PICK-UP

Davidson County AFFIDAVIT
Recvd: 06/05/07 09:37 3 pgs
Fees:17.00 Taxes:0.00
20070605-0066700

AFFIDAVIT OF HEIRSHIP

New Owner	Send Tax Bills To:	Map/par No.
	same	Map 108-12
Deborah K. Alexander 3321 Quail Run Court Nashville, