This Instrument Prepared By:
Sam Sawyer, Attorney at Law
501 North Jackson Street
Tullahoma, TN 37388

Davidson County AFFIDAVIT
Recvd: 01/22/01 14:23 4pgs
Fees:18.00 Taxes:0.00
20010122-0006479

AFFIDAVIT OF HEIRSHIP

Come PATRICIA WILSON, RAMONA SHELTON, CHERYL HUDDLESTON, and BARBARA HATHAWAY, after being duly sworn according to law, who depose and say:

1. That this Affidavit is executed by them for registration in the office of the Register of Deeds of Davidson County, Tennessee, pursuant to provisions of T.C.A. Section 30-2-712.

2. That they are the daughters and heirs at law of LULA E. HUDDLESTON who died on the 30 day of July, 19 89.

They were the only issue and heirs at law on the date of her death, pursuant to T.C.A. Section 31-2-104(b)(1).

3. That the tract of property located at 154 Fain Street, Nashville, Davidson County, Tennessee, and more particularly described as Exhibit "A", was owned by the said LULA E. HUDDLESTON at the time of her death and passed entirely to her heirs at law pursuant to the laws of descent and distribution of the State of Tennessee.

FURTHER Affiants saith not.

Patricia Wilson
PATRICIA WILSON

Ramona Shelton
RAMONA SHELTON

Mrs. Cheryl L. Huddleston
CHERYL HUDDLESTON

BARBARA HATHAWAY DECEAST

STATE OF TENNESSEE
COUNTY OF Davidson

Personally appeared before me, the undersigned authority, a Notary Public in and for the aforesaid State and County, PATRICIA WILSON, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who upon oath acknowledged that the statements contained in the foregoing Affidavit are true and correct based upon her own personal knowledge, and that she executed this instrument for the purposes therein contained.

Witness my hand and official seal this 12 day of December, 1998.

Alexis Posey
Notary Public

My Commission Expires Sept. 23, 2000

My commission expires: _____

ALEXIS J. POSEY NOTARY PUBLIC AT LARGE DAVIDSON COUNTY

STATE OF TENNESSEE
COUNTY OF Loudon

Personally appeared before me, the undersigned authority, a Notary Public in and for the aforesaid State and County, RAMONA SHELTON, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who upon oath acknowledged that the statements contained in the foregoing Affidavit are true and correct based upon her own personal knowledge, and that she executed this instrument for the purposes therein contained.

Witness my hand and official seal this 12 day of Dec, 1998.

Alexis P Cosey
Notary Public

My commission expires: My Commission Expires Sept. 23, 2000

STATE OF TENNESSEE
COUNTY OF Loudon

Personally appeared before me, the undersigned authority, a Notary Public in and for the aforesaid State and County, CHERYL HUDDLESTON, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who upon oath acknowledged that the statements contained in the foregoing Affidavit are true and correct based upon her own personal knowledge, and that she executed this instrument for the purposes therein contained.

Witness my hand and official seal this 12 day of Dec, 1998.

Alexis P Cosey
Notary Public

My commission expires: My Commission Expires Sept. 23, 2000

STATE OF OHIO
COUNTY OF _____

Personally appeared before me, the undersigned authority, a Notary Public in and for the aforesaid State and County, BARBARA HATHAWAY, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who upon oath acknowledged that the statements contained in the foregoing Affidavit are true and correct based upon her own personal knowledge, and that she executed this instrument for the purposes therein contained.

Witness my hand and official seal this _____ day of _____, 199____.

_____
Notary Public

My commission expires: _____

EXHIBIT "A"

Being part of Block "D" on the Plan of the Subdivision of the Homestead Block of the Hermitage Addition, of record in Book 57, Page 76, Register's Office for Davidson County, Tennessee, being the easterly 49 feet of Lot No. 6, the southerly part of Lot No. 7, and the westerly part of the southerly part of Lot No. 8 on the Plan of the Subdivision of said Block "D".

Being the same property conveyed to Lula E. Huddleston by deed of record in Book 3578, Page 634, Register's Office of Davidson County, Tennessee. Lula E. Huddleston is now deceased and Patricia Wilson, Ramona Shelton, Cheryl Huddleston, and Barbara Hathaway are all of her children and heirs at law.

Metropolitan Government of Nashville and Davidson County

Bill Purcell, 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.

JAN

John P. Cowan
REGISTRAR

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

89-02433

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last): Lula Elease Huddleston
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): July 30, 1989
4. SOCIAL SECURITY NUMBER: 413-16-9771
5a. AGE – LAST BIRTHDAY (Years): 73
5b. UNDER 1 YEAR – Months
5c. UNDER 1 DAY – Hours
5d. UNDER 1 DAY – Minutes
6. DATE OF BIRTH: Aug. 22, 1915
7. BIRTHPLACE (City and State or Foreign Country): Winchester, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 2432 Underwood Street
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville, Tennessee
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name): None
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Labor
12b. KIND OF BUSINESS/INDUSTRY: None
13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2432 Underwood St.
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 [ ] No
Specify, if yes
16. RACE – American Indian, Black, White, etc. (Specify): Black
15. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): X; College (1-4 or 5+):
NAME OF DECEDENT: For use by physician or medical examiner
17. FATHER'S NAME (First, Middle, Last): Aaron Staples
18. MOTHER'S NAME (First, Middle, Maiden Surname): Della Jray
19a. INFORMANT'S NAME (Type/Print): Patricia Wilson
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2432 Underwood Nashville, Tennessee
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, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR
21b. LICENSE NUMBER OF FUNERAL DIRECTOR
21c. SIGNATURE OF EMBALMER
21d. LICENSE NUMBER OF EMBALMER
22a. NAME AND ADDRESS OF FUNERAL HOME: Davis-Campbell-McClain 1404 Jefferson Street 37208
22b. LICENSE NUMBER OF FUNERAL HOME
23. REGISTRAR'S SIGNATURE: Mary C. Pentecost
24. DATE FILED (Month, Day, Year): March 6, 1990
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: B. S. Dudley, M.D.
25b. LICENSE NUMBER: 011965
25c. DATE SIGNED (Month, Day, Year): 1/29/90
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 (Month, Day, Year)
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) (Type/Print): B. S. Dudley, M.D.
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
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Cervical Cancer — DUE TO (OR AS A CONSEQUENCE OF): — 6 mos
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.
29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No
30. MANNER OF DEATH: 1 [ ] 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: M
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)
SEE INSTRUCTIONS ON OTHER SIDE

BIRTH NO.