THIS INSTRUMENT PREPARED BY:

MARTIN S. SIR
ATTORNEY AT LAW
1225 17th AVENUE SOUTH
NASHVILLE, TN 37212
(615) 254-6405

Davidson County AFFIDAVIT
Recvd: 01/12/05 10:58 3 pgs
Fees:17.00 Taxes:0.00
20050112-0004450

AFFIDAVIT OF HEIRSHIP

I, the undersigned, **ALMA FRANCES SANFORD** being first duly sworn, says as follows:

1. This Affidavit is made pursuant to T.C.A. § 30-2-712.

2. I reside at 6317 Paddington Way, Antioch, Tennessee 37013, date of birth - April 22, 1939. Linda Sue Ezell, my sister, died on December 12, 2003. A copy of her Death Certificate is attached as Exhibit 1, and is incorporated herein by reference.

3. Linda Sue Ezell was not married at the time of her death and she did not leave a Last Will and Testament. Her only heir and child was Mildred Ezell Smith. I have personal knowledge of this since I knew my sister, Linda Sue Ezell, for her entire life.

4. Linda Sue Ezell, at the time of her death, was a resident of Davidson County, Tennessee, residing at 205 Lake Cove Drive, Old Hickory, Tennessee 37138.

FURTHER AFFIANT SAITH NOT.

Dated the 12 day of January, 2005.

Alma Frances Sanford

Alma Frances Sanford

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, MARTIN STEPHEN SIR, a Notary Public in and for said state and county, **Alma Frances Sanford**, to me known (or proved to me on the basis of satisfactory evidence) to be the person who executed the foregoing instrument for the purposes therein stated and her statement was sworn and subscribed to before me on this the 12 day of January, 2005.

MARTIN STEPHEN SIR
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.

My Commission Expires SEPT. 20, 2008

Notary Public

My Commission Expires_____

C:\MyFiles\MartinSir\Sanford, Alma (Misc.)\mss-sanford,alma - Affidavit of Heirship (Sanford) - 01-12-05.wpd

STATE OF TENNESSEE
Office of Vital Records

EXHIBIT #1

0307290

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Linda Sue Ezell
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): December 12, 2003
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-1245
5a. AGE-LAST BIRTHDAY (Years): 60
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): July 11, 1943
7. BIRTHPLACE (City and State or Foreign Country): KY
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 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 205 Lake Cove
9c. CITY, TOWN, OR LOCATION OF DEATH: Old Hickory
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.): Civil Service
12b. KIND OF BUSINESS/INDUSTRY: Government
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Old Hickory
13d. STREET AND NUMBER OR RURAL LOCATION: 205 Lake Cove
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 [X] No
Specify, if yes:
15. RACE-American Indian, Black, White, etc. (Specify): Caucasian
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+): 2

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): James Sanford
18. MOTHER'S NAME (First, Middle, Maiden Surname): Elizabeth Townsend

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Millie Smith
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4675 Woodview Circle; Old Hickory, TN 37138

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): Rosedale Cemetery
20c. LOCATION-City or Town, State: Pembroke, KY
21a. SIGNATURE OF FUNERAL DIRECTOR: Kenneth A. Bond
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4357 Ky
21c. SIGNATURE OF EMBALMER:
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: Maddux-Fuqua-Hinton Funeral Home, 700 Country Club Lane; Hopkinsville, KY 42240
22b. LICENSE NUMBER OF FUNERAL HOME: 699

REGISTRAR

23. REGISTRAR'S SIGNATURE:
24. DATE FILED (Month, Day, Year): December 29, 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: TN-28576
25c. DATE SIGNED (Month, Day, Year): 12/18/03
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):

PHYSICIAN OR MEDICAL EXAMINER EXCEPTING CERTIFICATE COMPLETE AND MEDICAL CERTIFI-

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

Date Issued JAN 23 2004

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD