Davidson County AFFIDAVIT
Recvd: 12/04/06 09:44 3 pgs
Fees:17.00 Taxes:0.00
20061204-0148969

This instrument prepared by:
Joseph F. Rosenberg, Attorney at Law
7334 Highway 76 East
Springfield, TN 37172

STATE OF INDIANA
COUNTY OF Marion

AFFIDAVIT OF HEIRSHIP

I, John W. Jobe, the son, sole issue and heir of John Ben Jobe, deceased. The deceased, John Ben Jobe, age 87, a widower died intestate on May 25, 2005, in Davidson County Tennessee. His last residence was 338 Whitsett Road, Nashville, Tennessee, 37210. Attached is a copy of the Certificate of Death of John Ben Jobe.

At the time of the death of John Ben Jobe, he owned fee simple realty consisting of two lots and one house valued at approximately $42,500.

The legal description of the subject property is:

BEING Lots Nos. 8 and 9 on the Plan of Joiner Property, of record in Plat Book 2, Page 122, Chancery Court at Nashville, to which plan reference is made for a more complete description.

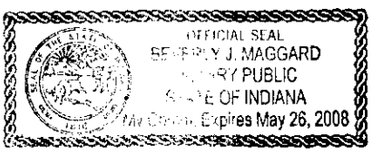
SAID lots adjoin and front together 81 feet on the northerly side of Whitsett Road or Avenue and runs back 150 feet on the easterly line of Lot No. 9 and 162 feet on the westerly line of Lot No. 8, along with the easterly margin of a 12 foot alley, to an alley in the rear on which they measure 150 feet.

BEING the same property conveyed to John B. Jobe and wife, Libby V. Jobe by deed from Leslie G. Morton and wife, Sarah Long Morton, of record in Book 1644, Page 84, Register's Office for Davidson County, Tennessee.

The subject property is improved property commonly known as 338 Whitsett Road, Nashville, Tennessee 37210.

WHEREFORE, John W. Jobe affirms that he is the sole heir of John Ben Jobe and that by operation of law, pursuant to TCA 31-2-103 and 31-2-104, the realty is vested in John W. Jobe.

The additional notarized signature is of Arthur Thomas Jobe, brother of the deceased, John Ben Jobe.



John W. Jobe
731-37 Creekside Drive
Aurora Ohio 44202
(330) 995-264

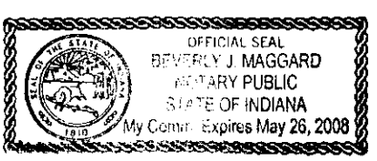
STATE OF INDIANA
COUNTY OF Marion

Personally appeared before me, Beverly J Maggard, notary public, the said, John W. Jobe, and after being duly sworn, states that the facts averred in the above Affidavit are true to the best of his knowledge, information, and belief.

Sworn to and subscribed before me, this 1st day of December 2006.

Notary Public

My commission expires May 26, 2008



Arthur Thomas Jobe
9225 Garrison Drive
Indianapolis IN 46240
(317) 816-0216

STATE OF INDIANA
COUNTY OF Marion

Personally appeared before me, Beverly J Maggard notary public, the said, Arthur Thomas Jobe, and after being duly sworn, states that the facts averred in the above Affidavit are true to the best of his knowledge, information, and belief.

Sworn to and subscribed before me, this 1st day of December 2006.

Notary Public

My commission expires May 26, 2008

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0503688

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): JOHN BEN JOBE
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): MAY 25, 2005
4. SOCIAL SECURITY NUMBER (of Deceased): 414-22-4663
5a. AGE-LAST BIRTHDAY (Years): 87
5b. UNDER 1 YEAR: MON. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Aug. 1, 1917
7. BIRTHPLACE (City and State or Foreign Country): Nolensville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 XX Yes 2 No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 Inpatient 2 XX ER/Outpatient 3 DOA; OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Skyline Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Ida M. Jones
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Minister
12b. KIND OF BUSINESS/INDUSTRY: Minister
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 338 Whitsett Road
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 XX Yes 2 No
13f. ZIP CODE: 37210
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes O XX 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): 4th; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Wiley Harrison Jobe
18. MOTHER'S NAME (First, Middle, Maiden Surname): Cora Bell Page

INFORMANT

19a. INFORMANT'S NAME (Type/Print): John Wiley Jobe
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 737-37 Creekside Drive Auora, Ohio 44202

DISPOSITION

20a. METHOD OF DISPOSITION: 1 XX Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Greenwood/West Cemetery
20c. LOCATION-City or Town, State: Nashville, Tennessee

FUNERAL DIRECTOR

21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ George Baker, Jr.
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4695
21c. SIGNATURE OF EMBALMER: ▶ Ronald Stewart
21d. LICENSE NUMBER OF EMBALMER: 3732
22a. NAME AND ADDRESS OF FUNERAL HOME: PATTON BROTHERS FUNERAL HOME 1306 South Street/Nashville, Tennessee 37212
22b. LICENSE NUMBER OF FUNERAL HOME: 185

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ [signature]
24. DATE FILED (Month, Day, Year): July 6, 2005

CERTIFIER

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]
25b. LICENSE NUMBER: MD26587
25c. DATE SIGNED (Month, Day, Year): 7/7/05
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 EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print):

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

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Congestive Heart Failure
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. DUE TO (OR AS A CONSEQUENCE OF):
c. 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 No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No

30. MANNER OF DEATH: 1 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)

PH-1659 (REV. 6/99)

BIRTH NO.

RDA 1/999

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 Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

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

Tonya Y Ruttlen
Tonya Y Ruttlen
Local Registrar

2/1/2006
Date Issued

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

CERTIFICATION OF VITAL RECORD