THIS INSTRUMENT PREPARED BY:

JAMES A. CARNEY
Attorney at Law
905 Stahlman Building
Nashville, Tennessee 37201

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

DELORES WILLIAMSON, being first duly sworn according to law, makes oath as follows:

1. That she is familiar with the family history of Henry Crutcher, deceased, owner of record of the below described property:

> Land in Davidson County, Tennessee, being Lot No. 61 on the Plan of D.T. McGavock's Addition to Nashville, as of record in Book 21, page 64, Register's Office for Davidson County, Tennessee.
>
> Said Lot No. 61 fronts 50 feet on the easterly side of Fourth Avenue North and extends back between parallel lines with the southerly margin of Coffee Street 161 feet to an alley.
>
> Being the same property conveyed to Henry Crutcher by deed from John R. Parker, Trustee, of record in Book 5851, page 656, Register's Office for Davidson County, Tennessee.

2. That the said Henry Crutcher died intestate in Davidson County, Tennessee on the December 7, 1956, as evidenced by a certified copy of a death certificate attached hereto, and the real property owned by him at the time of his death was located in Davidson County, Tennessee as referred to above;

3. That his wife, Anna M. Crutcher, predeceased him;

4. That Henry Crutcher left surviving four (4) children; namely, Barbara J. Martin, Doris E. Mabry, Vinnie L. Joyner and Betty A. Thomas, the only children born to Henry Crutcher;

5. That said decedent left no other children or adopted children, or descendants of adopted or deceased children;

6. That the affiant is over 21 years of age;

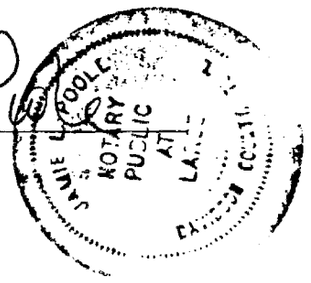
7. That said decedent left no will or other testamentary instrument; and

FURTHER AFFIANT SAITH NOT.

Delores Williamson
DELORES WILLIAMSON

Sworn to and subscribed before me this 10th day of November, 1997.

Jamie L. Poole
NOTARY PUBLIC



My Commission Expires:

My Commission Expires JULY 28, 2001

0374357
IDENTIF. & REFERENCE

97 DEC -1 AM 9:51
FELIX Z. [illegible] REGISTER
DAVIDSON COUNTY, TN.

PICK-UP

4888 12/01 0101 01CASH 12.00

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

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

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 10700 PG 296

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

8606247

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT BLACK INK.

BIRTH NO. _____ STATE FILE NO.

DECEASED

1. DECEASED—NAME: FIRST HENRY; MIDDLE; LAST CRUTCHER, JR.
2. DATE OF DEATH (MONTH, DAY, YEAR): December 7, 1986
3a. AGE—LAST BIRTHDAY (YEARS): 74
3b. UNDER 1 YEAR: MOS. / DAYS
3c. UNDER 1 DAY: HOURS / MIN.
4. DATE OF BIRTH (MONTH, DAY, YEAR): 5-16-12
5. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)): Black
6. ORIGIN OR DESCENT (ITALIAN, MEXICAN, GERMAN, ETC. (SPECIFY)): American
5. SEX: Male
7a. COUNTY OF DEATH: Davidson
7b. CITY, TOWN OR LOCATION: Nashville
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.): VA Medical Center
7e. IF HOSP OR INST: INDICATE DOA, OP/Emer Rm., Inpatient (Specify): Inpatient
8. STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY): Tennessee
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Divorced
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME):

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

12a. SOCIAL SECURITY NUMBER (IF NONE, SPECIFY): [redacted]-8277
12b. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE): WW II
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Cook
13b. KIND OF BUSINESS OR INDUSTRY:
14a. RESIDENCE—STATE: Tennessee
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: Nashville
14d. STREET AND NUMBER: 1834 4th Ave. N.
14e. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
14f. CENSUS TRACT NO.:

PARENTS AND INFORMANT

15. FATHER—NAME: Henry Crutcher, Sr.
16. MOTHER—MAIDEN NAME: Kate Wilson
17. INFORMANT—NAME: VA Files
MAILING ADDRESS: Nashville, TN

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

DISPOSITION

18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial
18b. DATE (MONTH, DAY, YEAR): 12-11-86
18c. CEMETERY OR CREMATORY—NAME: National
18d. LOCATION: CITY OR TOWN: Nashville; STATE: TN
19a. FUNERAL DIRECTOR (SIGNATURE):
19b. LICENSE NO.:
19c. EMBALMER (SIGNATURE):
19d. LICENSE NO.:
20. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Johnson's House of Atena Nashville, TN
21. REGISTRAR—SIGNATURE: Esther D. Gross
21b. DATE RECEIVED BY LOCAL REGISTRAR: 2-19-87

CERTIFIER

22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE ON THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE: [signature] DEGREE: M.D. DATE SIGNED (MONTH, DAY, YEAR): 22b.
22a. 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: DATE SIGNED (MONTH, DAY, YEAR): 23b.

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.

24a. CERTIFIER—NAME (TYPE OR PRINT): ROGER M. DES PREZ M.D.
24b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 1310 24th Ave. S. Nashville TN 37203

CAUSE

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): Cardiopulmonary arrest on arrival
DUE TO, OR AS A CONSEQUENCE OF (b): Probable aspiration pneumonia
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST — DUE TO, OR AS A CONSEQUENCE OF (c): Advanced cervical spondylosis with radiculopathy

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a). AUTOPSY (YES OR NO): 26. 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:

PH-1659
Rev. 8/81 CRC

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