PICK-UP

Instr:200004180038842 Page: 1 OF 3
REC'D FOR REC 04/18/2000 2:11:15PM
RECORD FEE: $14.00
M. TAX: $0.00 T. TAX: $0.00

FROM: MARY JO MAYES
TO: PAMELA ANN LEACH

ADDRESS OF NEW OWNER
Pamela Ann Leach
1500 16th Avenue North
Nashville, TN 37208

SEND TAX BILLS TO:
Same

MAP/PARCEL #
81-15-280

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Affiants, PAMELA ANN LEACH and FRANCES WOODS, after first being sworn, state that they are an adult citizens and residents of Nashville, Davidson County, Tennessee. They state that PAMELA ANN LEACH is the sole surviving child of MARY JO MAYES. FRANCES WOODS is a cousin of MARY JO MAYES and resides at 1329 Dalemere Drive, Nashville, Tennessee. They further state as follows:

1. MARY JO MAYES died on March 14, 2000. Her death certificate is attached. At the time of her death she was unmarried. She died without a will.

2. Pamela Leach is the sole surviving child of MARY JO MAYES. MARY JO MAYES had another child named Bobby Leach, but he died with no surviving children, no spouse and no will. Bobby Leach's father is deceased.

3. At the time of her death, MARY JO MAYES owned property located at 1500 16th Avenue North, Nashville, TN 37208. There was a debt on the property. The legal description of said property is as follows:

> Land in Davidson County, Tennessee, being lot No. 315 on the map of D.T. McGavock's plan of lots as of record in Book 21, page 41, Register's Office for said County to which reference is hereby made for a more complete and accurate description.
>
> BEING the same property conveyed to MARY JO MAYES by deed from Henry M. Patton, as of record in Book 0847, Page 599.

Because PAMELA ANN LEACH was the sole surviving child of MARY JO MAYES who died with no spouse and no will, this affidavit of heirship is freely given to establish that PAMELA ANN LEACH is the owner of all real and personal property owned by MARY JO MAYES at the time of her death, but particularly to show that she is the owner of the property located at 1500 16th Avenue North, Nashville, TN 37208. The Affidavit of Heirship law appears at 30-2-712 *et seq.*

No title search or survey was conducted in connection with this affidavit.

Further, affiants saith not.

Pamela Ann Leach
Affiant, PAMELA ANN LEACH

Frances Woods
Affiant, FRANCES WOODS

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public in and for said county and state, PAMELA ANN LEACH, 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, at Nashville, Tennessee, this 10 day of April, 2000.

Beverly D. Fisher
Notary Public

My Commission Expires: 5-13-2003

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public in and for said county and state, FRANCES WOODS, 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, at Nashville, Tennessee, this 10 day of April, 2000.

Beverly D. Fisher
Notary Public

My Commission Expires: 5-13-2003

This instrument prepared by:

Beverly D. Fisher, Attorney
1808 West End Avenue, Suite 1500
Nashville, TN 37203
(615) 320-4353
BPR# 6668

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): MARY JOE MAYES
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): MARCH 14, 2000
4. SOCIAL SECURITY NUMBER (of Deceased): 415-72-6566
5a. AGE-LAST BIRTHDAY (Years): 57
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): 09/17/42
7. BIRTHPLACE (City and State or Foreign Country): Nashville TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Baptist Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): N/A
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.): Factory Worker
12b. KIND OF BUSINESS/INDUSTRY: National Linen
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1500 16th Avenue North
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37208
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): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 11th; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): James Frank Green
18. MOTHER'S NAME (First, Middle, Maiden Surname): Mary Mayes

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Pamela Leach
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2121 26th Avenue North, #B-1 Nashville, Tennessee 37208

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): Greenwood Cemetery
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ► Henry L. Smith
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: #3167
21c. SIGNATURE OF EMBALMER: ► Rebecca Alli
21d. LICENSE NUMBER OF EMBALMER: #5143
22a. NAME AND ADDRESS OF FUNERAL HOME: SMITH BROTHERS FUNERAL DIRECTORS, 706 MONROE STREET, NASHVILLE, TENNESSEE 37208
22b. LICENSE NUMBER OF FUNERAL HOME: #0809

REGISTRAR

23. REGISTRAR'S SIGNATURE: Helen K. Bowers
24. DATE FILED (Month, Day, Year): April 4, 2000

CERTIFIER

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 [X] SIGNATURE AND TITLE OF PHYSICIAN ► Dana S Thompson MD
25b. LICENSE NUMBER: 022044
25c. DATE SIGNED (Month, Day, Year): 4/3/00
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): DANA S Thompson, M.D. 250 25th Ave North, Suite 410 Nashville, TN

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Paula Taylor
Paula Taylor
State Registrar

Date Issued APR 12 2000

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD