Prepared by:

Luvell L. Glanton
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915 Jefferson Street
Nashville, Tennessee 37208

BOOK 10426 PG 939

MAIL ENV.

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AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE
COUNTY OF DAVIDSON

2820 04/24 0101 03CHECK 12.00

William Woodard, being first duly sworn according to law, states that he is a person of lawful age, that he is and has been for the last 30 years a resident of Nashville, Davidson County, Tennessee, and that he further deposes and states as follows:

1. William Woodard and Carmen Woodard, husband and wife, were jointly owners of the property listed below and recorded by Deed of Trust in Book 4532, Page 245, Register's Office.

2. Carmen Woodard died on October 22, 1971 intestate.

3. I am the sole surviving heir to the Estate of Carmen Woodard and as such I am the rightful owner the property described below:

BEING Lot No. 97 and the northerly 20 feet of Not No. 98, Harris Addition of Edgefield, as of record in Book 21, Page 100, Register's Office for said County, described as follows:

Beginning at a point in the westerly margin of North 2nd Street, at the common corner of Lots 96 and 97; thence with the line between said lots, westerly 136.96 feet, more or less, to the easterly margin of an alley; thence with the same, south 6 degrees 16' west 55.13 feet to a point at the beginning of a curve; thence around said curve, southeasterly 23.43 feet to a point in the northerly margin of an alley; thence with said alley, south 83 degrees 14' east 121.81 feet to a point in the westerly margin of North Second Street; thence with the same, north 6 degrees 59' east 70 feet to the point of beginning.

This is improved property known as 508 North Second St., Nashville, Tennessee 37207.

ENTERED this the 23rd day of April, 1997.

WILLIAM WOODARD

BOOK 10426 PG 940

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Subscribed and sworn to before me on this the 23rd day of April, 1997.

Notary Public

My Commission Expires: 9/27/97

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CERTIFICATE OF DEATH

State File No. [illegible]

1. NAME OF DECEASED (First) Carmen (Middle) Taylor (Last) Woodard
2. DATE OF DEATH (Month) (Day) (Year) October 22, 1971
3. PLACE OF DEATH (County) Liberty
City or Town Fort Stewart
Name of Hosp. or Institution US Army Hospital
4. RESIDENCE (Where deceased lived) State Georgia County Liberty
City or Town Hinesville
Street Address or R.F.D. and Box No. 810 Taylor Street
5. SEX F
6. COLOR Neg
7. MARITAL STATUS Married
8. DATE OF BIRTH 24 October 1935
9. AGE (In years) 35
10. IF UNDER 1 YEAR (Months) (Days)
11. IF MARRIED (Husband or Wife) William Woodard
12. USUAL OCCUPATION Housewife
13. KIND OF BUSINESS Domestic
14. WAS DECEASED EVER IN U.S. ARMED FORCES? No
15. SOCIAL SECURITY NO. 000-02-0000
16. FATHER'S NAME Rolland Taylor
17. MOTHER'S MAIDEN NAME Frances Cooper
18. INFORMANT Doris Jackson Sister
19. INFORMANT'S ADDRESS 810 Taylor Street, Hinesville, Ga.
20. PLACE OF BURIAL Dorchester Funeral Home
21. LOCATION Midway, Georgia
22. DATE OF BURIAL 22 October 71
23. NAME OF CEMETERY New Home
24. LOCATION (City or County) (State) Fleming, Liberty Co., Ga.
25. FUNERAL DIRECTOR George M. Lipton MD
26. LICENSE NO. 1626
27. DATE FILED 22 Oct 1971
28. CAUSE OF DEATH: Pulmonary Embolism
Due to: Classic parenteritis
Due to (c):
Due to (b):
Due to (a):
29. OTHER SIGNIFICANT CONDITIONS contributing to death but not related to the terminal disease conditions given in Item 28.
30. AUTOPSY? No
31. ACCIDENT / SUICIDE / HOMICIDE
32. HOW INJURY occurred (e.g., in or about home, factory, street, office bldg., etc.)
33. INJURY OCCURRED (Date) (Hour) (AM or PM)
34. (CITY OR TOWN) (COUNTY) (STATE)
35. TIME OF DEATH (Month) (Day) (Year) (Hour)
36. HOW DID INJURY occur?
37. I saw body of deceased at this address on the date stated above. 30 Oct 1971
38. I last saw the deceased alive on 22 October 71
39. Death occurred on the date stated above at 1:45P
40. To the best of my knowledge death occurred due to the cause and on the date stated above. George M Lipton
41. SIGNATURE OF PHYSICIAN GEORGE M. LIPTON MD
42. ADDRESS DEAH-Ft Stewart, Ga.
43. DATE SIGNED 22 Oct 1971
44. REGISTRAR'S SIGNATURE Mrs. B.A. Daniel

THIS CERTIFICATE CAREFULLY

This is to certify that this is a true and correct copy of the certificate filed with the Vital Records Service, Georgia Department of Human Resources. This certified copy is issued under the authority of Chapter 88-17, Vital Records, Code of Georgia, annotated, as amended.

Mildred R Jarvis
State Vital Records Registrar and Custodian
Director, Vital Records Service

Issued by

Date Issued
(Void without original signature and impressed seal.)

RECORDER'S MEMO
LEGIBILITY OF WRITING, TYPING OR PRINTING IN THIS DOCUMENT UNSATISFACTORY WHEN RECEIVED