This Instrument Prepared by:
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Davidson County AFFIDAVIT
Recvd: 02/06/07 15:51 2 pg:
Fees:12.00 Taxes:0.00
20070206-0015756

AFFIDAVIT OF HEIRSHIP

The undersigned, being first duly sworn, deposes and says as follows:

1. I am an adult, a U.S. citizen, a resident of Davidson County, Tennessee, and the surviving spouse of Don I. Littlefield, deceased.

2. Don I. Littlefield died intestate in Davidson County, Tennessee, on March 14, 2003, as evidenced by the Certificate of Death issued by the Metropolitan Government of Nashville and Davidson County on March 18, 2003.

3. At the time of his death, the decedent and I held title, as tenants by the entirety, to the real property commonly known as 1401 Trace Ridge Lane, Nashville, TN 37221, by virtue of the Warranty Deed from Centex Homes, a Nevada General Partnership, recorded on March 31, 2000 at Instrument 20000531-0053813, Register's Office for Davidson County, Tennessee, and upon decedent's death I succeeded to all of his interest in said property as his surviving spouse.

4. This Affidavit is freely given pursuant to the provisions of Tennessee Code Annotated Section 30-2-712, to help establish the heirship with respect to any real or personal property owned by the decedent Don I. Littlefield in Davidson County, Tennessee, or elsewhere.

I make the above statements based on my own personal knowledge, and to the best of my knowledge and belief these statements are true, correct and complete.

IN WITNESS WHEREOF, the undersigned has executed this Affidavit as of the 6th day of February, 2007.

Sheryl Armes Littlefield
(a/k/a Sheryl A. Littlefield, a/k/a Sheryl Littlefield)

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named Sheryl Armes Littlefield (a/k/a Sheryl A. Littlefield, a/k/a Sheryl Littlefield), the bargainor, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence, and who acknowledged that he/she/they executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee, this 6th day of February, 2007.

CLAUDIA BOYETT
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

Notary Public

My Commission expires:

MY COMMISSION EXPIRES:
March 20, 2010

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER 0301478

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Don Ivey Littlefield
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): 03-14-2003
4. SOCIAL SECURITY NUMBER: 439-64-0204
5a. AGE LAST BIRTHDAY (Years): 60
5b. UNDER 1 YEAR (MON. / DAYS / HOURS / MIN.)
5c. UNDER 1 DAY (HOURS / MIN.)
6. DATE OF BIRTH (Month, Day, Year): 11-07-1942
7. BIRTHPLACE (City and State or Foreign Country): Shreveport, La.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [X] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Alive Hospice Residence
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): Sheryl Ames
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Supervisor
12b. KIND OF BUSINESS/INDUSTRY: Barge Building
13a. RESIDENCE STATE: Tn.
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1401 Trace Ridge Lane
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37221
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes ○ [X] No
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+): 0

PARENTS

17. FATHER'S NAME (First, Middle, Last): I V Littlefield
18. MOTHER'S NAME (First, Middle, Maiden Surname): Electra McDonald

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Sheryl Littlefield
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1401 Trace Ridge Lane Nashville, Tn.37221

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [X] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): West Harpeth Crematory
20c. LOCATION (City or Town, State): Nashville, Tn.
21a. SIGNATURE OF FUNERAL DIRECTOR: Thomas H. North
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4635
21c. SIGNATURE OF EMBALMER: None
21d. LICENSE NUMBER OF EMBALMER: N/A
22a. NAME AND ADDRESS OF FUNERAL HOME: West Harpeth Funeral Home and Crematory 6962 Charlotte Pike Nashville, Tn. 37209
22b. LICENSE NUMBER OF FUNERAL HOME: 1016

REGISTRAR

23. REGISTRAR'S SIGNATURE: Robert W. Rhodes Jr.
24. DATE FILED (Month, Day, Year): March 18, 2003

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
25b. LICENSE NUMBER: 34321
25c. DATE SIGNED (Month, Day, Year): 3-14-03
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)
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Dr. John Mulder 1718 Patterson Street Nashville, Tn.

PHYSICIAN OR MEDICAL EXAMINER CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS

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. Renal Cell Carcinoma
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.
Approximate Interval Between Onset and Death:

SEE INSTRUCTIONS ON OTHER SIDE

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 [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)

RH-1659 REV 2-95
BIRTH NO.
RDA 1390

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.

[redacted]

Local Registrar

Date Issued MAR 18 2003

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE MINERALS 1796

METROPOLITAN GOVERNMENT NASHVILLE AND DAVIDSON COUNTY TENNESSEE

CERTIFICATION OF VITAL RECORD