prepared by:
Melissa Smithson
4714 Delia Dr.
Antioch, TN 37013

Affidavit of Heirship

Davidson County AFFIDAVIT
Recvd: 08/25/05 11:17 4 pgs
Fees:22.00 Taxes:0.00
20050825-0101573

STATE OF TENNESSEE§
COUNTY OF DAVIDSON§

Date: August 10, 2005

Deceased: Jane A. Smithson

Property: 515 Rosedale Avenue, Nashville, Tennessee 37211

Spouse: Joe E. Smithson, Deceased

Affiant: Joe David Smithson, son

Affiant on oath swears that the following statements are true:

1. Deceased's residence was in Davidson County.

2. Affiant is the third born son of the Deceased

Deceased was born on August 9, 1936 in Williamson County, Tennessee.

Deceased died on July 29, 2004 at Williamson County, Tennessee at age 67, a resident of 515 Rosedale Avenue, Davidson County, Tennessee, without leaving a will. Affiant knows of no completed, pending, or contemplated administration of the estate.

Deceased was married only once to Joe Ennis Smithson, Deceased, on May 19, 1954, and was married until his death on July 20, 2002, in Davidson County, Tennessee.

Born to Jane A. and Joe E. Smithson (3) three children in Williamson County, Tennessee:

Jerre Carroll Smithson, born February 14, 1959, residing at 302 Elberta Street, Davidson County, Tennessee
Janis Louise Smithson, born November 5, 1960, married to William F. Carlton, Jr., residing at 1510 Keystone Drive, Williamson County, Tennessee
Joe David Smithson, born January 25, 1965, married to Melissa A. Lening. Residing at 4714 Delia Drive, Davidson County, Tennessee

No children other than those named in this affidavit of heirship were (1) born to Deceased while married or outside of marriage, (2) adopted by Deceased, or (3) taken into the home of Deceased with the understanding of adoption.

No children, grandchildren, or other direct descendants other than those named in this affidavit of heirship were (1) born to (either while married or outside of marriage), (2) adopted by, or (3) taken into the home[s] of the deceased child[ren] of Deceased.

Deceased's estate consists of Deceased's community property. The gross value of Deceased's estate, as defined for federal estate tax purposes to include all real estate, stocks, bonds, mortgages, notes, cash, life insurance on Deceased's life, jointly owned property, transfers during Deceased's life, powers of appointment, annuities, cash surrender value on life insurance owned by Deceased, and other tangible and intangible assets, does not exceed $1,000,000. Filing is not required for any federal estate tax return or state inheritance tax return, and no federal estate taxes or state inheritance taxes are due on Deceased's estate.

All debts of the have been paid. There has been no probate administration of Deceased's estate. To Affiant's best knowledge, information, and belief, the estate requires no administration. Affiant does not intend to seek any administration and knows of no administration proceedings contemplated by others.

Joe D Smithson
Affiant

Type or Print Name: JOE D. SMITHSON

STATE OF TENNESSEE§
COUNTY OF DAVIDSON§

SWORN TO AND SUBSCRIBED before me on August 10, 2005 by Joe David Smithson, son of Jane A. Smithson, Deceased.

Tina L. Moore
Notary Public, State of Tennessee

TINA L. MOORE
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

Feb. 14, 2009
My Commission Expires

STATE OF TENNESSEE
Office of Vital Records

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): Jane Ann Smithson
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): July 29, 2004
4. SOCIAL SECURITY NUMBER: [redacted]-2569
5a. AGE-LAST BIRTHDAY (Years): 67
5b. UNDER 1 YEAR: MOS. DAYS
5c. UNDER 1 DAY: HOURS MIN.
6. DATE OF BIRTH (Month, Day, Year): Aug 9, 1936
7. BIRTHPLACE (City and State or Foreign Country): Williamson Co., TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 X No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 X Inpatient 2 ER/Outpatient 3 DOA; OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Williamson Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Franklin
9d. COUNTY OF DEATH: Williamson
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.): Patient Accountant
12b. KIND OF BUSINESS/INDUSTRY: Vanderbilt Med Center
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 515 Rosedale Avenue
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 Yes 2 No
13f. ZIP CODE: 37211-
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes 0 X No
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): Leonard Ethridge
18. MOTHER'S NAME (First, Middle, Maiden Surname): Louise Rowland

