Prepared by: Randle S. Davis, Esq., LASSITER, TIDWELL & HILDEBRAND, PLLC, 150 4th Ave No., #1850, Nashville, TN 37219-2408.

AFFIDAVIT OF INHERITANCE (REAL ESTATE)

STATE OF SOUTH CAROLINA)

COUNTY OF SALUDA)

Davidson County AFFIDAVIT
Recvd: 01/07/05 15:46 3 pgs
Fees:17.00 Taxes:0.00
20050107-0003084

The undersigned, being duly sworn, deposes and says:

Chester Earl Collins, a resident of Nashville, Davidson County, State of Tennessee, who died on December 23, 2003 as evidenced by a copy of the death certificate attached as Exhibit "A", held a fee simple interest in the following described real estate:

> BEING the northerly 10 feet of Lot No. 40 and the southerly 40 feet of Lot No. 41 on the Plan of the Benedict Land Company's Subdivision of the Lindsley Tract, as of record in Book 332, page 40, Register's Office for Davidson County, Tennessee. This is the same description as in the previous deed of record.
>
> SAID part of said lots front together 50 feet on the easterly side of Stockell Street, and extends back between parallel lines, 170 feet to an alley.

This is improved property known as 1007 Stockell Street, Nashville, Tennessee 37207.

SUBJECT TO Governmental zoning and subdivision ordinances or regulations in effect thereon.

REFERENCE is made to prior title recorded in Book 8290, Page 329, Register's Office for Davidson County, Tennessee.

The undersigned received a 1/4 ownership interest in the real estate described above by virtue of the laws of descent and distribution, being one of decedent's heirs at law.

There are no debts or encumbrances remaining that are or might become a lien on the interest in the described real estate except the following liens and encumbrances:

1. This tract is subject to all easements and/or restrictions either recorded or by prescription that a complete title search may reveal.

2. This property is subject to any and all lawful easements, set-back lines, restrictions, etc., of record and applying to the within described property and to the zoning regulations of the appropriate governmental body.

T.C.A. § 67-4-409(a)(3)(D) exempts this instrument from tax and T.C.A. § 67-4-409(a)(5) further provides the valuation oath is unnecessary, the affidavit being used to evidence transfer of title to the property to a beneficiary.

Susan Rice
Susan Rice

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared **Susan Rice**, the within named bargainor, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person described in the foregoing, who signed, sealed and delivered the foregoing instrument in my presence, and who, upon oath, acknowledged that she executed the foregoing instrument for the purposes therein contained as her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said County, on this 14 day of Dec, 2004.

Notary Public

My commission expires: Oct, 2007

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0307691

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): Chester Earl Collins
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): 12/22/2003
4. SOCIAL SECURITY NUMBER (If Deceased): [redacted]-1901
5a. AGE-LAST BIRTHDAY (Years): 89
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Jan 8, 1914
7. BIRTHPLACE (City and State or Foreign Country): Topeka, Kansas
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 1007 Stockell Street
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):
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Engineer
12b. KIND OF BUSINESS/INDUSTRY: Self Employed
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1007 Stockell Street
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37207
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): 12; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Frank James Collins
18. MOTHER'S NAME (First, Middle, Maiden Surname): Lora Stickelman

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Dr. James Austin
19b. RELATIONSHIP TO DECEASED: Pastor
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1215 Gallatin Road Nashville, Tennessee 37206

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): Middle Tennessee State Veterans Cemetery
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Charles Worrell
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2480
21c. SIGNATURE OF EMBALMER:
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: Eastland Funeral Home 904 Gallatin Road Nashville, Tennessee 37206-3230
22b. LICENSE NUMBER OF FUNERAL HOME: 120

REGISTRAR

23. REGISTRAR'S SIGNATURE:
24. DATE FILED (Month, Day, Year): January 16, 2004

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: 31292
26c. DATE SIGNED (Month, Day, Year): 01/12/2004

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): Amy R. McMaster, M.D.; 850 R.S. Gass Blvd., Nashville, TN 37216; MEC03-3791

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. (Approximate Interval Between Onset and Death)

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Atherosclerotic cardiovascular disease
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.

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: 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):

PH-1659 (REV. 6/99)
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.

Tonya Y. Ruttlen
Tonya Y. Ruttlen
Local Registrar

12/29/2004
Date Issued

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

CERTIFICATION OF VITAL RECORD