PICK-UP

Prepared By:
Luvell L. Glanton
915 Jefferson St.
Nashville, TN 37208

AFFIDAVIT OF HEIRSHIP

Davidson County AFFIDAVIT
Recvd: 07/31/06 09:30 3 pgs
Fees:17.00 Taxes:0.00

20060731-0091977

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

COMES now **CHARLES T. JOHNSON,** husband and heir **ADDIE RUTH JOHNSON** in this cause, having been duly sworn, who would state to the court as follows:

1. My name is **CHARLES T. JOHNSON**. I currently reside at 1409 Clinton Street, Nashville, Davidson County, Tennessee.

2. My wife, **ADDIE RUTH JOHNSON**, died on December 27, 2000. Attached is a copy of the death certificate.

3. I am heir to the Estate of **ADDIE RUTH JOHNSON**, and as such I am the rightful owner of the property described below:

Land in Davidson county, Tennessee, being westerly 22-1/2 feet of Lot No. 126 and the easterly 15 feet of Lot No. 127 on the plan of the unsold lots in West Nashville of Samuel Watkins, deceased, of record in Book 57, Page 13, Register's Office for said county.

Said, parts of Lots No. 126 and 127 front together 37-1/2 feet on the southerly side of Clinton Street and run back between parallel lines 177 feet to an alley.

Being the same real property conveyed to Joe C. Smithson and wife, Vivian R. Smithson, by deed from Hurley Campbell and wife, Louise Campbell, dated November 18, 1961, and recorded in Book 3342, Page 31, Register's Office for said County.

Being the same real property conveyed to Charles T. Johnson and Addie Ruth Johnson, by deed from Joe C. Smithson and wife, Vivian R. Smithson, dated November 2, 1968, and recorded in Book 4044, Page 336, Register's Office for said County.

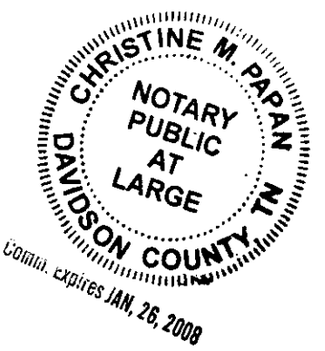
This is improved property known as 1409 Clinton Street, Nashville, Davidson County, Tennessee.

WITNESSED this the 28th day of June, 2006.

Charles T. Johnson
CHARLES T. JOHNSON

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Sworn to and subscribed before me on
this 28th day of June, 2006.



Christine M. Papan
NOTARY PUBLIC

My Commission Expires: Jan 26, 2008

Metropolitan Government of Nashville and Davidson County

Bill Purcell, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

JAN 24 2001

John P. Salmon

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2000307

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Addie Ruth Johnson
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): 12-27-2000
4. SOCIAL SECURITY NUMBER (for Deceased): 413-40-0211
5a. AGE — LAST BIRTHDAY (Years): 73
4. DATE OF BIRTH (Month, Day, Year): 09-04-1927
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tenn.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 X 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)
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
9b. FACILITY NAME (If not institution, give street and number): Centennial Medicla Center
10. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Charles Johnson
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Werthan Bag
12b. KIND OF BUSINESS/INDUSTRY: Packing
13d. STREET AND NUMBER OR RURAL LOCATION: 1409 Clinton Street
13a. RESIDENCE — STATE: Tenn.
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
CENSUS TRACT: 6
13e. INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37203
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): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): Secondary; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): John Batey
18. MOTHER'S NAME (First, Middle, Maiden Surname): Lovie Batey

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Charles Johnson
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1409 Clinton Street 37203

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): Greenwood Cemetery-West
20c. LOCATION — City or Town, State: Nashville, Tenn.
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Ronald C. Smith Sr.
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4563
21c. SIGNATURE OF EMBALMER: ▶ Ronald Stewart
21d. LICENSE NUMBER OF EMBALMER: 3732
22a. NAME AND ADDRESS OF FUNERAL HOME: Holmes Funeral Home 1408 Jo-Johnston Ave.
22b. LICENSE NUMBER OF FUNERAL HOME: 340

REGISTRAR

24. DATE FILED (Month, Day, Year): January 24, 2001
23. REGISTRAR'S SIGNATURE: ▶ Teresa L. Bowen

CERTIFIER

25a. PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 X SIGNATURE AND TITLE OF PHYSICIAN: ▶ R J Mangialardi MD
25b. LICENSE NUMBER: MD27110
25c. DATE SIGNED (Month, Day, Year): 1/23/01
26a. MEDICAL EXAMINER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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): ROBERT J MANGIALARDI MD 2400 PATTERSON ST SUITE 401 NASHVILLE TN 37203

SEE INSTRUCTIONS ON OTHER SIDE

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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	Pneumonia	1 week
DUE TO (OR AS A CONSEQUENCE OF): b.	Lung Cancer	Unknown
DUE TO (OR AS A CONSEQUENCE OF): c.		
DUE TO (OR AS A CONSEQUENCE OF): d.		

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: 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):

BIRTHMO 1

PH-1663
(REV. 1/89)