Prepared by John G. Doak, Sr., Attorney, 2525 Lebanon Rd, Nashville TN 37214

Affidavit of Heirship

Made Pursuant to TCA § 30-2-712

State of Tennessee
Davidson County

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The undersigned Bertha Virginia James, being of lawful age and having been duly sworn, does upon her oath, say the following:

1. That Bertha Virginia James, was born on 01/27/1927 and died intestate in Davidson County Tennessee on 09/13/1998 and was not, at the time of her death, a married person; and,

2. The said Bertha Virginia James, aka Virginia James aka Virginia M. James, at the time of her death, was the sole owner of certain real property in Davidson County Tennessee known as 2715 Nodyne Drive, Nashville TN 37214 (aka Map 96-13 Parcel 55 & Fld. Bk # 3DZ 20870) and more particularly described below; and,

3. That the said Bertha Virginia James, during her lifetime, did not adopt any children or adults and had only two natural children, the Affiant, Sherry M. Campbell and Michael Ray Atwood, both of whom survive and are her only heirs at law; and,

4. That said heirs at law have contacted and paid all creditors of the decedent whose identity has become known to them; and,

5. That the heirs at law have filed a Tennessee Inheritance Return and received the attached "Non-Taxable Certificate" from the Tennessee Department of Revenue Inheritance Tax Division.

6. That, as a result of all of the above, the Affiant Sherry M. Campbell and Michael Ray Atwood, as the sole heirs at law of Birtha Virginia James declare that they are the rightful and legal owners of the real property at 2715 Nodyne Drive, Nashville TN 37214 and which is described as follows:

> Lot 73 on the plan of Perry Heights Sub of record in Plat Book 2900 page 18 Registers Office for Davidson County Tennessee, to which plan reference is hereby made for a more particular description; and,
>
> Being the same real property conveyed to "Virginia James, unmarried" by warranty deed from Cynthia A. Knight, unmarried of record in book 10081 page 667 RODC.

I certify that I have read the foregoing Affidavit of Heirship and that the facts and representations made herein are made from my own personal knowledge and that I believe them to be true and correct.

Sherry M Campbell
Sherry M. Campbell

Sworn to and subscribed before me at Nashville in Davidson County Tennessee by Sherry M. Campbell (who provided satisfactory proof of identification before signing) on 01/ /1999.

John G. Doak
Notary Public at Large

NOTARY PUBLIC AT LARGE STATE OF TENNESSEE

Commission Expires: 03/24/2001

99 FEB -8 AM 9:33
GARRETT REGISTER
DAVIDSON COUNTY, TN.
S.R.

PICK-UP

02/08 0101 02CHECK 14.00

0546346

IDENTIF. & REFERENCE

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.

SEP 23 1998

9804518

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TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT For use by physician or institution

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1 DECEDENT'S NAME (First, Middle, Last): BERTHA VIRGINIA JAMES

2 SEX: Female

3 DATE OF DEATH (Month, Day, Year): Sept. 13, 1998

4 SOCIAL SECURITY NUMBER: [redacted]-9591

5a AGE-LAST BIRTHDAY (Years): 71

5b UNDER 1 YEAR (MOS / DAYS) 5c UNDER 1 DAY (HOURS / MIN)

6 DATE OF BIRTH (Month, Day, Year): Jan.27,1927

7 BIRTHPLACE (City and State or Foreign Country): Nashville, TN

8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No

8d PLACE OF DEATH (Check only one)
HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA
OTHER: 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)

9b FACILITY NAME (If not institution, give street and number): 2715 Nodyne Drive

9c CITY, TOWN, OR LOCATION OF DEATH: Nashville

9d COUNTY OF DEATH: Davidson

10 MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Divorced

11 SURVIVING SPOUSE (If wife, give maiden name):

12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Private duty nurse

12b KIND OF BUSINESS/INDUSTRY:

