Davidson County AFFIDAVIT
Recvd: 03/30/06 11:58 4 pgs
Fees:22.00 Taxes:0.00
20060330-0036102

This instrument prepared by:
W. FAYE NOVELLY, BPR #019523
UAW Legal Services Plan
100 Stephen P. Yokich Parkway
P.O. Box 1797
Spring Hill, TN 37174-1797

Map/Parcel: 07015002000

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Comes now your Affiant, ULYSSES SHELTON, JR., and having first been duly sworn according to law, and pursuant to *Tenn. Code Ann.* § 30-2-712, deposes and states as follows:

1. My name is ULYSSES SHELTON, JR. and I am an adult citizen and resident Davidson County, State of Tennessee, residing at 136 Oak Park Drive, Nashville, Tennessee, and I am the son of MARY KATHERINE SHELTON.

2. MARY KATHERINE SHELTON, a resident of Davidson County, State of Tennessee, who died on the 11th day of August, 2005, having been predeceased by her husband and my father, ULYSSES SHELTON a/k/a ULYSESS SHELTON, on the 10th day of February, 1973, held a fee simple interest in the following described real property located in Davidson County, Tennessee:

> LAND in Davidson County, Tennessee, being the easterly 86 feet of Lots No. 40, 41 and 42 on the Plan of the Subdivision of Lot No. 37 in Owens Buena Vista Lots, as of record in Plan Book 1, page 84, Chancery Court at Nashville and Book 57, page 26, Register's Office for said County. Said part of Lots No. 40, 41 and 42 fronts 86 feet on the southerly side of Jennings Street and runs back between parallel lines with the westerly margin of Eleventh Avenue North 150 feet to a dead line.

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

REFERENCE is made to prior title recorded in Book 3569, Page 624, in the Register's Office of Davidson County, Tennessee.

This is improved property commonly known as 1103 Jennings Street, Nashville, TN.

3. The Decedent did not leave a will.

4. I am one of the seven (7) heirs at law of the estate of my mother, MARY KATHERINE SHELTON, pursuant to the laws of intestate succession of the State of Tennessee.

5. The following individuals received 100% interest in the real property described above by virtue of the laws of descent and distribution, being all of the Decedent's heirs-at-law:

> Ulysses Shelton, Jr. (son of Mary Katherine Shelton)
> 136 Oak Park Dr., Nashville, TN 37207
>
> Irma Gene Finley (daughter of Mary Katherine Shelton)
> 17460 Bouchard Ct., Carson,CA 90746

Diane Middlebrook (daughter of Mary Katherine Shelton)
1213 Meridian St., Nashville, TN 37207

Beverly Walker (daughter of Mary Katherine Shelton)
2510 Alameda St., Nashville, TN 37208

France E. Holt (son of Mary Katherine Shelton)
108 Mae Circle, Dickson, TN 37055

Darryle T. Shelton (son of Mary Katherine Shelton)
1802 County Hospital Road, Nashville, TN 37208

Edward Shelton (son of Mary Katherine Shelton)
P.O. Box 6997, Columbus, GA 31917

The Decedent died without a surviving spouse.

6. The Decedent was not enrolled in any TennCare program at the time of her death and the Tennessee Inheritance Tax Release is attached hereto.

7. 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, this affidavit being used to evidence transfer of title to the property to beneficiaries.

FURTHER AFFIANT SAYETH NOT.

WITNESS my hand this the 30 day of March, 2006.

Ulysses S Shelton Jr.
ULYSSES SHELTON, JR.

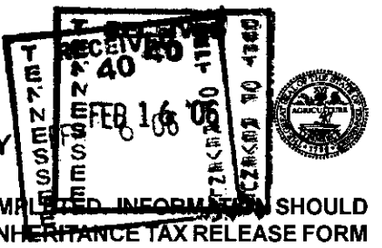
Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared Ulysses Shelton, Jr., with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person described in the foregoing, who signed, sealed and delivered the foregoing instrument in my presence, and who, upon oath, acknowledged that he executed the foregoing instrument for the purposes therein contained as his 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 30 day of March, 2006.

Sarah Green
NOTARY PUBLIC
My Commission Expires: 5/21/07

SARAH GREEN
NOTARY PUBLIC AT LARGE
RUTHERFORD CO., TENN.

TENNESSEE DEPARTMENT OF REVENUE



INHERITANCE TAX RELEASE
FOR REAL OR PERSONAL PROPERTY

NOTICE: THIS DOCUMENT BECOMES AN OFFICIAL STATE RECORD WHEN COMPLETED. INFORMATION SHOULD BE TYPED OR PRINTED CLEARLY IN INK. COMPLETE A SEPARATE INHERITANCE TAX RELEASE FORM FOR EACH PARCEL OF REAL PROPERTY OR FOR EACH BANK OR CORPORATION.

