This instrument prepared by:
RONALD L. HOOPER, SR.
Attorney-At-Law, TN B.P.R. No. 09493
State Farm Building
5110 Delaware Avenue
Nashville, Tennessee 37209-2133
(615) 297-9288

Davidson County AFFIDAVIT
Recvd: 04/12/06 09:17 5 pgs
Fees:27.00 Taxes:0.00
20060412-0041918

AFFIDAVIT OF HEIRSHIP AS TO THE HEIRS

OF

EFFIE MARIE ELKINS, DECEASED

STATE OF TENNESSEE)
) SS
COUNTY OF DAVIDSON)

Affiant, **Kathy Elkins Campbell**, after first being duly sworn, hereby deposes and says as follows:

1. I am Kathy Elkins Campbell, and I reside at 601 Eastboro Drive, Nashville, Tennessee 37209.

2. My mother, Effie Marie Elkins, died on February 28, 2006, at the age of seventy-five (75) years old, a widow, residing at 507 Continental Drive, Nashville, Tennessee 37209, which is evidenced by the Death Certificate attached hereto as Exhibit "A".

3. Effie Marie Elkins died intestate..

4. Effie Marie Elkins owned a fee simple interest in the following described real property at the time of her death:

> Certain tract or parcel of land in Davidson County, Tennessee, described as follows, to wit:

LAND IN THE 8TH civil District of Davidson County, Tennessee, being Lot No. 2295 on the Plan 2295 on the Plan of Charlotte Park, Section 37, as of record in 0Book 3600, pages 21 and 22, Register's Office for Davidson County, Tennessee.

Said Lot 1295 fronts 75 feet on the southwesterly side of Continental Drive and extends back 345.9 feet on the northwesterly line and 140.0 feet on the southeasterly line to a dead line in the rear measuring 75.17 feet thereon.

BEING the same property conveyed to Effie Marie Elkins by deed from Estate of Charles Raymond Elkins and Effie Marie Elkins of record in Book 11340, page 880, Register's Office for Davidson County, Tennessee.

This is the same property description as the previous deed.

This is improved property located and known as **507 Continental Drive, Nashville, Tennessee 37209.**

5. There was born to Effie Marie Elkins four (4) children, namely, James Raymond Elkins, Kathy Elkins Campbell, Wanda Elkins Johnson and Lisa Faye Elkins. The last named, Lisa Faye Elkins, died on November 20, 2005, without issue, as evidenced by the Death Certificate attached hereto as Exhibit "B".

6. Effie Marie Elkins was survived by the following three (3) children, whose names, ages and addresses follow::

Name	**Age**	**Relationship**	**Address**
James Raymond Elkins	53	Son	4907 Tennessee Avenue Nashville, TN 37209
Kathy Elkins Campbell	52	Daughter	601 Eastboro Drive Nashville, TN 37209
Wanda Elkins Johnson	50	Daughter	4909 Tennessee Avenue Nashville, TN 37209

7. I am making this sworn affidavit upon my personal knowledge pursuant to the provisions of Tennessee Code Annotated §30-2-712 to evidence that upon the death

of my mother, Effie Marie Elkins, who died intestate, title to the hereinabove described property was vested in her three (3) surviving children by operation of law.

FURTHER AFFIANT SAITH NOT.

Kathy Elkins Campbell
KATHY ELKINS CAMPBELL

Personally appeared before me, the undersigned, a Notary Public, in and for said County and State, the within named **Kathy Elkins Campbell**, with whom I am personally acquainted and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee this the 11th day of April, 2006.

Ronald L. Hooper, Jr.
NOTARY PUBLIC

My Commission Expires: 5-23-2009

RONALD L. HOOPER, JR. STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY, TENN.

