AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Comes the affiant, Kimberly Edwards Barnes, being first duly sworn to law, being of lawful age. Pursuant to section 30-2-712 of the Tennessee code annotated hereby swears to the following of her own free will and based upon her personal knowledge and familiarity:

1. Carlee Patricia Edwards ("the decedent") died August 13, 2005, a resident of Antioch, Davidson County, Tennessee.

2. The decedent was married one time during her lifetime.
   The decedent's marriage to Ronald Edwards, ended in divorce approximately 1970.
   Pursuant to section 32-1-202 of the Tennessee code annotated defines the effects of Dissolution of marriage or annulment.

3. The decedent died with one surviving child (biological)

4. Accordingly, the sole heir(s)-at-law of the decedent is

Name	Date of Birth	Relationship
Kimberly Edwards Barnes	March 1 1967	daughter

5. At the time of her death, the decedent owned a fee simple interest in real property located at 110 Pepper Ridge Circle, Antioch, Davidson County, Tennessee the same being more particularly described in that deed of record at book 6900, page 586, in the registers office for Davidson County, Tennesse, to which reference is hereby made for a more complete description.

5. This Affidavit will confirm the vesting of the title to the above-referenced real property after death of the decedent in Kimberly Edwards Barnes as toa 100% fee simple interest

Dated this 8th day of December, 2005

FURTHER SAITH AFFIANT

Kimberly Edwards Barnes

Kimberly Edwards Barnes

Davidson County AFFIDAVIT
Recvd: 12/08/05 12:21 3 pgs
Fees:17.00 Taxes:0.00

20051208-0147777

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named Kimberly Edwards Barnes, the affiant, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who acknowledge the she executed the foregoing Affidavit of Heirship for the purposes and considerations therein contained.

WITNESS my hand and official seal of office, this 8th day of December 2005.

My commission expires: 7/9/08 Alton S-Da
NOTARY PUBLIC



This Affidavit of Heirship Prepared by:
Affiant
Kimberly E. Barnes

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

6504678

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): Carlee Patricia Edwards
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): August 13, 2005
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-4349
5a. AGE-LAST BIRTHDAY (Years): 57
5b. UNDER 1 YEAR (MOS. / DAYS)
5c. UNDER 1 DAY (HOURS / MIN.)
6. DATE OF BIRTH (Month, Day, Year): Dec. 2, 1947
7. BIRTHPLACE (City and State or Foreign Country): Oklahoma City, Oklahoma
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): Centennial Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Divorced
11. SURVIVING SPOUSE (If wife, give maiden name): N/A
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Computer Networking
12b. KIND OF BUSINESS/INDUSTRY: HCA Hospital Corporation
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Antioch
13d. STREET AND NUMBER OR RURAL LOCATION: 110 Pepper Ridge Circle
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37013
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): 12; College (1-4 or 5+):
NAME OF DECEDENT: For use by physician or medical examiner

PARENTS

17. FATHER'S NAME (First, Middle, Last): Fred L. Bolton
18. MOTHER'S NAME (First, Middle, Maiden Surname): Audrey M. Nash-Bolton

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Kimberly Barnes
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2700 St. Vick Drive New Orleans, Louisiana 70131

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): Seward Cemetery
20c. LOCATION-City or Town, State: Seward, Oklahoma
21a. SIGNATURE OF FUNERAL DIRECTOR: Brad Raines ▶ Brad Raines
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4992
21c. SIGNATURE OF EMBALMER
21d. LICENSE NUMBER OF EMBALMER: 4622
22a. NAME AND ADDRESS OF FUNERAL HOME: Hibbett & Hailey Funeral Home 429 Donelson Pike, Nashville, Tennessee 37214
22b. LICENSE NUMBER OF FUNERAL HOME: 492

REGISTRAR

23. REGISTRAR'S SIGNATURE
24. DATE FILED (Month, Day, Year): August 23, 2005

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 ▶
25b. LICENSE NUMBER: 022044
25c. DATE SIGNED (Month, Day, Year): 8/17/05
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): DANA S Thompson MD 250 25th Ave N Suite 100 Nashville TN 37203

CAUSE OF DEATH

28. PART I. Enter the diseases, injuries, or complications that caused this 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.	Metastatic Non Small Cell Lung Cancer	6 years
DUE TO (OR AS A CONSEQUENCE OF): b.		
DUE TO (OR AS A CONSEQUENCE OF): c.		
DUE TO (OR AS A CONSEQUENCE OF): d.		

SEE INSTRUCTIONS ON OTHER SIDE

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

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
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-1659 (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.

Tonya Y. Ruttlen
Local Registrar

AUG 23 2005
Date Issued

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

CERTIFICATION OF VITAL RECORD