NAME OF DECEDENT: MARY KATHERINE SHELTON

COUNTY OF RESIDENCE: Davidson

SOCIAL SECURITY NUMBER: [redacted]-3364

APPLICATION:

ATTACHED: YES X NO ___

ON FILE: YES ___ NO X IF SO DATE FILED ___

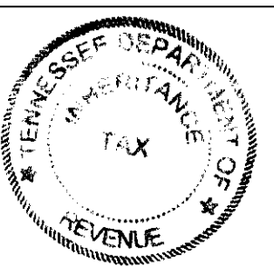
The Department of Revenue hereby waives the issuance of notice required by Section 67-8-417, Tennessee Code Annotated and consents to the transfer of the property now in your custody, or standing on your records in the name of the captioned decedent.

DESCRIPTION OF PROPERTY:
(List only one)

1103 Jennings STreet
Nashville, TN 37208-1139

Partial Lots 40, 41 & 42 Owens Buena Vista

Map/Parcel No. 07015002000



M. Agnes Shelton

Representative of the Estate
(Not valid unless signed)

RETAIN PINK COPY FOR YOUR RECORDS. RETURN WHITE AND YELLOW COPIES TO THE TENNESSEE DEPARTMENT OF REVENUE, 500 DEADERICK ST., NASHVILLE, TN 37242.

DEPARTMENTAL USE ONLY

Amy Green

For Commissioner of Revenue
(By Tax Audit Manager - Audit Division)

FEB 23 2006

Date approved
Inheritance-Gift Tax Section

W. Faye Novelly
UAW Legal Services Plan
P. O. Box 1797
Spring Hill, TN 37174-1797

Release will be mailed to address to the left. Type or print clearly in ink the complete address (include street number and zip code.) Address should be contained within the space provided.

RV-F1401501 (Rev. 6-00)

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0504835

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)			2. SEX	3. DATE OF DEATH (Month, Day, Year)
Mary	Katherine	Shelton	Female	August 11, 2005

4. SOCIAL SECURITY NUMBER (of Deceased)	4a. AGE - LAST BIRTHDAY (Years)	5b. UNDER 1 YEAR MOS. / DAYS	5c. UNDER 1 DAY HOURS / MIN	6. DATE OF BIRTH (Month,Day,Year)	7. BIRTHPLACE (City and State or Foreign Country)
414-48-3364	84			September 23, 1920	College Grove, 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)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
Baptist Hospital	Nashville	Davidson

10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	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.)	12b. KIND OF BUSINESS/INDUSTRY
Widowed	None	Homemaker	N/A

13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER OR RURAL LOCATION
TN	Davidson	Nashville	1103 Jennings Street

CENSUS TRACT

13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No	13f. ZIP CODE	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)	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+)
	37207		Black	12

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden Surname)
Arthur Norris	Erma McCord

INFORMANT

19a. INFORMANT'S NAME (Type/Print)	19b. RELATIONSHIP TO DECEASED	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
Ulysses Shelton, Jr.	Son	136 Oak Park Drive Nashville, TN 37207

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)	20c. LOCATION - City or Town, State
	Nashville National Cemetery	Madison, TN

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER OF FUNERAL DIRECTOR	21c. SIGNATURE OF EMBALMER	21d. LICENSE NUMBER OF EMBALMER
Lunda D Johnson	4063	Patrick Shuler	5072

22a. NAME AND ADDRESS OF FUNERAL HOME	22b. LICENSE NUMBER OF FUNERAL HOME
Johnson's House of Afena 1107 Buchanan Street Nashville, TN 37208	704

REGISTRAR

23. REGISTRAR'S SIGNATURE: Robert W. Rhodes MD — 24. DATE FILED (Month, Day, Year): August 31, 2005

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date, time, and due to the cause(s) and manner as stated.

1 [X] SIGNATURE AND TITLE OF PHYSICIAN — 25b. LICENSE NUMBER: TN 34669 — 25c. DATE SIGNED (Month, Day, Year): 8/30/05

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 causes(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 Bannerman, MD, 2010 Church Street, Suite 710, Nashville, TN 37203

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.

SEE INSTRUCTIONS ON OTHER SIDE

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	Aortic Dissection	Days
DUE TO (OR AS A CONSEQUENCE OF): b.	Thoracic Aortic Aneurysm	Years
DUE TO (OR AS A CONSEQUENCE OF): c.	Hypertension	Years
DUE TO (OR AS A CONSEQUENCE OF): d.	Atherosclerotic Heart Disease	Years

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 [ ] No	29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] 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)

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
Tonya Y Ruttlen
Local Registrar

Date Issued: AUG 31 2005

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

METROPOLITAN GOVERNMENT NASHVILLE AND DAVIDSON COUNTY TENNESSEE

CERTIFICATION OF VITAL RECORD