Prepared by: Bill Hodge
136 Abbottsford
Nashville, TN
37215

AFFIDAVIT OF HEIRSHIP
(FARRIS SMITH, DECEASED)

Davidson County AFFIDAVIT
Recvd: 07/07/03 13:00 7pgs
Fees:37.00 Taxes:0.00
20030707-0093008

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

I, **Vantrese Birkla**, being duly sworn according to law, deposes and says:

1. I am an adult person born February 18, 1925, having Social Security Number [redacted]-4681, do hereby swear, state or affirm as follows:

2. My mother and my father were divorced at the time of my mother's death. My mother's name was **Farris Smith**. She died on February 5, 2003. At the time of her death, she had been single for many years. A copy of my mother's Death Certificate is attached to this Affidavit.

3. My mother, Farris Smith, had three children during her lifetime, two of whom predeceased her. The only surviving child was Vantrese Birkla. The other two children were Robert Norris Smith who died leaving one son Ronald W. Smith; and Irene Smith Russell, who died leaving two children, Richard Russell and Brenda Russell, both of whom are over eighteen years of age and are sui juris.

4. My mother, Farris Smith, owned a home at the time of her death. A copy of the deed to that house is attached hereto.

5. My mother has been married one time and one time only and that was to our father from whom she was divorced and who has since died.

6. The purpose of this affidavit is to establish ownership of the real estate which my mother owned at the time of her death, that being an undivided one third (1/3) ownership in myself; an undivided one third (1/3) ownership in Ronald W. Smith; and, an undivided one sixth (1/6) ownership in Richard Russell (who is married to Tina Russell) and an undivided one sixth (1/6) ownership in Brenda Russell (an unmarried female).

FURTHER this affiant saith not.

Vantrese Birkla

Vantrese Birkla, Affiant

SUBSCRIBED and sworn to before me this 3rd day of July 2003.

NOTARY PUBLIC

My Commission Expires: July 26, 2005

FURTHER this affiant saith not.

Old Hickory, Tenn.

WARRANTY DEED

ATTORNEYS TITLE COMPANY

For and in Consideration of the sum of TEN AND ($10.00) - DOLLARS

and other good and valuable considerations, the receipt of all of which is hereby acknowledged,

We, FRANCES CORLEY COLQUITT , LOUISE CRAIG CORLEY and C. L. FERRELL

have bargained and sold, and by these presents do transfer and convey unto the said FARRIS SMITH, her - heirs and assigns, a certain tract or parcel of land in Davidson County, State of Tennessee, described as follows, to wit:

Being Lot No. 18 of Block "C" on the Map of Subdivision No. 3, of Life & Casualty Insurance Company at Old Hickory, Tennessee, as of record in Book 974, page 11, Register's Office for said County.

Said Lot No. 18 fronts 60 feet on the northeasterly side of Becker Avenue and runs back between parallel lines 175 feet to a dead line.

The above described property is the same real estate that came to C. L. Ferrell and W. T. Corley; a one-half undivided interest is in C. L. Ferrell by deed from Sarah L. Dunaway, unmarried, of record in Book 2737, page 241, R.O.D.C., Tennessee; and the other one-half undivided interest is in Louise Craig Corley for her life or widowhood, and at her death to Frances Corley Colquitt , as devisees under the will of W. T. Corley who died testate in Davidson County, Tennessee on or about February 22, 1959, and whose will is duly recorded in Will Book 71, page 302, County Court Clerk's Office for Davidson County, Tennessee, all of the grantors herein being more than twenty-one (21) years of age and are laboring under no disabilities.

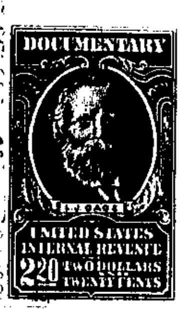
To Have and to Hold the said tract or parcel of land, with the appurtenances, estate, title and interest thereto belonging to the said Farris Smith, her - heirs and assigns, forever.

And we do covenant with the said Farris Smith - that we are lawfully seized and possessed of said land in fee simple; have a good right to convey it, and the same is unencumbered.

And we, Frances Corley Colquitt, Louise Craig Corley and C. L. Ferrell do further covenant and bind ourselves, our heirs and representatives, to warrant and forever defend the title to the said land to the said Farris Smith, her - - - - - - - - - - - - - - heirs and assigns against the lawful claims of all persons whomsoever.

Witness our hands this 30th day of June, 1959







Frances Corley Colquitt

Frances Corley Colquitt

Louise Craig Corley

Louise Craig Corley

C. L. Ferrell

C. L. Ferrell

STATE OF TENNESSEE
Davidson County.

