40-A

This Instrument Prepared By:
Gibson, Gregory & Gwyn, PLLC
201 Fourth Avenue, North, Suite 1900
Nashville, TN 37219

Davidson County AFFIDAVIT
Recvd: 11/25/03 15:56 6pgs
Fees:32.00 Taxes:0.00
20031125-0171382

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The undersigned, being first duly sworn, depose and state as follows:

The undersigned are the sole heirs-at-law of Nola Mai Alrdridge DeLozier and husband, Thomas C. DeLozier. The said Nola Mai Alrdridge DeLozier and Thomas C. DeLozier owned property known as 1001 N. 16th Street, Nashville, TN 37206, together as husband and wife. Thomas C. Delozier was one and the same person as Thomas Clark DeLozier and he died on March 9, 1983 as evidenced by a copy of his Death Certificate attached hereto as Exhibit "A". Nola Mai Alrdridge DeLozier died on December 29, 2002 as evidenced by a copy of her Death Certificate attached hereto as Exhibit "B".

Pursuant to her Last Will and Testament, Nola Mai Alrdridge devised and bequeathed her entire estate to her daughters, Frieda Kaye Carroll and Brenda Fay Davis, who are both over the age of 18 years. The Last Will and Testament of Nola Mai Alrdridge was not probated; however, the original is attached hereto as Exhibit "C", reflecting that the undersigned are the sole heirs and beneficiaries of Nola Mai Alrdridge DeLozier.

This Affidavit is being recorded pursuant to TCA 30-2-712.

Frieda Kaye Carroll
Frieda Kaye Carroll

Brenda Fay Davis
Brenda Fay Davis

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Before me, the undersigned, a Notary Public in and for the State and County aforesaid, personally appeared Frieda Kaye Carroll and Brenda Fay Davis, the within named bargainors, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged that they executed the foregoing instrument for the purposes therein contained.

Witness my hand and official seal at office, this 24th day of November, 2003.

Heather Potts
Notary Public

My Commission Expires:_____

HEATHER POTTS
NOTARY PUBLIC AT LARGE
DAVIDSON CO., TENN.

MY COMMISSION EXPIRES:
NOVEMBER 26, 2005

STATE OF TENNESSEE
Office of Vital Records

EXHIBIT
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A

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

83 007360

8301023

19094
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19094-

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT BLACK INK.

DECEASED

RESIDENCE WHERE DECEASED: IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS AND INFORMANT

REQUIRED PRIOR TO TRANSPORTATION OF BODY BY COMMON CARRIER OR REMOVAL FROM STATE.

DISPOSITION

CERTIFIER

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SHOULD HERE, ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

