This Instrument Prepared By:
Athens Title & Escrow, LLC
Michael J Mills, Attorney at Law
5115 Maryland Way
Brentwood, Tennessee 37027
Tel. 615-377-0736

Davidson County AFFIDAVIT
Recvd: 02/16/07 10:28 3 pgs
Fees:17.00 Taxes:0.00
20070216-0019715

AFFIDAVIT OF HEIRSHIP

New Owner	Send Tax Bills to:	Map 81.06
JA JARMAR ~~Jamal~~ Fletcher	Same	Parcel 203
2005 26th Avenue North		
Nashville, Tennessee 37208		

In Re: a certain tract or parcel of land in Davidson County, Tennessee, described as follows:

Being Lot No. 11 on the Map of Cumberland Gardens, Section Four, of record in Book 3106, Page 24, Register's Office for said County.

SAID Lot No. 11 fronts 51.0 feet on the westerly side of 26th Avenue, North, and extends back between lines, 160.0 feet on the northerly side and 160.0 feet on the southerly side to a line in the rear on which it measures 50.4 feet.

Being the same property conveyed to Geraldine Y. Fletcher, unmarried, by Warranty Deed from Alvin Singh, Barbra Singh, James Robinson and Queen Robinson of record in Book 8029 Page 158, Register's Office for Davidson County.

Geraldine Yvonne Flether died in Nashville, Davidson County, Tennessee on December 10, 2005, and her death is evidenced by the attached Certification of Death bearing number 0506949. The estate of the late Geraldine Yvonne Fletcher has not been entered for probate in the 7th Circuit Court of Davidson County, Tennessee.

This is improved property known as 2005 26th Avenue North, Nashville, Davidson County, Tennessee 37208.

COMES NOW, Dorothy Shipp, who resides at 4122 Ashland City Highway, Nashville, Davidson County, Tennessee 37218, who is a personal friend and of no other relationship by blood or marriage of the late Geraldine Yvonne Fletcher after first being duly sworn according to law, attests and states as follows:

1. Affiant is the friend and acquaintance of Geraldine Yvonne Fletcher, and has maintained close and personal contact with said Geraldine Yvonne Fletcher for more then twenty five (25) years.

2. Geraldine Yvonne Fletcher died a citizen and resident of Nashville, Davidson County, Tennessee on December 10, 2005.

3. At the time of her death on December 10, 2005, Geraldine Yvonne Fletcher owned and lived at the above-described real property 2005 26th Avenue North, Nashville, Davidson County, Tennessee 37208. Geraldine Y. Fletcher died seized and possessed of the above real property.

4. At the time of her death on December 10, 2005, Geraldine Yvonne Fletcher was not married, had one child ~~Jamal~~ Flether, a son, and died intestate without any last will and testament. JARMAR DS

5. At the time of her death, Geraldine Yvonne Fletcher, was survived by the following person(s):

DS
JARMAR ~~Jamal~~ Fletcher a son

6. The only lawful heir to the Estate of the late Geraldine Yvonne Fletcher is:

DS
JARMAR ~~Jamal~~ Fletcher a son

7. The above-described real property passed to The Estate of Geraldine Yvonne Fletcher, upon her death on December 10, 2005.

8. All interest in the real property above described are now vested in and held by The Estate of Geraldine Yvonne Fletcher, fee simple.

9. **FURTHER AFFIANT SAITH NOT.**

HEATHER DAWN STOKES NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TENN.

Dorothy Shipp

Dorothy Shipp
4122 Ashland City Highway
Nashville, TN 37218
Phone: 615-254-9965

State of TENNESSEE
County of Davidson

Personally appeared before me, the undersigned with authority, a Notary Public in and for the within named Dorothy Shipp, the affiant with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at office this 16 day of 2007, 2007.

Heather Dawn Stokes

Notary Public at Large.

My Commission Expires: 5/2008

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0506949

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): Geraldine Yvonne Fletcher
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): December 10, 2005
4. SOCIAL SECURITY NUMBER (of Decedent): 413-80-6727
5a. AGE (LAST BIRTHDAY (Years)): 57
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): Jan 13, 1948
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): Hospital: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; Other: 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 2005 26th Avenue, North
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Never Married
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.): Nurse
12b. KIND OF BUSINESS/INDUSTRY: Medical
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2005 26th Avenue, North
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [ ] Yes 2 [X] No
13f. ZIP CODE: 37208-
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] 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); College (1-4 or 5+)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Minous Fletcher
18. MOTHER'S NAME (First, Middle, Maiden Surname): Mary J Aidan

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Mary J Fletcher
19b. RELATIONSHIP TO DECEASED: Mother
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1214 Jackson St. Nashville, TN 37208-

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): Hills of Calvary
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Michael A. Lewis
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4703
21c. SIGNATURE OF EMBALMER: Delmas Bogus
21d. LICENSE NUMBER OF EMBALMER: 3687
22a. NAME AND ADDRESS OF FUNERAL HOME: Lewis & Wright Funeral Directors, 2500 Clarksville Hwy, Nashville, Tennessee 37208-1060
22b. LICENSE NUMBER OF FUNERAL HOME: 0812

REGISTRAR

23. REGISTRAR'S SIGNATURE: [signature]
24. DATE FILED (Month, Day, Year): December 19, 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 [X] SIGNATURE AND TITLE OF PHYSICIAN: Kenneth Heilig MD
25b. LICENSE NUMBER: 11486
25c. DATE SIGNED (Month, Day, Year): 12-16-05
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)
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)

PHYSICIAN OR MEDICAL EXAMINER EXECUTING 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.

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. MYOCARDIAL INFARCTION — Approximate Interval Between Onset and Death: 1.5 hrs
DUE TO (OR AS A CONSEQUENCE OF):
b. DILATED CARDIOMYOPATHY — 10 yrs
DUE TO (OR AS A CONSEQUENCE OF):
c. CARDIAC ARRHYTHMIAS (c DUAL CHAMBER AICD → 5/1/01) — 5+ yrs
DUE TO (OR AS A CONSEQUENCE OF):
d. SEIZURE DISORDER — 8+ yrs

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.
IDDM, SEVERE HCM, DIABETIC RETINOPATHY, OBSTRUCTIVE SLEEP APNEA, NEUROPATHY, RECURRENT CHF, HYPERLIPIDEMIA

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)

PH-1659 (REV. 6/99)
BIRTH NO
RDA 1366

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.

DEC 19 2005