No

30. MANNER OF DEATH: 1 [X] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
31a. DATE OF INJURY:
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.:
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

BIRTH NO.

PH 1650
REV. 1/89

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

EXHIBIT C

Last Will and Testament

OF

MARY FRANCES IRWIN BOOK 9210 PAGE 679

* * * * * * * *

I, MARY FRANCES IRWIN, a resident of Davidson County, Tennessee, being of sound mind and disposing memory, do hereby make, publish and declare this to be my Last Will and Testament and hereby revoke all other wills or codicils thereto, heretofore made by me.

ARTICLE I

I direct that my Executrix hereinafter named, or my contingent Executor, if he is called on to serve, pay out of my general estate, all my just debts, expenses of my last illness, my funeral expenses and all expenses of administration, including any estate or inheritance tax that may be charged against my estate, all of the above without any allocation to or reimbursement from any devisee, legatee or beneficiary.

ARTICLE II

I direct that my Executirx or my contingent Executor whoever serves, sell all of my real and personal property, including automobiles and that the proceeds from said sale or sales along with all other cash on hand, in banks and monies from every source and after the payment of all the items of expense in administering my estate as set out in Article I, above, be equally divided, share and share alike between my three children, Isaac H. Irwin, Tandy L. Irwin and Mary A. Calhoun. Should any of my above named children predecease me, such deceased child's share is to go the issue per stires of such deceased child.

ARTICLE III

I hereby name my daughter, Mary A. Calhoun, as Executrix of this my Last Will and Testament and because of my confidence in

her, she is to serve without bond. Should my said daughter predecease me or should she for any reason be unable or unwilling to serve, I name as contingent Executor, my son, Isaac H. Irwin, and if he is called on to serve, he is to serve without bond,

IN WITNESS WHEREOF, I have hereunto subscribed my name to this my Last Will and Testament on this 20th day of February, 1986, consisting of three (3) typewritten pages including the attestation clause and an Affidavit which I have requested the attesting witnesses to execute.

Mary Frances Irwin
Mary Frances Irwin, Testatrix

The foregoing instrument was signed, published and declared by the Testatrix, Mary Frances Irwin, as and for her Last Will and Testament in the sight and presence of us and each of us and we at the same time at her request and in her sight and presence and in the sight and presence of each other and believing her to be of sound mind have hereunto subscribed our names as attesting witnesses on this 20th day of February, 1986.

Diana L. Dalton
Signature of witness

Signature of witness

A F F I D A V I T

STATE OF TENNESSEE

COUNTY OF DAVIDSON

We, the undersigned, being first duly sworn, make oath; that the Testatrix, Mary Frances Irwin, on the 20th day of February, 1986 declared and signified to us the foregoing instrument to be her Last Will and Testament; that she then signed said instrument in our sight and presence; that we at her request and in her sight and presence and in the sight and presence of each other then subscribed our names thereto as attesting witnesses; that at the time of her execution

of the foregoing instrument, Mary Frances Irwin, was more than 18 years of age and we believed her to be of sound mind; that we, the undersigned, each being more than 18 years of age and under no legal disability now make and sign this Affidavit at the request of the Testatrix on the day and date above written.

Affiant

Affiant

Sworn to and subscribed before me
this 10th day of February, 1986.

Notary Public

My commission expires 7/17/88