FILING

PH-1850
Rev. 5/81

1. DECEASED—NAME: Thomas Clark DeLozier
2. DATE OF DEATH (Month, day, year): 3-9-83
3. SEX: M
4. AGE—Last Birthday (Years): 59
5. UNDER 1 YEAR: Months / Days
6. IF UNDER 24 HOURS: Hours / Minutes
7. DATE OF BIRTH (Month, day, year): 2-4-24
8. RACE (White, Black, American Indian, etc.): W
9. WHETHER HISPANIC OR SPANISH ORIGIN? (If so, specify Puerto Rican, Mexican, Cuban, etc.): No
10. MARITAL STATUS (Never married, Married, Widowed, Divorced): M
11. SURVIVING SPOUSE (If wife, give maiden name): Nola Mai Aldridge
12. SOCIAL SECURITY NUMBER: 414-40-8801
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Malone Hyde
14. KIND OF BUSINESS OR INDUSTRY: WWII ARMY
15. RESIDENCE—STATE: Tenn
16. COUNTY: Davidson
17. CITY, TOWN, OR LOCATION: Nashville
18. STREET AND NUMBER: 1001 N 16th St.
19. INSIDE CITY LIMITS (Yes or No): Yes
20. CENSUS TRACT NO.
21. FATHER—NAME: Thomas H. DeLozier
22. MOTHER—MAIDEN NAME: Della Clark
23. INFORMANT—NAME AND ADDRESS: Nola Mai DeLozier, Same
24. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
25. DATE: 3-14-83
26. CEMETERY OR CREMATORY—NAME: National
27. LOCATION—CITY OR TOWN, STATE: Madison, Tenn
28. FUNERAL DIRECTOR (Signature): Maude W. Robinson
29. LICENSE NO.: 1948
30. NAME AND ADDRESS OF FACILITY: Phillips-Robinson Co., Nashville, Tn
31. REGISTRAR—SIGNATURE: Don Byrne
32. DATE ACCEPTED BY REGISTRAR: 3-16-83
33. CERTIFIER (Only if other than coroner): CMcKay MD
34. DATE SIGNED: 3-16-83
35. MEDICAL EXAMINER OR CORONER—SIGNATURE
36. TITLE
37. DATE SIGNED
38. PLACE OF DEATH (Check only one): Hospital or Institution
39. NAME OF FACILITY: Charles McKay, M. D.
40. MAILING ADDRESS (Street or R.F.D. No., City or Town, State): Nashville, Tennessee
41. PART I. DEATH WAS CAUSED BY: (Enter only one cause per line for (a), (b), and (c).)
(a) Carcinoma of unknown primary
(b)
(c)
42. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1991
PART II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not related to cause given in PART I(a).
43. AUTOPSY (Yes or No): No
44. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (Specify)
45. DATE OF INJURY (Month, day, year)
46. HOUR
47. DESCRIBE HOW INJURY OCCURRED
48. INJURY AT WORK (Yes or No)
49. PLACE OF INJURY (At home, farm, street, factory, office building, etc.—Specify)
50. LOCATION (Street or R.F.D. No., City or Town, State)

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 Department of Health. Alteration or erasure voids this certification.

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

Paula Taylor
Paula Taylor
State Registrar

Jan-13-2003
Date Issued

CERTIFICATION OF VITAL RECORD

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

EXHIBIT
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B

RAISED SEAL

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 0207536

1. DECEDENT'S NAME (First, Middle, Last): Nola Aldridge DeLozier
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): December 29, 2002
4. SOCIAL SECURITY NUMBER: 414-52-8650
5. AGE-Last Birthday (Years): 70
6. DATE OF BIRTH (Month, Day, Year): Dec 5, 1932
7. BIRTHPLACE (City and State or Foreign Country): Woodbury, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES?: No
9. PLACE OF DEATH (Check only one): 2 Inpatient
10. FACILITY NAME (If not Institution, give street and number): Madison Healthcare & Rehabilitation Cent
11. CITY, TOWN, OR LOCATION OF DEATH: Madison
12. COUNTY OF DEATH: Davidson
13. MARITAL STATUS (Married, Never Married, Widowed, Divorced): Widowed
14. SURVIVING SPOUSE (If wife, give maiden name)
15a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Teacher's Aide
15b. KIND OF BUSINESS/INDUSTRY: Education
16a. RESIDENCE - STATE: TN
16b. COUNTY: Davidson
16c. CITY, TOWN OR LOCATION: Nashville
16d. STREET AND NUMBER OR RURAL LOCATION: 1001 North 16th St
16e. RESIDENCE - CITY LIMITS?: Yes
16f. ZIP CODE: 37206
17. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.): No
18. RACE - American Indian, Black, White, etc. (Specify): White
19. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12) or College (1 or 4+): 12
20. FATHER'S NAME (First, Middle, Last): Dale Aldridge
21. MOTHER'S NAME (First, Middle, Maiden Surname): Jimmie White
22a. INFORMANT'S NAME (Type/Print): Brenda F. Davis
22b. RELATIONSHIP TO DECEASED: Daughter
22c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 525 May Dr., Madison, TN 37115
23a. METHOD OF DISPOSITION: 1 Burial
23b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Nashville National Cemetery
23c. LOCATION - City or Town, State: NASHVILLE, TENNESSEE
24a. SIGNATURE OF FUNERAL DIRECTOR: HARRY DEAN EFFLANDT
24b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5324
24c. SIGNATURE OF EMBALMER
24d. LICENSE NUMBER OF EMBALMER
24e. NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Company, 2907 Gallatin Road, Nashville, TN 37216
24f. LICENSE NUMBER OF FUNERAL HOME: 331
25. REGISTRAR'S SIGNATURE
26. DATE FILED (Month, Day, Year): January 07, 2003
27a. 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.
27b. SIGNATURE AND TITLE OF PHYSICIAN
27c. LICENSE NUMBER: 24612
27d. DATE SIGNED (Month, Day, Year): 1/10/03
28a. 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.
28b. SIGNATURE AND TITLE OF MEDICAL EXAMINER
28c. LICENSE NUMBER
28d. DATE SIGNED (Month, Day, Year)
29. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): MARCUS MEN. MD 500 Hospital Dr. Goodlettsville TN 37115
30. 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. Acute Pancreatitis
DUE TO (OR AS A CONSEQUENCE OF): b. CHF
DUE TO (OR AS A CONSEQUENCE OF): c. Acute
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.
30a. WAS AN AUTOPSY PERFORMED?: No
30b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?: No
31. MANNER OF DEATH: 1 Natural
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY
31c. INJURY AT WORK?: 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-1099
REV. 3-98

