This Affidavit of Heirship Prepared By:

Pamela M. McCord
Attorney at Law
501 Union Street, Suite 503
Nashville, Tennessee 37219
(615) 256-3148

Davidson County AFFIDAVIT
Recvd: 08/09/02 15:19 3pgs
Fees:17.00 Taxes:0.00
20020809-0096610

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Comes the affiant, Joshua Alan Pierce being first duly sworn according to law, being of lawful age and a resident for the past two (2) years of Nashville, Davidson County, Tennessee and a resident of the State of Tennessee for all of my natural life pursuant to Tenn. Code Ann. Sec. 30-2-712, hereby swears to the following of his own free will and based upon his personal knowledge and familiarity:

1. James Robert Markham, Jr.(the decedent) died on May 27, 2002.

2. The decedent was an unmarried man at the time of his death. The decedent was divorced in the Circuit Court for Davidson County, Tennessee, Docket No. 91D-1339 on June 11, 1991 and did not remarry before his death.

3. The decedent died with four surviving children more specifically described below who are the only heirs-at-law of the decedent, all of whom are over eighteen (18) years of age. The decedent never gave birth to or adopted any other children.

Name	Date of Birth	SSN
James Markham, III	10/1/72	[redacted]-9360
Lonnie Michelle Markham	3/10/75	[redacted]-1351
Catherine C. Randolph	10/20/70	[redacted]-8803
Teresa Lynn Markham	12/23/79	[redacted]-7838

4. This affidavit of heirship is given for general purposes, and specifically to confirm the vesting of title in certain tracts in certain tracts or parcels of improved real property known as 1705 Lillian Street, Nashville, Tennessee (Book 5530 Page 41), more particularly described as follows:

> Land in Davidson County, Tennessee, being Lot No. 1 on the Plan of the Resubdivision of Lots 85 and 86, Edgefield Land Company's First Subdivision of record in the Book 57, page 130, Register's Office for said County, said Resubdivision being of record on Book 3500, Page 62, Register's Office for said County.
>
> Beginning on the northerly margin of Lillian Street at the corner of Lots 1 and 2; thence along the line between said lots in a northerly direction 121.38 feet to a point at the southerly margin of an alley; thence along the southerly margin of said alley, westwardly 39.7 feet to a concrete monument at the beginning of a curve; thence around said curve southwestwardly 15.48 feet to a point; thence in a southerly direction 101.06 feet along the easterly margin of the alley to a concrete monument at the beginning of a curve; thence around said curve, southeastwardly 15.85 feet to a concrete

monument on the northerly margin of Lillian Street; thence eastwardly along said margin of Lillian Street 41.07 feet to the beginning.

Being the same property conveyed to James R. Markham and wife, Emma Markham, by deed from Oplis A. Lawson, an unmarried person, as of record in Book 4558, page 946, Register's Office for Davidson County, Tennessee.

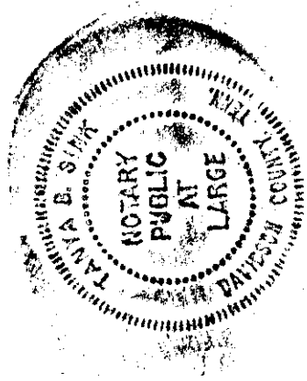
Further, affiant saith not.

Dated this 17th day of July, 2002.

Joshua A. [illegible]
Affiant

Subscribed and sworn to before me this
the 17th day of July, 2002

Tanya B. Sink
Notary Public



My commission expires: 7/27/02.

State of Tennessee)
County of Davidson)

Personally appeared before me, the undersigned, Tanya B. Sink, to me known to be the person described in and who executed to foregoing instrument, and acknowledged that he or she executed the same as his or her free act and deed.

Tanya B. Sink
Notary Public

My commission Expires: 7/27/02.

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0203035

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): James Robert Markham, Jr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): 05/27/2002
4. SOCIAL SECURITY NUMBER (for Decedent): 413-80-2259
5a. AGE-LAST BIRTHDAY (Years): 52
5b. UNDER 1 YEAR (Months)
5c. UNDER 1 DAY (Hours, Min.)
6. DATE OF BIRTH (Month, Day, Year): Apr 2, 1950
7. BIRTHPLACE (City and State or Foreign Country): Paris, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
8a. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [X] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Summit Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Hermitage
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.): Mechanic
12b. KIND OF BUSINESS/INDUSTRY: Peter Bilt, Inc.
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Wilson
13c. CITY, TOWN OR LOCATION: Mt. Juliet
13d. STREET AND NUMBER OR RURAL LOCATION: 226 North Greenhill
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37122
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
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+)

NAME OF DECEDENT: MARK-AN JAMES

PARENTS

17. FATHER'S NAME (First, Middle, Last): James Robert Markham, Sr.
18. MOTHER'S NAME (First, Middle, Maiden Surname): Emma Grace Carey

INFORMANT

19a. INFORMANT'S NAME (Type/Print): James Robert Markham, III
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 226 No. Greenhill, Mt. Juliet, TN 37122

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): Spring Hill Cemetery
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Jerry Briggs
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4179
21c. SIGNATURE OF EMBALMER: ▶ Wayne Slighter
21d. LICENSE NUMBER OF EMBALMER: 5244
22a. NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Funeral Home, 2707 Gallatin Rd., Nashville, TN 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 331

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Lee L. Bowers
24. DATE FILED (Month, Day, Year): June 4 2002

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 ▶
25b. LICENSE NUMBER
25c. DATE SIGNED (Month, Day, Year)
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 [X] SIGNATURE AND TITLE OF MEDICAL EXAMINER ▶
26b. LICENSE NUMBER: 34173
26c. DATE SIGNED (Month, Day, Year): 05/28/2002
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Feng Li, M.D., Ph.D.; 850 R.S. Gass Blvd., Nashville, TN 37216; MEC02-1333

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

CAUSE OF DEATH

SEE INSTRUCTIONS ON OTHER SIDE

26. PART I. Enter the disease, 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. Oral Facial Cancer, N.O.S. — 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.
Approximate Interval Between Onset and Death

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 [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
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. 6/99)
BIRTH NO.
RDA 1389

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.

JUN 4 2002

John P. Dunn
John P. Dunn
Local Registrar

Date Issued

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

METROPOLITAN GOVERNMENT NASHVILLE AND DAVIDSON COUNTY TENNESSEE

CERTIFICATION OF VITAL RECORD