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

Exhibit "A"

0601127

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): Effie Marie Elkins
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): February 28, 2006
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-7838
5a. AGE-LAST BIRTHDAY (Years): 75
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): Aug. 29, 1930
7. BIRTHPLACE (City and State or Foreign Country): Humphreys County, Tennessee
8. 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): Saint Thomas Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
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.): Home Health Aide
12b. KIND OF BUSINESS/INDUSTRY: Health
13a. RESIDENCE STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 507 Continental Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37209
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes No X — Specify, if yes:
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 9; College (1-4 or 5+):

NAME OF DECEDENT For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Joe Hicks
18. MOTHER'S NAME (First, Middle, Maiden Surname): Mae Breden

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Kathy Campbell
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 601 Eastboro Drive Nashville, Tennessee 37209

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): Harpeth Hills Memory Gardens
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Michael P. Selbe
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5352
21c. SIGNATURE OF EMBALMER: Michael P. Selbe
21d. LICENSE NUMBER OF EMBALMER: 5352
22a. NAME AND ADDRESS OF FUNERAL HOME: West Harpeth Funeral Home and Crematory 6962 Charlotte Pike, Nashville, Tennessee 37209
22b. LICENSE NUMBER OF FUNERAL HOME: 1016

REGISTRAR

23. REGISTRAR'S SIGNATURE: Tonya L. Brown
24. DATE FILED (Month, Day, Year): March 2, 2006

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: Andre Churchwell MD
25b. LICENSE NUMBER: MD021572
25c. DATE SIGNED (Month, Day, Year): 3/2/06
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): Andre Churchwell, M.D., 4230 Harding Pike, Nashville, Tennessee 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.

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Anoxic Brain Injury + Cardiopulmonary Arrest — Approximate Interval Between Onset and Death: sec-min
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. Ventricular Fibrillation — sec-min
DUE TO (OR AS A CONSEQUENCE OF):
c. Acute Myocardial Infarction — min.
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 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 139

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

MAR 02 2006
Date Issued

CERTIFICATION OF VITAL RECORD

METROPOLITAN GOVERNMENT OF
NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

Exhibit "B"

0506427

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Lisa Faye Elkins
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): November 20, 2005
4. SOCIAL SECURITY NUMBER: 415-06-9812
5a. AGE-LAST BIRTHDAY (Years): 43
6. DATE OF BIRTH (Month, Day, Year): Nov. 24, 1961
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 X No
9. PLACE OF DEATH (Check only one): HOSPITAL 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 X Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 507 Continental Drive
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Never Married
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.): Disabled
12b. KIND OF BUSINESS/INDUSTRY: Never Worked
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN, OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 507 Continental Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? X Yes No
13f. ZIP CODE: 37209
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)
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+): 6

PARENTS

17. FATHER'S NAME (First, Middle, Last): Charles Raymond Elkins
18. MOTHER'S NAME (First, Middle, Maiden Surname): Effie Marie Hicks Elkins

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Marie Elkins
19b. RELATIONSHIP TO DECEASED: Mother
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 507 Continental Drive Nashville, Tennessee 37209

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): Harpeth Hills Memory Gardens
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Damon W. Hobbs
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5459
21c. SIGNATURE OF EMBALMER: Jeff Plunk
21d. LICENSE NUMBER OF EMBALMER: 4353
22a. NAME AND ADDRESS OF FUNERAL HOME: West Harpeth Funeral Home and Crematory 6962 Charlotte Pike, Nashville, Tennessee 37209
22b. LICENSE NUMBER OF FUNERAL HOME: 1016

REGISTRAR

23. REGISTRAR'S SIGNATURE: [signature]
24. DATE FILED (Month, Day, Year): November 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: William H. Pettus MD
25b. LICENSE NUMBER: MD13635
25c. DATE SIGNED (Month, Day, Year): 11/21/05
2 SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER
26c. DATE SIGNED (Month, Day, Year)
PHYSICIAN OR MEDICAL EXAMINER TO COMPLETE CERTIFICATE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): William H. Pettus, M.D., 2021 Church Street, Nashville, Tennessee 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
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. End Stage Kidney Disease (Dialysis Discontinued) 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. Diabetes mellitus DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d.
Approximate Interval Between Onset and Death:
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I: Spina bifida, chronic tracheostomy
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: 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-1625 (REV. 9-98)
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.

NOV 23 2005

Tonya Y. Ruttlen
Tonya Y. Ruttlen
Local Registrar

Date Issued

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

CERTIFICATION OF VITAL RECORD