prepared:
Andy Baker

AFFIDAVIT OF HEIRSHIP

I, Elnora Whitfield, hereinafter referred to as Affiant, being first duly sworn, and makes oath as follows:

1. That Affiant presently resides at the following address 1933 Westchester Drive Nashville, TN 37207

2. That Affiant personally knew **Chaney L. Williams**, deceased, hereinafter referred to as Decedent, for over **20** years and has personal knowledge of the family of Decedent.

3. That Affiant, **Elnora Whitfield** knew that at date of death said Decedent, **Chaney L. Williams**, owned the following described real estate in Davidson County, Tennessee: **1010 Lenore St.**

Being Lot No. 13 on the Map of J.H. Haynie's Central Park Plan, as of record in Book 161, Page 116, Register's Office for said County.

Being the same property conveyed to Chaney Baker Williams and Husband, John E. Williams of record in book 7420, page 934, Registers Office for Davidson County Tennessee.
Being Map 93-4 parcel 96

4. That Decedent died on **August 27th, 2005**, and was at that time a resident of **Davidson** County, State of **Tennessee**;

5. That Decedent died intestate.

6. That **Chaney L. Williams was a preceded in death by her husband John Williams and was unmarried at** the time of her death.

7. That the following persons are all of the children born to or adopted by Decedent during the Decedent's lifetime: Larry O. Beddingfield and Michael L. Beddingfield. That the following persons constitute, as of the date of execution of this affidavit, all of the heirs-at-law of Decedent: Larry O. Beddingfield and Michael L. Beddingfield.

8. Additional information, if any, either known or understood to be true by Affiant:

FURTHER AFFIANT SAITH NOT.

Elnora Whitfield
Affiant's Signature

STATE OF Tennessee
COUNTY OF Davidson
Before me, Tricia L. Reavis, a Notary Public in and for the State and County aforesaid, personally appeared the within named Affiant, Elnora Whitfield with whom I am personally acquainted, who made oath that the statements contained in the foregoing affidavit are true of Affiant's own knowledge.
WITNESS my hand and official seal at Nashville, (city) TN (state) this 21st day of June, 2006.

Tricia L. Reavis
Notary Public
My Commission expires: 3/31/07

TRICIA L. REAVIS NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TENN.

Davidson County AFFIDAVIT
Recvd: 06/21/06 14:02 2 pgs
Fees:12.00 Taxes:0.00
20060621-0074239

STATE OF TENNESSEE
Office of Vital Records

0505008

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

S1 NU [redacted] 2005 038671

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last): CHANEY WILLIAMS
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): AUGUST 27, 2005
4. SOCIAL SECURITY NUMBER (of Deceased): 414-76-8009
5a. AGE-LAST BIRTHDAY (Years): 73
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Min.
6. DATE OF BIRTH (Month, Day, Year): JUL 15 1932
7. BIRTHPLACE (City and State or Foreign Country): ATHENS, AL
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 No
5e. PLACE OF DEATH (Check only one): HOSPITAL 1 Inpatient 2 ER/Outpatient 3 DOA; OTHER 4 Nursing Home 5 Residence 6 Other (Specify): 4
9b. FACILITY NAME (If not institution, give street and number): TREVECCA HEALTH CARE 990
9c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE 094
9d. COUNTY OF DEATH: DAVIDSON 19
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): DIETARY SUPERVISOR
12b. KIND OF BUSINESS/INDUSTRY: WEST END NURSING HOME
13a. RESIDENCE STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 1010 LENORE STREET
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37206
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes No X
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+):
17. FATHER'S NAME (First, Middle, Last): FRANK JACKSON
18. MOTHER'S NAME (First, Middle, Maiden Surname): MATTIE WOODRUFF
19a. INFORMANT'S NAME (Type/Print): MICHAEL BEDDINGFIELD
19b. RELATIONSHIP TO DECEASED: SON
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1312 UNION COURT NASHVILLE, TN 37207
20b. 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): GREENWOOD CEMETERY
20c. LOCATION - City or Town, State: NASHVILLE, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3167
21c. SIGNATURE OF EMBALMER: TONYA HAYNES
21d. LICENSE NUMBER OF EMBALMER: 5682
22a. NAME AND ADDRESS OF FUNERAL HOME: SMITH BROTHERS FUNERAL DIRECTORS, INC. 706 MONROE STREET, NASHVILLE, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 809
23. REGISTRAR'S SIGNATURE: [signature]
24. DATE FILED (Month, Day, Year): September 9 2005
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: [signature] MD
25b. LICENSE NUMBER: 27476
25c. DATE SIGNED (Month, Day, Year): 9/8/05
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 CERTIFYING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Ralf Hahnemann MD, 7M16 VUMC, Nashville TN 37232-8170

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 Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Sharon M. Leinbach
STATE REGISTRAR

Date Issued Jun-20-2006

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD