Davidson County AFFIDAVIT
Recvd: 08/24/01 09:59 3pgs
Fees:17.00 Taxes:0.00
20010824-0091537

AFFIDAVIT OF HEIRSHIP

New Owner	Send Tax Bills To:	Map/par No.
Teresa Briggs **225 Sterry Court** **Nashville, Tennessee 37013**	**same**	050-15-0 Par 121.00

In Re: a certain tract or parcel of land in Davidson County, Tennessee, described as follows:

Land in Davidson County, Tennessee, being Lot No. 519 on the Plan of Parkwood Estates, Section 3, of record in Book 3300, page 31, Register's Office for Davidson County, Tennessee, reference to which plan is hereby made for a more complete description.

Being the same property conveyed to James Russell Callis and wife, Frances A. Callis by deed from Gaines Homes Building Corporation, which deed is dated the 5th day of June 1963 and which deed of record in Book 3581, page 387, Register's Office for Davidson County, Tennessee.

Being the same property which is the subject of restrictive covenants of record in Book 3313, page 402 Register of Deeds Office of Davidson County, Tennessee.

Being the same property which is the subject of a Full Release of Lien of record in Book 5277, page 710 of the Register of Deeds Office for Davidson County, Tennessee filed April 26, 1978 releasing a Deed of Trust of record in Book 3592, page 131 Register's Office of Davidson County, Tennessee Register's Office for Davidson County, Tennessee.

Being the same property conveyed by Jimmy Dean Callis to Teresa Briggs, Myra Callis and Chery Callis Eschbach of record in 20010824-0091535 Register's Office of Davidson County, TN.

Frances Virginia Callis having died on December 11, 2000 leaving a last will and testament admitted to probate in the Seventh Circuit Court of Davidson County, Tennessee of record in the Office of the Seventh Circuit Court under docket number 01P162

This is improved property known as 3233 Vailview Drive, Nashville, Davidson County, Tenn. 37207

Comes now, Teresa Briggs, and after first being duly sworn according to law, attests and states as follows:

1. Affiant is the daughter of Frances Adams Callis and James Russell Callis, being born of their bodies. Affiant is also the Administrator of the Estate of Frances Adams Callis.

2. The above described real property passed to Frances A. Callis upon the death of her husband, James Russell Callis, on November 13, 1982.

3. Frances Adams Callis survived James Russell Callis and Frances Adams Callis died

on December 11, 2000, unmarried, while a citizen of Davidson County, Tennessee and while owning and residing at the above described property except for absences due to illness.

4. Frances Adams Callis left a last will and testament which was admitted to Probate by the Probate Court of Davidson County, Tennessee under docket number 01P162 on February 21, 2001. A copy of the death certificate of Frances Adams Callis No. 0006729 is attached hereto and made an exhibit hereto.

5. At the time of her death, Frances Adams Callis was survived by the following children born of her body: Jimmy Dean Callis; Cheryl Callis Eschbach; Myra Callis and Teresa Briggs

6. James Dean Callis sign a written acknowledgement and receipt of distribution, prior to the death of Frances Adams Callis, his share of the estate and he did disclaim any interest in the last Will and Testament of the estate of Frances Adams Callis of December 31, 1974 or of her estate administered without a will.

7. The only lawful heirs to the Estate of the late Frances Adams Callis are the three (3) surviving children born of her body: Teresa Briggs, Myra Callis and Cheryl Eschbach.

8. All interest in the real property above described vested in the children of the late Frances Adams Callis: Teresa Briggs, Myra Callis and Cheryl Eschbach.

9. **FURTHER AFFIANT SAITH NOT.**

Teresa Briggs
Teresa Briggs

State of Tennessee)
County of Davidson)

Personally appeared before me, the undersigned authority, a Notary Public in and for the within named Teresa Briggs, the bargainor(s) 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 and official seal at office this 26th day of March 2001.

My Commission Expires: 7-13-03

Suzanne M Alexander
Notary Public

SUZANNE M. ALEXANDER NOTARY PUBLIC AT LARGE WILSON CO TENN

This instrument prepared by:
Dan R. Alexander
Attorney at Law
2016 8th Avenue South
Nashville, Tennessee 37204

Metropolitan Government of Nashville and Davidson County

Bill Purcell, Mayor

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

DEC 18 2000

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.

John [illegible] 2006129

CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK — REGISTRY NO.

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last): Frances Virginia Callie
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): December 11, 2000

DECEDENT

3a. SOCIAL SECURITY NUMBER: [redacted]755
3b. AGE-LAST BIRTHDAY (Years): 76
3c. UNDER 1 YEAR: MOS / DAYS
3d. UNDER 1 DAY: HOURS / MIN
4. DATE OF BIRTH (Month, Day, Year): May 14, 1924
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee

3e. EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No

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

5b. FACILITY NAME (If not institution, give street and number): Skyline Medical Center
5c. CITY, TOWN, OR LOCATION OF DEATH: Nashville,
5d. COUNTY OF DEATH: Davidson

6. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Widowed
7. SURVIVING SPOUSE (If wife, give maiden name):
8a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Homemaker
8b. KIND OF BUSINESS/INDUSTRY: Own Home

9a. RESIDENCE-STATE: Tennessee
9b. COUNTY: Davidson
9c. CITY, TOWN OR LOCATION: Nashville
9d. STREET AND NUMBER OR RURAL LOCATION: 3233 Valeview Dr.

CENSUS TRACT

9e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
9f. ZIP CODE: 37207
10. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No — Specify, if yes:
11. RACE-American Indian, Black, White, etc. (Specify): White
12. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12 — College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or institution

PARENTS

13. FATHER'S NAME (First, Middle, Last): John H. Adams
14. MOTHER'S NAME (First, Middle, Maiden Surname): Mary Whiteworth

INFORMANT

15a. INFORMANT'S NAME (Type/Print): James Callis
15b. RELATIONSHIP TO DECEASED: Son
15c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3233 Valeview Dr. Nashville, TN 37207

16a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
16b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Forest Lawn Cemetery
16c. LOCATION-City or Town, State: Goodlettsville, TN

FUNERAL DIRECTOR

17a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Jerry D. Briggs
17b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4179
17c. SIGNATURE OF EMBALMER: ▶ Carol Ann Manley
17d. LICENSE NUMBER OF EMBALMER: 5133

18a. NAME AND ADDRESS OF FUNERAL HOME: COLE & GARRETT FUNERAL HOME, 127 N. MAIN STREET GOODLETTSVILLE, TN 37072
18b. LICENSE NUMBER OF FUNERAL HOME: 718

REGISTRAR

19. REGISTRAR'S SIGNATURE: Teresa A. Bowles
20. DATE FILED (Month, Day, Year): December 18, 2000

PHYSICIAN

20a. 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 ▶ [signature]
20b. LICENSE NUMBER: 018526
20c. DATE SIGNED (Month, Day, Year): 12/18/00

MEDICAL EXAMINER

20a. 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 ▶
20b. LICENSE NUMBER:
20c. DATE SIGNED (Month, Day, Year):

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

21. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Dr. Carl Hampf, 2410 Patterson St. Suite 500, Nashville, TN 37203

CAUSE OF DEATH

22. 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 Hypertension — Approximate Interval Between Onset and Death: 3hrs

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.

SEE INSTRUCTIONS ON OTHER SIDE

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [ ] No
23b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

24. MANNER OF DEATH: 1 [✓] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
25a. DATE OF INJURY (Month, Day, Year):
25b. TIME OF INJURY: M
25c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No
25d. DESCRIBE HOW INJURY OCCURRED:
25e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify):
25f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

BIRTH NO

PH-1659
REV. 2-93

RDA 1399