Personally appeared before me, Jneall Watson, a Notary Public in and for said County and State, the within named C. L. Ferrell and Louise Craig Corley

the 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 30th day of June, 1959.

Jneall Watson, Notary Public

Commission Expires January 30, 1961.

STATE OF GEORGIA
County of COBB

Personally appeared before me, J. A. Cochran, a Notary Public in and for said County and State, the within named Frances Corley Colquitt

the bargainor, with whom I am personally acquainted, and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Smyrna, Georgia, this 23 day of June, 1959.

Notary Public, Cobb County, Georgia
My Commission Expires March 6, 1961

Notary Public

Commission Expires

STATE OF TENNESSEE
Davidson County

Before me, _____, a Notary Public within and for the State and County aforesaid, personally appeared _____ and _____ with whom I am personally acquainted and who upon (his oath / their several oaths) acknowledged (himself / themselves) to be the _____ and _____ respectively of the _____ the within named bargainor, a corporation, and that (he / they) as such _____ and _____, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing the name of the corporation by the said _____ as such _____, and attesting the same by the said _____ as such _____

Witness my hand and official seal at office at _____ on this the _____ day of _____, 19__

My commission expires _____

Notary Public

23 Mail To: Farris Smith 128 Locke Ln.

WARRANTY DEED

FROM

FRANCES CORLEY COLQUITT,

ET AL 39520

TO

FARRIS SMITH

STATE TAX $ 6.30
PROBATE .50
TOTAL $ 6.80

JUN 30 1959

R. E. WORRALL
COUNTY COURT CLERK
DAVIDSON COUNTY, TENN.

REGISTER'S OFFICE
STATE OF TENNESSEE
DAVIDSON COUNTY
Received for record this 30 day
of JUN A.D. 1959
at 12:35 P.M. Book 93 Page 393
Noted in Book Page
Recorded in Book 2923 Page 87
Recording Fee 2.25
JAMES F. WILSON, Register
By

Attorneys Title Company
Titles Guaranteed
Suite 5, Stahlman Bldg.
NASHVILLE, TENN.

Earl Thompson, Attorney
508 Nashville Trust Bldg.
Nashville 3, Tennessee
Telephone AL5-7794

WILSON COUNTY

DEPARTMENT OF PUBLIC HEALTH
LEBANON, TN 37087

TYPE/PRINT IN PERMANENT NR

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): Farris C. Smith
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): February 5, 2003
4. SOCIAL SECURITY NUMBER: [redacted]-0883
5a. AGE - LAST BIRTHDAY (Years): 101
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): Aug 17, 1901
7. BIRTHPLACE (City and State or Foreign Country): Waverly, Tennessee
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 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [X] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Mt. Juliet Health Care Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Mt. Juliet
9d. COUNTY OF DEATH: Wilson
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.): Nurse Aide
12b. KIND OF BUSINESS/INDUSTRY: Medical
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Old Hickory
13d. STREET AND NUMBER OR RURAL LOCATION: 123 Vicker Street
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37138
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [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): 8; College(1-4 or 5+):

NAME OF DECEDENT For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Lilburn N. Crowell
18. MOTHER'S NAME (First, Middle, Maiden Surname): Emma Buchanan

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Vantrece (Van) Birkla
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 809 Bellwood Drive Mt. Juliet Tennessee

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 Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR ▶
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2530
21c. SIGNATURE OF EMBALMER ▶
21d. LICENSE NUMBER OF EMBALMER: 5216
22a. NAME AND ADDRESS OF FUNERAL HOME: Madison Funeral Home 219 Old Hickory Blvd. E., Madison, Tennessee 37115-
22b. LICENSE NUMBER OF FUNERAL HOME: 690

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Judy Dewey Registrar
24. DATE FILED (Month, Day, Year): February 20, 2003

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 [ ] SIGNATURE AND TITLE OF PHYSICIAN ▶
25b. LICENSE NUMBER: MD023522
25c. DATE SIGNED (Month, Day, Year): 2-12-03
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):
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): John Williams M.D.

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

CAUSE OF DEATH

28. 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. (Approximate Interval Between Onset and Death)

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Organic Brain Syndrome 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.

29a. WAS AN AUTOPSY PERFORMED? 1 [X] Yes 2 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [X] 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. 6/99) RDA 1399

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE RECORD ON FILE IN THE DIVISION OF VITAL RECORDS - TENNESSEE DEPARTMENT OF HEALTH & ENVIRONMENT. THIS IS VALID ONLY IF THE EMBOSSED SEAL OF THE ISSUING LOCAL HEALTH DEPARTMENT IS AFFIXED.

Judy Dewey