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 **Mildred B. Hunter**, deceased, hereinafter referred to as Decedent, for over 38 years and has personal knowledge of the family of Decedent.

3. That Affiant, Frances C Hunter, knew that at date of death said Decedent, **Mildred B. Hunter**, 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 **February 28, 1992**, and was at that time a resident of **Davidson** County, State of **Tennessee**;

5. That **Mildred B. Hunter** was widowed at the time of her death.

6. That the following persons are all of the children born to or adopted by Decedent during the Decedent's lifetime: **Joann H. Brown**

7. That the following persons constitute, as of the date of execution of this affidavit, all of the heirs-at-law of Decedent: **Joann H. Brown**

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
20061121-0144528

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

RUDY NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TENN.

EXHIBIT "A"

Nov 23, 1990

I, Mildred Bowers Hunter of Nashville, Tenn. do hereby make and declare this as my last Will and Testament,

I, Kelley give and bequeath the following to my daughter, Joann Hunter Brown -

1990 Toyota Camry
2 diamond rings

I Lisa Brown - Singer Sewing machine
I Karen Brown - Lenox china
I Craig Brown -

I appoint Joann Hunter Brown as Executrid, without bond.
All other personal property to my daughter, Joann Hunter Brown.

In witness whereof, I have set my hand to this my last Will and Testament on this the 23rd day of Nov, 1990.

The above was signed by Mildred Bowers Hunter in the presence of these witnesses & the presence of each other have set forth these signatures the 23rd day of November, 1990.

Witnessed by:
Donna Gardner
Marie B. Gardner

Mildred Bowers Hunter
5600 Country Dr #306 Nashville, Tn
5600 Country Dr
Nashville, Tn 37211

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

MAR 13 1998

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.

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

9301045

CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Mildred Bowers Hunter
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): 2-28-92
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-7429
5a. AGE—LAST BIRTHDAY (Years): 66
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 24 HOURS: Hours / Min.
6. DATE OF BIRTH (Month, Day, Year): 3-6-25
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tn.
8a. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
8b. PLACE OF DEATH (Check only one): Hospital: 1 [X] Inpatient 2 ER/Outpatient 3 DOA; Other: 4 Nursing Home 5 Residence 6 Other (Specify)
9a. FACILITY NAME (If not institution, give street and number): Vanderbilt
9b. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9c. 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): Waitress
12b. KIND OF BUSINESS/INDUSTRY: Andrew Jackson Hotel
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 (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.): [ ] Yes [ ] No
Specify, if yes:
16. RACE—American Indian, Black, White, etc. (Specify): White
17. EDUCATION (Specify only highest grade completed): Elementary/Secondary (0–12): High-school; College (1–4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Winston Bowers
18. MOTHER'S NAME (First, Middle, Maiden Surname): Ann Elizabeth Austin

INFORMANT

18a. INFORMANT'S NAME (Type/Print): Joan Brown
18b. RELATIONSHIP TO DECEASED: daughter
18c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): NAshville, Tn. 4200 Morriswood Ct. 37204

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): Woodlawn
20c. LOCATION—City or Town, State: NAshville, Tn.
21a. SIGNATURE OF FUNERAL DIRECTOR: Clyde Green
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 1343
21c. SIGNATURE OF EMBALMER: Charles Crawford
21d. LICENSE NUMBER OF EMBALMER: 3775
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. Bertrand
24. DATE FILED (Month, Day, Year): March 13, 1992

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 [ ] SIGNATURE AND TITLE OF PHYSICIAN: F. Billings MD
25b. LICENSE NUMBER: MD 06355
25c. DATE SIGNED (Month, Day, Year): 3/15/92
26a. MEDICAL EXAMINER (On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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): F. TREMAINE BILLINGS, M.D. 2553 The Vanderbilt Clinic 22nd and Pierce Streets Nashville, Tennessee 37232

CAUSE OF DEATH

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter terminal events such as cardiac arrest, shock, or heart failure. List only one cause on each line.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a.
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. End Stage Chronic obstructive pulmonary disease
DUE TO (OR AS A CONSEQUENCE OF):
c. Hypoxia — 3 days
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)

FH-1868