This Instrument Prepared by:

LUVELL L. GLANTON
Attorney at Law
915 Jefferson Street
Nashville, Tennessee 37208

Davidson County AFFIDAVIT
Recvd: 05/10/02 10:27 5pgs
Fees:27.00 Taxes:0.00
20020510-0057831

AFFIDAVIT

COMES now **RALPH E. RANSOM, WANDA CANTER, PATRICIA PHY, PRESSLY T. RANSOM,JR., and BILLY GENE RANSOM,** children and heirs of **PRESSLY T. RANSOM, SR. and ROSE ANETHA RANSOM** in this cause, having been duly sworn, who would state to the court as follows:

1. My name is **Ralph E. Ransom**. I currently reside at 1957 Allison Ave., Panama City Beach, Florida 32407.

2. My name is **Wanda Canter**. I currently reside at 1301 Plymouth Dr., Nashville, Tennessee 37216.

3. My name is **Patricia Phy**. I currently reside at 2723 Nodyne Dr., Nashville, Tennessee 37214.

4. My name is **Pressly T. Ransom, Jr.** I currently reside at 1012 Green Acres Rd., Joelton, Tennessee 37080.

5. My name is **Billy Gene Ransom**. I currently reside at 203 Cude Lane, Madison, Tennessee 37115.

6. Our father, **Pressly T. Ransom, Sr.**, died on May 23rd, 1994. Attached is a copy of the death certificate.

7. Our mother, **Rose Anetha Ransom**, died on November 14th, 2001. Attached is a copy of the death certificate.

8. We are the surviving children and heirs to the Estates of Pressly T. Ransom, Sr. and Rose Anetha Ransom, and as such we are the rightful owners of the property described below:

> LAND in Davidson County, Tennessee, being the east part of Lot No. 112 on the Map of Hortense Place, as of record in Book 161, Page 167, Register's Office for Davidson County, Tennessee, and more fully described as follows:
>
> BEGINNING at the southerly margin of Elkins Avenue 50 feet easterly from the easterly margin of an alley; thence with the southerly margin of said avenue easterly 44 feet to the corner of Lots Nos. 112 and 113; thence with the line between said two lots southerly 140 feet, more or less, to the northerly margin of an alley; thence with said alley westerly 35.8 feet to a point 40 feet easterly from the easterly margin of the first mentioned alley; thence northerly 138-1/2 feet, more or less, to the beginning.
>
> BEING the same property conveyed to Pressly T. Ransom, Sr. and wife Anetha Ransom, by deed from Jesse D. Staggs, et ux, of record in Book 2488, Page 55, Register's Office for Davidson County, Tennessee.
>
> This is improved property known as 3501 Elkins Avenue, Nashville, Davidson County, Tennessee.

WITNESSED this the 2 day of April, 2002.

Ralph E. Ransom
RALPH E. RANSOM

STATE OF FLORIDA)
COUNTY OF Bay)

Sworn to and subscribed before me on
this 2 day of April, 2002.
TN 1901560 2

Christy L Coulthard
NOTARY PUBLIC
My Commission Expires:_____

CHRISTY L. COULTHARD
MY COMMISSION # DD 044935
EXPIRES: July 25, 2005
Bonded Thru Notary Public Underwriters

Wanda Canter
WANDA CANTER

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Sworn to and subscribed before me on
this 12th day of April, 2002.

NOTARY PUBLIC
My Commission Expires: 5/25/2005

Patricia A. Phy
PATRICIA PHY

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Sworn to and subscribed before me on
this 12th day of April, 2002.

NOTARY PUBLIC
My Commission Expires: 5/25/2005

PRESSLY T. RANSOM, JR.

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Sworn to and subscribed before me on this 3rd day of April, 2002.

NOTARY PUBLIC
My Commission Expires: 5/29/2005

BILLY GENE RANSOM

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Sworn to and subscribed before me on this 22nd day of March, 2002.

NOTARY PUBLIC
My Commission Expires: 7-30-05

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.

