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 **Joann H. Brown**, 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, **Joann H. Brown**, 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 19, 2000**, and was at that time a resident of **Davidson** County, State of **Tennessee**;

5. That **Joann H. Brown** was unmarried 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: **Karen Linette Brown k/n/a Karen L. Aamotsbakken, Lisa Gay Brown and Tracy L. Brown**

7. That the following persons constitute, as of the date of execution of this affidavit, all of the heirs-at-law of Decedent: **Karen Linette Brown k/n/a Karen L. Aamotsbakken, Lisa Gay Brown and Tracy L. 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"~~

COPY OF DEATH CERTIFICATE ATTACHED AS EXHIBIT "A"

FURTHER AFFIANT SAITH NOT.

Frances C. Hunter
Affiant's Signature

Davidson County AFFIDAVIT
Recvd: 11/21/06 12:08 2 pgs
Fees:12.00 Taxes:0.00
20061121-0144529

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 ~~Nashville~~ Madison, (city) Tennessee (state) this 8th day of November, 2006.

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

NOTARY PUBLIC DAVIDSON COUNTY, TENN. MARY FRANCES RUDY

EXHIBIT "A"

STATE OF TENNESSEE
Office of Vital Records

0007183

2000 055514

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last): Joann Brown
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): 12-19-2000
4. SOCIAL SECURITY NUMBER (If Deceased): [redacted]-2013
5a. AGE LAST BIRTHDAY (Years): 56
5b. UNDER 1 YEAR MOS.
5c. UNDER 1 DAY HOURS MIN.
6. DATE OF BIRTH (Month, Day, Year): 7-18-1944
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8. EVER IN U.S. ARMED FORCES? 1 Yes 2 X No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 X Inpatient 3 ER/Outpatient 3 DOA; OTHER 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Vanderbilt 091
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify): Divorced
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.): Homemaker
12b. KIND OF BUSINESS/INDUSTRY:
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 4200 Morriswood Court
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 0 X No. 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): 12; College (1-4 or 5+): 1
17. FATHER'S NAME (First, Middle, Last): Wilburn Dean
18. MOTHER'S NAME (First, Middle, Maiden Surname): Mildred Bowers
19a. INFORMANT'S NAME (Type/Print): Imogene Green
19b. RELATIONSHIP TO DECEASED: Aunt
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2627 Nolensville Road Nashville, TN 37211
20a. METHOD OF DISPOSITION: 1 Burial 2 Cremation 3 Removal from State 4 X Donation 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Vanderbilt School of Medicine
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR
21b. LICENSE NUMBER OF FUNERAL DIRECTOR
21c. SIGNATURE OF EMBALMER
21d. LICENSE NUMBER OF EMBALMER
22a. NAME AND ADDRESS OF FUNERAL HOME
22b. LICENSE NUMBER OF FUNERAL HOME: 10996
23. REGISTRAR'S SIGNATURE
24. DATE FILED (Month, Day, Year): January 9, 2001
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: X [illegible], MD
25b. LICENSE NUMBER: MD28576
25c. DATE SIGNED (Month, Day, Year): 01/03/2001
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)
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Alp Ikizler, M.D., Nephrology Div., B-3223 Medical Center North, Nashville, TN 37232-237

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 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 Nov. 14 2006

CERTIFICATION OF VITAL RECORD