AFFIDAVIT OF INHERITANCE OF REAL ESTATE

Address of New Owner	Send Tax Bills To	Map & Parcel No
Clellen E. Shults, Jr. Susan F. Russell 3008 McCampbell Avenue Nashville, TN. 37214	Same	96-6-135

Davidson County AFFIDAVIT
Recvd: 10/08/02 12:11 3pgs
Fees:17.00 Taxes:0.00

20021008-0122578

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

The undersigned, being duly sworn, deposes and says: Betty J. Shults, was the sole owner of the following described real estate. The said Betty J. Shults, died in Hermitage, Davidson County, Tennessee, on February 25, 2002. Said land is described as follows:

> Being Lot No. 169 on the Plan of Cloverhill Section III of record in Book 2083, page 49, Register's Office for said County, to which plan reference is here made for a more complete description.
>
> Being the same property conveyed to Betty J. Shults by Quitclaim Deed, from Clellen E. Shults, (deceased) and wife, Betty J. Shults, a widow, of record under Instrument Number 20010628-0068478 (2 pgs), Register's Office for Davidson County, Tennessee.
>
> This is improved/unimproved property known as 3008 McCampbell Avenue, Nashville, TN. 37214.

The said Clellen E. Shults, Jr. and Susan F. Russell are the children of the deceased, Betty Jean Shults, an unmarried person at the time of her death, (see attached death certificate).

The said Betty Jean Shults, died intestate with the affiants herein, Clellen E. Shults, Jr. and Susan F. Russell, receiving all of Betty Jean Shults' interests in the above described property by the Laws of Descent and Distribution of the State of Tennessee.

The Deceased was a widow, has no other issues, or adopted issues, deceased or adopted issue deceased, leaving issue.

10-4-02
Date

Clellen E. Shults, Jr.

10-4-02
Date

Susan F. Russell

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public, in and for said County and State, Clellen E. Shults, Jr. and Susan F. Russell, the within named bargainor, with whom I am personally acquainted, and who acknowledged that they executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee, this the 4th day of October, 2002.

Notary Public

My Commission Expires: 6-6-05

THIS INSTRUMENT PREPARED BY:
Richard E. Norman, Jr., Attorney at Law
4220 Nolensville Road
Nashville, TN. 37211
(615) 834-4300

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METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0200938

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): Betty JEAN SHULTS
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): February 25, 2002
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-9290
5a. AGE-LAST BIRTHDAY (Years): 61
5b. UNDER 1 YEAR: MONTHS / DAYS
5c. UNDER 1 DAY: HOURS / MINUTES
6. DATE OF BIRTH (Month, Day, Year): July 7,1940
7. BIRTHPLACE (City and State or Foreign Country): Columbia, 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): Summitt Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Hermitage
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Widowed
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.): Waitress
12b. KIND OF BUSINESS/INDUSTRY: Foods
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 3005 McCampbell Ave
CENSUS TRACT
13e. INSIDE CITY LIMITS? [X] Yes [ ] No
13f. ZIP CODE: 37214
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): 12; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or medician

PARENTS

17. FATHER'S NAME (First, Middle, Last): Homer Graves
18. MOTHER'S NAME (First, Middle, Maiden Surname): Hazel Hight

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Susan Russell
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 6001 Old Hickory Blvd, Herm.Tn. 37076

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [X] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Hermitage Crematory
20c. LOCATION-City or Town, State: Hermitage, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Brad Raines
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4992
21c. SIGNATURE OF EMBALMER:
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: Hibbett & Hailey Fun.Home 429 Donelson Pk, Nash.Tn. 37214
22b. LICENSE NUMBER OF FUNERAL HOME: 492

REGISTRAR

23. REGISTRAR'S SIGNATURE: Robert W. Rhodes Jr
24. DATE FILED (Month, Day, Year): February 26, 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 [X] SIGNATURE AND TITLE OF PHYSICIAN: Deborah Montgomery
25b. LICENSE NUMBER: 014151
25c. DATE SIGNED (Month, Day, Year): 2/25/02
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. Deborah Montgomery, 5651 Frist Blvd, Hermitage, Tn. 37076

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. End Stage Cirrhosis. 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

SEE INSTRUCTIONS ON OTHER SIDE

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

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):

TH-1659 (REV. 8/99)

BIRTH NO.

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 FEB 26 2002

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

METROPOLITAN GOVERNMENT NASHVILLE AND DAVIDSON COUNTY TENNESSEE

CERTIFICATION OF VITAL RECORD