13a RESIDENCE-STATE: Tennessee

13b COUNTY: Davidson

13c CITY, TOWN OR LOCATION: Nashville

13d STREET AND NUMBER OR RURAL LOCATION: 2715 Nodyne

CENSUS TRACT

13e INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No

13f ZIP CODE: 37214

14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
Specify if yes

15 RACE-American Indian, Black, White, etc. (Specify): White

16 DECEDENT'S EDUCATION (Specify only highest grade completed)
Elementary/Secondary (0-12): 10 College (1-4 or 5+):

PARENTS

17 FATHER'S NAME (First, Middle, Last): John Henry Beazley

18 MOTHER'S NAME (First, Middle, Maiden Surname): Virginia Gertrude Wilson

INFORMANT

19a INFORMANT'S NAME (Type/Print): Sherry Campbell

19b RELATIONSHIP TO DECEASED: Daughter

19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4852 Ranier Drive
Old Hickory, TN 37138

DISPOSITION

20a METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)

20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Mt. Juliet Memorial Gardens

20c LOCATION-City or Town, State: Mt.Juliet, TN

21a SIGNATURE OF FUNERAL DIRECTOR: Elaine Coats

21b LICENSE NUMBER OF FUNERAL DIRECTOR: 2707

21c SIGNATURE OF EMBALMER: James D. (Bud) Coats

21d LICENSE NUMBER OF EMBALMER: 3482

22a NAME AND ADDRESS OF FUNERAL HOME: Mt. Juliet Funeral Home, 2250 N. Mt. Juliet Rd. Mt. Juliet, TN 37122

22b LICENSE NUMBER OF FUNERAL HOME: 382

REGISTRAR

23 REGISTRAR'S SIGNATURE: Emily Beard Brown

24 DATE FILED (Month, Day, Year): September 23, 1998

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS

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: Thomas J. O'Neill MD

25b LICENSE NUMBER: MD 26797

25c DATE SIGNED (Month, Day, Year): September 22, 1998

26a MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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 (Month, Day, Year):

27 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)

SEE INSTRUCTIONS ON OTHER SIDE

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Myocardial Infarction (presumed) — Approximate Interval Between Onset and Death: Immediate

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. 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: Hypertension

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 [X] 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 (Month, Day, Year):

31b TIME OF INJURY:

31c INJURY AT WORK? 1 [ ] Yes 2 [ ] No

31d DESCRIBE HOW INJURY OCCURRED

31e PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)

31f LOCATION (Street and Number or Rural Route Number, City or Town, State)

PH 1659
REV 2-93

BIRTH NO _____

RDA 1399

N0006801

5683603990109

TENNESSEE DEPARTMENT OF REVENUE

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ESTATE OF BERTHA V JAMES
ATTN: SHERRY M CAMPBELL
4852 RANIER DR
OLD HICKORY TN 37138

January 12, 1999

Account Type:	INHERIT TX
Account No.:	440093687
Date of Death:	SEPTEMBER 13, 1998
County:	DAVIDSON
Social Security No.:	[redacted]-9591

A sworn return for inheritance tax has been filed with this department by the representative of the above estate.

As provided in Section 67-8-420, Tennessee Code Annotated, this receipt or certificate authorizes the court of the county in which such estate was administered to permit a final settlement or accounting by the estate representative.

The liability shown to be due and paid to the State of Tennessee is denoted below:

Inheritance Tax:	$0.00
Estate Tax:	$0.00
Interest:	$0.00
Penalty:	$0.00
Total:	$0.00

DETACH BELOW AND RETAIN FOR YOUR RECORDS

TENNESSEE DEPARTMENT OF REVENUE

ESTATE OF BERTHA V JAMES
ATTN: SHERRY M CAMPBELL
4852 RANIER DR
OLD HICKORY, TN 37138

January 12, 1999

Account Type:	INHERIT TX
Account No.:	440093687
Date of Death:	SEPTEMBER 13, 1998
County:	DAVIDSON
Social Security No.:	413-22-9591

A sworn return for inheritance tax has been filed with this department by the representative of the above estate.

As provided in Section 67-8-420, Tennessee Code Annotated, this receipt or certificate authorizes the court of the county in which such estate was administered to permit a final settlement or accounting by the estate representative.

The liability shown to be due and paid to the State of Tennessee is denoted below:

Inheritance Tax:	$0.00
Estate Tax:	$0.00
Interest:	$0.00
Penalty:	$0.00
Total:	$0.00

RV-N0006801