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.

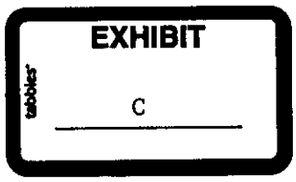
[redacted]

Joyce Y Rotter
Local Registrar

Date Issued JAN 17 2003

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

CERTIFICATION OF VITAL RECORD



Last Will and Testament

OF

NOLA MAI ALRDRIDGE DELOZIER

I, Nola Mai Alrdridge Delozier, of Nashville, Davidson County, Tennessee, being of sound mind and disposing memory, do hereby make, publish and declare this to be my Last Will and Testament, hereby revoking any and all other wills heretofore made by me.

I

I direct my Executrix to pay all of must just debts and expenses as soon as practicable to do so after my death.

II

I will, bequeath and devise all of my personal property, of every kind and character, real, personal and mixed and wheresoever situated, to my believed Husband, Thomas Clark Delozier.

III

Should my Husband predecease me, then I will, bequeath and devise my entire estate to my children, Brenda Fay Davis and Frieda Kaye Carroll, in equal shares, to share and share alike, per stirpes.

IV

I nominate and appoint my daughter, Brenda Fay Davis, to act as Executrix of my estate, serving whereas without the necessity of making bond.

V

That the real property located at 1001 North 16th Street in Nashville, Davidson County, Tennessee, pas to my daughters, Brenda Fay Davis and Frieda Kaye Carroll, as tenants in common. That if either party wishes to sell her interest in the home, that it first be offered to the other daughter.

WITNESS MY HAND, this ____ day of November, 1982.

Nola Mai Aldridge DeLozier
NOLA MAI ALRDRIDGE DELOZIER

Signed by the said NOLA MAI ALRDRIDGE DELOZIER, as and for her Last Will and Testament, in the presence of us, the undersigned, who, at her request and in her sight and presence, and in the sight and presence of each other, have hereunto set our hands as attesting witnesses on the day and date above written.

Shirley Vaughan of 1002 N. 16th St.
Nashville Tenn 37206

Stan H Kline of 216 3rd Ave N
Nashville Tenn 37201

STATE OF TENNESSEE

COUNTY OF DAVIDSON

AFFIDAVIT BY WITNESSES TO WILL

Shirley Vaughan and STEVEN H. STRAIN after first being duly sworn or affirmed, make oath or affirm that the foregoing Last Will and Testament was signed by NOLA MAI ALRDRIDGE DELOZIER, as and for, and at that time acknowledged, published and declared by him (her) to be his (her) Last Will and Testament, in the sight and presence of us, the undersigned, who at his (her) request and his (her) sight and presence and in the sight and presence of each other, have subscribed our names as attesting witnesses on the day and date therein written; and we further make oath or affirm that the Testatrix was of sound mind and disposing memory, and not acting under the fraud, menace or undue influence of any person, and was more than eighteen (18) years of age and that each of the attesting witnesses is more than eighteen (18) years of age.

Shirley Vaughan

Steven H Strain

Sworn to and subscribed
before me, this 15th day
of November, 1982.

NOTARY PUBLIC

My Commission Expires: 21 July 1984