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Joe Smithson
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4714 Delia Dr Antioch, TN 37013-

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): Mt. Hope Cemetery
20c. LOCATION-City or Town, State: Franklin, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: C. David Stephens
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3880
21c. SIGNATURE OF EMBALMER: John Harper
21d. LICENSE NUMBER OF EMBALMER: 3415
22a. NAME AND ADDRESS OF FUNERAL HOME: WILLIAMSON MEMORIAL FUNERAL HOME, LLC
3009 Columbia Ave., Franklin, Tennessee 37064
22b. LICENSE NUMBER OF FUNERAL HOME: 615

REGISTRAR

23. REGISTRAR'S SIGNATURE: Alethe Boyd
24. DATE FILED (Month, Day, Year): Aug. 13, 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: MD 36293
25c. DATE SIGNED (Month, Day, Year): 8-10-04
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 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): Murfreesboro Pediatrics, PLLC
2021 Carothers Rd. Wmsn Med Center, Franklin, TN 37067

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. Respiratory Failure
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. SEPSIS
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 X No

30. MANNER OF DEATH: 1 ✓ 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):

H-1659 (REV. 6/99)

BIRTH NO.

RDA 1399

I hereby certify the above to be a true and correct copy of the 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.

Local Registrar
Williamson County Health Department
Alethe Boyd

Date Issued Jan. 19, 2005

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0204145

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): Joe Ennis Smithson
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): July 20, 2002
4. SOCIAL SECURITY NUMBER: [redacted]-0549
5a. AGE-LAST BIRTHDAY (Years): 69
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Nov 12, 1932
7. BIRTHPLACE (City and State or Foreign Country): Williamson Co., TN
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): 515 Rosedale Avenue
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): Jane Etheridge
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Sales Representative
12b. KIND OF BUSINESS/INDUSTRY: Beer Distributing Co.
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 515 Rosedale Avenue
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [ ] Yes 2 [ ] No
13f. ZIP CODE: 37202
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No
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+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Escar Knott Smithson
18. MOTHER'S NAME (First, Middle, Maiden Surname): Josie Meek

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Jane Smithson
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 515 Rosedale Avenue, Nashville, TN 37211

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): Mt. Hope Cemetery
20c. LOCATION-City or Town, State: Franklin TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Pamela Stephens Kelly
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5116
21c. SIGNATURE OF EMBALMER: John Harper
21d. LICENSE NUMBER OF EMBALMER: 3415
22a. NAME AND ADDRESS OF FUNERAL HOME: WILLIAMSON MEMORIAL FUNERAL HOME, LLC, 3009 Columbia Ave., Franklin, TN 37064
22b. LICENSE NUMBER OF FUNERAL HOME: 615

REGISTRAR

23. REGISTRAR'S SIGNATURE: Robert W. Rhodes Jr
24. DATE FILED (Month, Day, Year): July 26, 2002

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: Edward Haynes
25b. LICENSE NUMBER: 09739
25c. DATE SIGNED (Month, Day, Year): 7/24/02
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 [ ] 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): J Brevard Haynes M.D. 4230 Harding PK, Nashville TN 37205

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.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. COPD — DUE TO (OR AS A CONSEQUENCE OF):
Approximate Interval Between Onset and Death: yrs.
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 [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: 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)

FH-1059 (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.

John P. Dunn
John P. Dunn
Local Registrar

Date Issued JUL 29 2002

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

METROPOLITAN GOVERNMENT NASHVILLE AND DAVIDSON COUNTY TENNESSEE

CERTIFICATION OF VITAL RECORD