Prepared By: *David J. Waynick, Attorney at Law*
P.O. Box 148058
Nashville, TN 37214

Davidson County AFFIDAVIT
Recvd: 06/17/05 15:39 3 pgs
Fees:17.00 Taxes:0.00
20050617-0069783

Owner -&- Send Tax Notice to:
Norene P. Jackson
136 Green Street
Nashville, TN 37210

T.C.A. § 30-2-712

Map 93-16 -&- Parcel 272

AFFIDAVIT OF INHERITANCE (REAL ESTATE)

STATE OF TENNESSEE
COUNTY OF DAVIDSON.

The undersigned, being duly sworn, depose and say:

Joseph Franklin Jackson, Jr., a resident of Davidson County, State of Tennessee, who died May 20, 2004, as evidenced by a copy of the death certificate attached as *Exhibit A*, held a fee simple interest in the following described real estate:

> Land in DAVIDSON COUNTY, TENNESSEE, Being Lot 13 on the Plan of the Subdivision of the Homestead Block in the Hermitage Addition to Nashville, as of record in Book 57, page 76, Register's Office for Davidson County, Tennessee.
>
> Said Lot No. 13 fronts 50 feet on the northerly side of Green Street and runs back between parallel lines, 150 feet to an alley.
>
> Being the same property conveyed to Joseph F. Jackson by Quitclaim Deed from J.B. Himes dated September 17, 2001 and recorded September 21, 2001 in Instrument No. 20010921-0102395, in the Register's Office for Davidson County, Tennessee.
>
> **Joseph Franklin Jackson, Jr. having died intestate on May 20, 2004, survived by wife, Norene P. Jackson.**
>
> This improved property known as **136 Green Street, Nashville, TN 37210**.

The undersigned received the undivided interest in the real estate described above by virtue of the laws of the decedent and distribution

There are no debts or encumbrances remaining that are or might become a lien on the interest in the described real estate.

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 as evidence transfer of title to the property to a beneficiary.

Norene P. Jackson

NORENE P. JACKSON, Widow

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared Norene P. Jackson, the within named Widow, 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 Affidavit of Inheritance (Real Estate) 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 **16th day of June 2005.**

Christie J. Lannom

Notary Public

My Commission expires:

CHRISTIE J. LANNOM
NOTARY PUBLIC AT LARGE
WILSON COUNTY, TENN.

My Commission Expires
June 26, 2005

ATTACHMENTS: *Exhibit "A"* – Death Certificate

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

EXHIBIT "A"

0402820

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPEPRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Joseph Franklin Jackson Jr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): May 20, 2004
4. SOCIAL SECURITY NUMBER (of Decedent): 411-42-5594
5a. AGE-LAST BIRTHDAY (Years): 71
5b. UNDER 1 YEAR: MONTH / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Dec. 11, 1932
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [XX] 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): 136 Green St.
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): Norene Brooksher
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Inspector Public Works
12b. KIND OF BUSINESS/INDUSTRY: Metro Davidson Co.
13a. RESIDENCE-STATE: Tn
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 136 Green St.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37210
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Specify, if yes: Yes [ ] No [X]
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8th; College (1-4 or 5+):
PARENTS
17. FATHER'S NAME (First, Middle, Last): Joseph F. Jackson Sr.
18. MOTHER'S NAME (First, Middle, Maiden Surname): Minnie Lee Cates Rimes Jackson
INFORMANT
19a. INFORMANT'S NAME (Type/Print): Norene B. Jackson
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 136 Green St. Nashville, TN 37210
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): Mount Olivet Cemetery
20c. LOCATION-City or Town, State: Nashville, Tn
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Samuel Mainord
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4519
21c. SIGNATURE OF EMBALMER: ▶ Richard Morrison
21d. LICENSE NUMBER OF EMBALMER: 3137
22a. NAME AND ADDRESS OF FUNERAL HOME: 1101 Lebanon Rd. Mount Olivet Cemetery Nashville, TN 37210
22b. LICENSE NUMBER OF FUNERAL HOME: 970
REGISTRAR
23. REGISTRAR'S SIGNATURE: ▶ Marsha H. Agee
24. DATE FILED (Month, Day, Year): May 26, 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 [X] SIGNATURE AND TITLE OF PHYSICIAN: ▶ James T Parr Jmd
25b. LICENSE NUMBER: MD 15888
25c. DATE SIGNED (Month, Day, Year): 5/25/04
25a. 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 [ ] 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): Dr. Jim Elrod 5653 Frist Blvd. Hermitage, Tn 37076

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. Sudden Cardiac Death Presumed Arrhythmia — Immediate
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. Severe Ischemic Cardiomyopathy — 3 years
DUE TO (OR AS A CONSEQUENCE OF):
c. Atherosclerotic Heart Disease — 3 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.
Diabetes Mellitus type 2, Hypertension, Hyperlipidemia, Obesity
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 [X] 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:
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-1850 (REV. 6/99)
BIRTH NO.

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

6/8/2004
Date Issued

CERTIFICATION OF VITAL RECORD