Davidson County AFFIDAVIT
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20050503-0049183

AFFIDAVIT OF HEIRSHIP

As to Julia B. Swann
(Name of Deceased)

STATE OF Tennessee §

COUNTY OF Davidson §

I, Gwendolyn A. Wilson, of lawful age, residing at 241824th Ave. No. Nash. Tenn., being first duly sworn, upon oath deposes and says: That affiant was personally well acquainted with the above named decedent, during his (or her) lifetime, having known him (or her) for 71 years, and that affiant bears the following relationship to said decedent, to-wit: niece.
Said decedent departed this life in Davidson Co. County, State of Tenn. on or about December 2002, 20___, being 83 years old at the date of his (or her) death.

Affiant further states that affiant was well acquainted with the family and close relatives of the said decedent, and that the following statements and the answers to the following questions are based upon the personal knowledge of affiant and are true and correct:

1. Did the decedent leave a will? no If so, has the will been admitted to probate? _____ In what county?_____ When?_____

2. Has an administrator/executor been appointed for the estate of said decedent? no.
If so, give name and address of administrator or executor _____
_____.

3. Give name and address of surviving widow or widower of decedent:
John Swann. If not living,
give date of death 1981.

4. If the decedent was married more than once, give name of former husband or wife and state whether said former spouse is dead or divorced: None
_____.

5. On the blank lines below, provide information requested for **all** children of decedent:

Name of Child(ren)	Age	Address	Living?	Date of Death	By Which Spouse
Gwendolyn Wilson	72	1008 Kirkwood NASH TN 37204	yes		

6. If a deceased child left descendents, give the following information:

NAME OF DECEASED CHILD: _____

DID HE/SHE LEAVE A WILL? Yes / (No)

Name of Child(ren)	Living?	Date of Death	Name and Address of Surviving Spouse

NAME OF DECEASED CHILD: _____

DID HE/SHE LEAVE A WILL? Yes / No

Name of Child(ren)	Living?	Date of Death	Name and Address of Surviving Spouse

NAME OF DECEASED CHILD: _____

DID HE/SHE LEAVE A WILL? Yes / No

Name of Child(ren)	Living?	Date of Death	Name and Address of Surviving Spouse

NAME OF DECEASED CHILD: _____

DID HE/SHE LEAVE A WILL? Yes / No

Name of Child(ren)	Living?	Date of Death	Name and Address of Surviving Spouse

7. Did the decedent have any legally adopted children or step-children taken into his (or her) home? Yes / (No)
If so, write their names, ages and addresses in blank lines below and indicate as to each whether adopted or step-child:

Name Adopted or Step-Child	Age	Address

8. State (so far as known to affiant) whether any inheritance tax is due on the estate of decedent or whether any inheritance tax thereon has been paid: _____

9. Give below the names and addresses (together with other information called for) of the surviving father, mother, brothers and sisters of decedent:

(IF DECEDENT LEFT SURVIVING CHILDREN, THEN QUESTIONS 9 AND 10 NEED NOT BE ANSWERED.)

NAME	RELATIONSHIP	AGE	ADDRESS OR, IF DECEASED, DATE OF DEATH
Charles Armstrong	Father		1968 deceased
Julia B. Watkins	Mother		1972 deceased

10. Give below the names and addresses (together with other information called for) of the surviving children of any deceased brother or sister of the decedent:

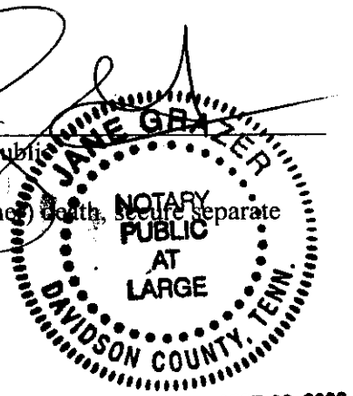
NAME OF CHILD	DATE OF BIRTH	ADDRESS OR, IF DECEASED, DATE OF DEATH	NAME OF FATHER AND MOTHER

Gwendolyn A. Wilson
Affiant

Subscribed and sworn to before me this 27th day of April, 2005.

My commission expires: 9/30/06

Notary Public



My Commission Expires SEPT. 30, 2006

NOTE: If any of the heirs of decedent have died since his (or her) death, secure separate proof of heirship as to each.

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