Davidson County AFFIDAVIT
Recvd: 03/10/05 14:17 9 pgs
Fees:47.00 Taxes:0.00
20050310-0026730

Send tax notice to:

OWNER

Vonda M. Chambers
906 Knox Avenue
Nashville, TN 37204

MAP & PARCEL NO.

118-1-362

AFFIDAVIT OF INHERITANCE OF REAL ESTATE

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

The undersigned, being duly sworn, deposes and says:

Walter Haynes, was a resident of Davidson County, State of Tennessee, who died on August 30, 2002, as evidenced by a copy of the death certificate attached as Exhibit A, held a fee simple in the real property located at 906 Knox Avenue, Nashville, Davidson County, Tennessee, more fully described as follow:

LAND in Davidson County, Tennessee, being Lot No. 21 on the Map of W.D. Gale's Kirkwood Addition, as of record in Book 332, Page 76, Register's Office for said County.

SAID Lot No. 21 fronts 50 feet on the northerly side of Knox Avenue and runs back between parallel lines, 170 feet to an alley.

BEING the same property conveyed to Walter Haynes and wife, Lola V. Ransom Haynes by deed from Floyd G. Westenberger of record in Book 4009, Page 917, Register's Office for Davidson County, Tennessee. The said Walter Haynes having since died on August 30, 2002 and the said Lola V. Ransom Haynes having since died December 17, 2001.

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

REFERENCE is made to prior title recorded in Book 4009, Page 917 in the Register's Office of Davidson County, Tennessee. The aforesaid deed provides that Walter Haynes and wife, Lola Haynes, own this property as tenants by the entirety. However, Lola Haynes, predeceased Walter Haynes having died on December 17, 2001 (See Exhibit B)

The undersigned received the aforesaid property by virtue of being the recipient of the real estate under the provision of the decedent's Last Will and Testament (See Exhibit C) probated in the Seventh Circuit Court for Davidson County, Tennessee, Probate Division, under Docket Number 03P-638. A copy of the Court Order of Small Estate is attached as Exhibit D.

There are no debts or encumbrances remaining that are or might become a lien on the interest in the described real estate. **TENN. CODE ANN. § 67-4-409(a)(3)(D)** exempts this instrument from tax and **TENN. CODE ANN. § 67-4-409(a)(5)** further provides the valuation oath is unnecessary, the Affidavit being used to evidence transfer of title the property to a beneficiary.

Dated this 9th day of March, 2005.

Vonda M. Chambers

VONDA M. CHAMBERS

Before me, a Notary Public at Large, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared Vonda M. Chambers, the within named bargainor, with whom I am personally acquainted, or proved to me 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 in Nashville, Tennessee, this 9th day of March, 2005.

LISA PARNELL
NOTARY PUBLIC AT LARGE
DAVIDSON COUNTY, TENN.
My Commission Expires MAR. 22, 2008

Lisa Parnell

NOTARY PUBLIC AT LARGE

My Commission Expires: 3/22/2008

CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER 0204986

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Walter Haynes
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): 08-30-2002
4. SOCIAL SECURITY NUMBER: [redacted]-1814
5a. AGE – LAST BIRTHDAY (Years): 90
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): 09-02-1911
7. BIRTHPLACE (City and State or Foreign Country): Murfreesboro, 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 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 906 Knox Ave.
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.): Tobacco Company
12b. KIND OF BUSINESS/INDUSTRY:
13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 906 Knox Ave.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37204
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): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): Secondary; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): William Haynes
18. MOTHER'S NAME (First, Middle, Maiden Surname): Maggie Haynes

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Vonda M. Chambers
19b. RELATIONSHIP TO DECEASED: Niece
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2412 Eden Street Nashville, Tenn. 37208

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): Greenwood West Cemetery
20c. LOCATION – City or Town, State: Nashville, Tennessee.
21a. SIGNATURE OF FUNERAL DIRECTOR: Ronald C. Smith Sr.
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4563
21c. SIGNATURE OF EMBALMER: Patrick Tucker
21d. LICENSE NUMBER OF EMBALMER: 5072
22a. NAME AND ADDRESS OF FUNERAL HOME: Holmes Funeral Home 1408 Jo-Johnston Ave
22b. LICENSE NUMBER OF FUNERAL HOME: 340

REGISTRAR

23. REGISTRAR'S SIGNATURE: [signature]
24. DATE FILED (Month, Day, Year): September 9, 2002

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: [signature] MD
25b. LICENSE NUMBER: MD029855
25c. DATE SIGNED (Month, Day, Year): 9/5/02
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):

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):

CAUSE OF DEATH

SEE INSTRUCTIONS ON OTHER SIDE.

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
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	Cardiac Arrest	1 minute
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.	Cardiomyopathy	4 years
DUE TO (OR AS A CONSEQUENCE OF):		
c.	Atrial Fibrillation	4 years
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):

BIRTH NO

PH-1659
REV. 1/89

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.

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

John P. Dunn
John P. Dunn
Local Registrar

SEP 9 2002
Date Issued

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY TENNESSEE

CERTIFICATION OF VITAL RECORD

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

EXHIBIT B

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER: 0107180

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Lola Haynes
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): 12-17-2001
4. SOCIAL SECURITY NUMBER (of Deceased): 414-16-0181
5a. AGE – LAST BIRTHDAY (Years): 86
5b. UNDER 1 YEAR – MOS / DAYS
5c. UNDER 1 DAY – HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): 04-15-1915
7. BIRTHPLACE (City and State or Foreign Country): Fosterville, 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): Mariner Health Care of Nash
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Walter Haynes
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): National Laundry
12b. KIND OF BUSINESS/INDUSTRY:
13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 906 Knox Ave.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37204
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): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): Secondary; College (1-4 or 5+):

NAME OF DECEDENT (To be filled in by Physician or Institution)

PARENTS

17. FATHER'S NAME (First, Middle, Last): MOSE RANSOM
18. MOTHER'S NAME (First, Middle, Maiden Surname): ADA RANSOM

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Vonda Chambers
19b. RELATIONSHIP TO DECEASED: Niece
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2412 Eden Street Nashville, Tenn. 37208

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): Greenwood West Cemetery
20c. LOCATION – City or Town, State: Nashville, Tennessee.
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Ronald C. Smith Sr.
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4563
21c. SIGNATURE OF EMBALMER: ▶ Patrick Tucker
21d. LICENSE NUMBER OF EMBALMER: 5072
22a. NAME AND ADDRESS OF FUNERAL HOME: Holmes Funeral Home 1408 Jo-Johnston Ave.
22b. LICENSE NUMBER OF FUNERAL HOME: 340

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Helen L. Bowers
24. DATE FILED (Month, Day, Year): December 31, 2001

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: MD023572
25c. DATE SIGNED (Month, Day, Year): 12/28/01
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):

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):

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)
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Arteriosclerotic Coronary Vascular 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.

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 [ ] Yes 2 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No
30. MANNER OF DEATH: 1 [X] Natural 5 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide
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 1/89

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.

DEC 27 2001

John P. Dunn
John P. Dunn
Local Registrar

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

EXHIBIT C

Small Estate Ath.
03P-638

Last Will And Testament
Of
Walter Haynes

I, Walter Haynes of 906 Knox Ave, Nashville, Davidson County, Tennessee, being of sound mind and disposing memory and realizing the uncertainity of life, do hereby make and publish this my Last Will and Testament, hereby revoking all wills and codicils thereto by me at any time heretofore made.

Item I: I direct that all my debts and funeral expenses be paid by Executrix out of the first moneys coming into her hands from my estate. My home on 906 Knox Ave. in Nashville, Tennessee 37204 should go to Vonda M. Chambers my niece. My money in Suntrust Bank; consist of three accounts an IRA, checking account, and a saving account.I want them to go to her.

Item II: I hereby give, devise and bequeath to my beloved niece Vonda M. Chambers absolutely and in free simple, all property which I own or have the right to dispose of at my decease and which remains after the payment of whatever kind, character and description-real, personal, intangible, mixed, and whatever situated. If my beloved niece doesn't want my house, or any of my money in Suntrust Bank than it should go to my loving sister Anna L. Hicks Chambers. I hereby give, devise and bequeath to her; she can make my funeral arrangements, make payments on expenses of whatever kind, character, and description-real personal intangible, mixed and wherever situated. And I direct no bond be required to my beloved sister in the performance of her duties.

Item III: I nominate and appoint my beloved niece Vonda M. Chambers,Executrix of this my Last Will and Testament, and I authorize my said Executrix to do any and all things which in her opinion are necessary to complete the administration and settlement of my estate, including full right, power and authority, without the order of any Court and upon such terms and under such conditions as to my Executrix shall seem best for the proper settlement of my estate, to bargin, sell at public, or private sale, convey, tranfer, deed, mortgage, lease, exchange, pledge, manage and deal with any and all property belonging to Estate to compromise, settle, adjust, release, and discharge any and all obligations or claims in favor or against my estate, and to borrow money for the payment of inheritance and estate taxes or for any other purposes. Without in any way limited the scope of the powers enumerated herin of my Executrix. I hereby specifically give to her full power to retain any and all securities or property owned by me.

Walter Haynes
WALTER HAYNES

Loss, or depreciation, and free from investment restrictions incident to trusteeship or executorship, what her imposed by common law or statute. In the execution of said duties and powers said Executrix shall have the power to comply with all legal requirements as to the execution and delivery of deeds and all other writings, documents, or formalities without the order of any Court.

IN WITNESS, I have set my hand, this the 16 day of January, 2002.

Walter Haynes
WALTER HAYNES-TESTATOR

Signed by said WALTER HAYNES, for his Last Will and Testament consisting of these (2.) pages, including this page, the unsigned, who at his request, and in his sight and presence of each other have our names as witnesses to the day heretofore written.

J. D. Daniels — 3040 Southfield Drive
WITNESS — ADDRESS

Mrs. Gail Wethrow — 5582 Hilcrest Road
WITNESS — ADDRESS

Walter Haynes
WALTER HAYNES-TESTATOR

Ronald E Smith
My Commission Expires MAR. 27, 2004

EXHIBIT D

FILED

IN THE SEVENTH CIRCUIT COURT FOR DAVIDSON COUNTY, TENNESSEE
(PROBATE DIVISION)
03 APR -8 PM 2:35

IN THE ESTATE OF:

Walter Haynes,

Deceased.

RICHARD R. ROOKER, CLERK
D.C.

No. 03P-638

COURT ORDER OF SMALL ESTATE PURSUANT TO T.C.A. 30-4-101 et. seq.

BE IT REMEMBERED, this 8th day of April, 2003, pursuant to Tennessee Code Annotated 30-4-101, et.seq. and upon the application of the Affiant, and for good cause shown to this Court, it is the opinion of the Probate Master, Robert H. Bradshaw, Jr., that the Probate Court Clerk shall file the Small Estate Affidavit in order to allow the Affiant to administer the estate pursuant to the statute.

IT IS, THEREFORE, **ORDERED, ADJUDGED AND DECREED**, that the Clerk of the Probate Court, after filing such Affidavit, shall issue duly certified copies of this Order and Affidavit for presentation by the Affiant in this matter, Vonda Maria Chambers.

IT IS, FURTHER, **ORDERED, ADJUDGED AND DECREED**, that the forty-five (45) day waiting period for filing be waived pursuant to T.C.A. 30-4-103(1)(D) and that the bond shall be waived pursuant to the conditions as set forth in T.C.A. 30-1-201.

ENTER, this 8th day of April, 2003.

Robert H. Bradshaw, Jr.
Probate Master

I hereby certify that this is a true copy of original instrument filed in my office this 8th day of Apr. 2003
RICHARD R. ROOKER, CLERK
By D.C.
Deputy Clerk
Master

RICHARD R. ROOKER CIRCUIT COURT CLERK

The following are the names and addresses of all next of kin of the deceased:

NAME	ADDRESS	RELATIONSHIP	AGE
Anna L. Hicks Chambers	2412 Eden St.	Sister	79

Your Affiant is willing to collect and preserve all assets for the Estate, pay all creditors and distribute the remainder in accordance with the terms of the Will or according to the laws of the descent and distribution of the State of Tennessee pursuant to T. C. A. 30-4-101.

this 8th day of April, 2003.

Vonda Maria Chambers
Name of Affiant

2412 Eden Street
Address

Nashville, TN 37208
City State

I ___ do,
✓ do not
wish to publish for creditors.
(PLEASE INDICATE BY CHECKING)

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, Clerk of the Probate Court of Davidson County, Tennessee, the said Vonda Maria Chambers**, and after being sworn deposes and says that the facts averred in the above Affidavit are true to the best of his/her knowledge, information and belief.**

Vonda Maria Chambers
Affiant

SWORN TO AND SUBSCRIBED TO BEFORE ME THIS
8 **DAY OF** April, **20** 03.

RICHARD R. ROOKER, CLERK

_____ D.C.

In the Seventh Circuit Court of Davidson County, Tennessee
(Probate Division)

2003 APR -8 PM 2:22

SMALL ESTATE AFFIDAVIT

D.C.

DOCKET NUMBER 03P-638

Estate of Walter Haynes

Your Affiant, Vonda Maria Chambers

would respectfully show unto the Court as follows:

That the deceased, age 89, died on the 30 day of August, 2002, in Davidson County, State of Tennessee, and that his/her last residence was: 906 Knox Ave. Nashville, Tennessee.

( ) The decedent left no Will.

(✓) The decedent left a Will and the Will has been filed by the Clerk of this Court and a copy has been attached to this affidavit as Exhibit "A".

The decedent left the following unpaid debts at the time of his/her death:

CREDITOR	ADDRESS	AMOUNT

(IF OTHER DEBTS, ATTACH A SEPARATE SHEET)

The decedent died owning the following property (list all personal property which includes cash, bank accounts, notes receivable, automobiles, stocks and bonds and life insurance payable to the estate, mechanical equipment, household furnishings, etc.)

Do Not List Jointly Owned Property

ITEM	LOCATION & POSSESSION	VALUE
Bank accounts	Suntrust Bank	$15,400.00

(IF OTHER PERSONAL PROPERTY, ATTACH SEPARATE SHEET)

TOTAL PERSONAL ESTATE $_____