JUN 3 1994

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER 94H 02752

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Pressly T. Ransom Sr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): May23,1994
4. SOCIAL SECURITY NUMBER: [redacted]441A
5a. AGE – LAST BIRTHDAY (Years): 76
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Sep.24,1917
7. BIRTHPLACE (City and State or Foreign Country): Obion Co.
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): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Rose Anetha Hamilton
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Sales
12b. KIND OF BUSINESS/INDUSTRY: Dairy
13a. RESIDENCE – STATE: Tenn
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: NAshville
13d. STREET AND NUMBER OR RURAL LOCATION: 3501 Elkins Ave.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37209
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): ; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): James Tilfon Ransom
18. MOTHER'S NAME (First, Middle, Maiden Surname): Nora Mai Lee

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Rose Ransom
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3501 Elkins Avenue Nashville, Tn 37209

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): Woodlawn
20c. LOCATION – City or Town, State: Nashville
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Jeff Murphy
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3862
21c. SIGNATURE OF EMBALMER: ▶ Michelle Petrino
21d. LICENSE NUMBER OF EMBALMER: 4188
22a. NAME AND ADDRESS OF FUNERAL HOME: Pettus Owen & Wood 4506 Charlotte Ave. Nashville, Tn 37209
22b. LICENSE NUMBER OF FUNERAL HOME: 905

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Patricia Sauer
24. DATE FILED (Month, Day, Year): June 3, 1994

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: ▶ Palmer Clayton MD
25b. LICENSE NUMBER: MD 14538
25c. DATE SIGNED (Month, Day, Year): 5/31/94
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):

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): JOHN KEYSER, SUITE 404, 2011 CRESTMOOR, NASHVILLE TN. 37204

CAUSE OF DEATH

SEE INSTRUCTIONS ON OTHER SIDE

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. Myocardial infarction — 4 Days
DUE TO (OR AS A CONSEQUENCE OF): Coronary artery disease — Years
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): Diabetes mellitus — 2 years
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. Peripheral Vascular Disease

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 [ ] 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: 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)

BIRTH NO.

PH-1659
REV 1/99

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0106271

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Rose Anetha Ransom
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): 11/14/2001
4. SOCIAL SECURITY NUMBER (of Deceased): 413-94-6478
5a. AGE-LAST BIRTHDAY (Years): 80
5b. UNDER 1 YEAR: MOS. DAYS
5c. UNDER 1 DAY: HOURS MIN.
6. DATE OF BIRTH (Month, Day, Year): 10/21/1921
7. BIRTHPLACE (City and State or Foreign Country): Hombesk, TN.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one) HOSPITAL: 1 [ ] Inpatient 2 [X] ER/Outpatient 3 [ ] DOA OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Summit Medical Cntr.
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): widowed
11. SURVIVING SPOUSE (If wife, give maiden name): Deceased
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Homemaker
12b. KIND OF BUSINESS/INDUSTRY: Domestic
13a. RESIDENCE-STATE: TN.
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 3501 Elkins Ave.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [XX] Yes 2 [ ] No
13f. ZIP CODE: 37209
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): 7; College (1-4 or 5+): N/A

NAME OF DECEDENT: For use by physician or medical examiner

PARENTS

17. FATHER'S NAME (First, Middle, Last): James Dickson Hamilton
18. MOTHER'S NAME (First, Middle, Maiden Surname): Avis Chilton

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Billy Ransom
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 203 Cude Lane Madison, TN. 37115

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): Woodlawn Memorial Park
20c. LOCATION City or Town, State: Nashville, TN.
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Thomas H. North Jr.
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4635
21c. SIGNATURE OF EMBALMER: ▶ Michael P. Illobre
21d. LICENSE NUMBER OF EMBALMER: 5353
22a. NAME AND ADDRESS OF FUNERAL HOME: West Harpeth Funeral Home, 6962 Charlotte Pike, Nashville, TN. 37209
22b. LICENSE NUMBER OF FUNERAL HOME: 1016

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Robert W Rhodes Jr
24. DATE FILED (Month, Day, Year): November 16, 2001

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. 1 [ ] SIGNATURE AND TITLE OF PHYSICIAN: ▶ Mary Harbison MD
25b. LICENSE NUMBER: TN CR 03493
25c. DATE SIGNED (Month, Day, Year): 11/14/01
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the 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): Dr. Mary Harbison 4230 Harding Rd. Suite 601 E. Nashville, TN. 37205

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. Adenocarcinoma of the Lung — DUE TO (OR AS A CONSEQUENCE OF):
Approximate Interval Between Onset and Death: 18 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.
SEE INSTRUCTIONS ON OTHER SIDE.
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)

BIRTH NO.

PH 1658 (REV. 8/98)
RDA 1399

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 Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

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

John P. Dunn
John P. Dunn
Local Registrar

Date Issued NOV 16 2001

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

METROPOLITAN GOVERNMENT NASHVILLE AND DAVIDSON COUNTY TENNESSEE

CERTIFICATION OF VITAL RECORD