THIS INSTRUMENT PREPARED BY:
Rudy Title and Escrow
2012 21st Avenue, South
Nashville, TN 37212

RECORD AND RETURN TO:
Mitchell A. Watts, Attorney
2400 Crestmoor Road #102
Nashville, TN 37215

AFFIDAVIT OF HEIRSHIP

I, Frances C. Hunter, hereinafter referred to as Affiant, being first duly sworn, makes oath as follows:

1. That Affiant presently resides at the following address:
108 Shephard Hills Dr, Madison, TN 37115

2. That Affiant personally knew **Horace K. Hunter, Sr.**, deceased, hereinafter referred to as Decedent, for over 42 years and has personal knowledge of the family of Decedent.

3. That Affiant, Frances C. Hunter, knew that at date of death said Decedent, **Horace K. Hunter, Sr.** , owned the following described real estate in **Davidson** County, Tennessee: **4200 Morriswood Court, Nashville, TN 37204 f/k/a 4201 Overton Street, Nashville, TN 37204**

4. That Decedent died on **December 22, 1991**, and was at that time a resident of **Davidson** County, State of **Tennessee**;

5. That **Horace K. Hunter, Sr.** was married at the time of his death to **Mildred B. Hunter.**

6. That the following persons are all of the children born to or adopted by Decedent during the Decedent's lifetime: **Horace K. Hunter, Jr. and Paul J. Hunter**.

7. That the following persons constitute, as of the date of execution of this affidavit, all of the heirs-at-law of Decedent: **Mildred B. Hunter, Horace K. Hunter, Jr. and Paul J. Hunter**

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

Copy of Last Will and Testament (was not admitted to Davidson County Probate Clerk) attached as Exhibit "A".

Copy of Death Certificate attached as Exhibit "B"

Davidson County AFFIDAVIT
Recvd: 11/21/06 12:07 3 pgs
Fees:17.00 Taxes:0.00
20061121-0144527

FURTHER AFFIANT SAITH NOT.

Frances C. Hunter
Affiant's Signature

STATE OF Tennessee
COUNTY OF Davidson
Before me, Mary Frances Rudy, a Notary Public in and for the State and County aforesaid, personally appeared the within named Affiant, Frances C. Hunter, 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 Madison, (city) Tennessee (state) this 8th day of November, 2006.

Mary Frances Rudy
Notary Public
My Commission expires: 7-24-10

MARY FRANCES RUDY NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TENN.

EXHIBIT "A"

Last Will and Testament

I Horace K. Hunter Sr. of Nashville, Tenn. in the County of Davidson and State of Tennessee being of sound mind, memory and understanding, do make, publish and declare this to be my last WILL and TESTAMENT, hereby revoking any and all former wills made by me.

After burial expenses and any debts I may have, have been paid, I leave my Estate (Real + Personal) to my wife, if living Mildred Bowers Hunter.
together at time of death.
The home - 4200 Marniwood ct - Nashville Tenn.
All Bonds and stocks
All balances of profit sharing account
All bank accounts.
She is to serve as executrix without bond,

In case of a common accident where I and wife are killed 75% of estate goes to Joan Brown daughter. 25% - share + share alike to the 6 sons H.K. Hunter Jr, & Paul J. Hunter,

and I do devise and bequeath all the rest and residue of my estate, both real, personal and mixed, to

Mildred Bowers Hunter - wife

And Lastly, I do hereby constitute and appoint above wife executrix of my last Will and Testament, to so serve without Bond being required.

In Testimony Whereof, I have set my hand and seal to this, my last Will and Testament, at Nashville Tenn. this 19th day of July A. D. One Thousand Nine Hundred and 75

Horace K. Hunter (SEAL)

Signed and Sealed by the said _____ in our presence, and by _____ published and declared as and for _____ last Will and Testament, and at _____ request and in _____ presence and in the presence of each other, we hereunto subscribe our names as attesting witnesses at _____ this _____ day of _____, A. D., 19_____

_____ Address

_____ Address

_____ Address

EXHIBIT "B"

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

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.

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

910622

CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME: Horace Knight Hunter Sr.
2. SEX: Male
3. DATE OF DEATH: 12-22-91
4. SOCIAL SECURITY NUMBER: [redacted]-0322A
5a. AGE: 83
5b. UNDER 1 YEAR: months
5c. UNDER 1 DAY: hours
5d. UNDER 1 DAY: minutes
6. DATE OF BIRTH: Oct-28-1908
7. BIRTHPLACE: Nashville, Tn.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
9a. PLACE OF DEATH: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [X] DOA 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other
9b. FACILITY NAME: Vanderbilt
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS: Married
11. SURVIVING SPOUSE: Mildred Bovers
12a. DECEDENT'S USUAL OCCUPATION: Salesman
12b. KIND OF BUSINESS/INDUSTRY: Freidman-Marks
13a. RESIDENCE - STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN, OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 4200 Morriswood Ct.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37204
14. WAS DECEDENT OF HISPANIC ORIGIN? [ ] Yes [X] No
15. RACE: White
16. DECEDENT'S EDUCATION: High-School

PARENTS

17. FATHER'S NAME: George Hunter
18. MOTHER'S NAME: Loleta Knight

INFORMANT

18a. INFORMANT'S NAME: Mildred Hunter
18b. RELATIONSHIP TO DECEASED: wife
18c. MAILING ADDRESS: 4200 Morriswood Ct. Nashville, Tn. 37204

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other
20b. PLACE OF DISPOSITION: Woodlawn
20c. LOCATION: Nashville, Tn.
21a. SIGNATURE OF FUNERAL DIRECTOR: Clyde Green
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 1343
21c. SIGNATURE OF EMBALMER: D. Brewer
21d. LICENSE NUMBER OF EMBALMER: 2969
22a. NAME AND ADDRESS OF FUNERAL HOME: Ellis Funeral Home 2627 Nolensville Road Nashville, Tennessee 37211
22b. LICENSE NUMBER OF FUNERAL HOME: 775

REGISTRAR

23. REGISTRAR'S SIGNATURE: Mary C. Pentecost
24. DATE FILED: December 27, 1991

PHYSICIAN

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 [ ] SIGNATURE AND TITLE OF PHYSICIAN: [signature]
25b. LICENSE NUMBER: MD-2119
25c. DATE SIGNED: 12/24/91

MEDICAL EXAMINER

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

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):

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.

Immediate Cause (Final disease or condition resulting in death): a. Acute myocardial infarction
DUE TO (OR AS A CONSEQUENCE OF):
b. Severe congestive heart failure
DUE TO (OR AS A CONSEQUENCE OF):
c. Hypertension
DUE TO (OR AS A CONSEQUENCE OF):
d. Chronic renal failure

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: Abdominal aortic aneurysm; atrial fibrillation

28a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

SEE INSTRUCTIONS ON OTHER SIDE

29. MANNER OF DEATH: 1 [X] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
30a. DATE OF INJURY
30b. TIME OF INJURY
30c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No
30d. DESCRIBE HOW INJURY OCCURRED
30e. PLACE OF INJURY
30f. LOCATION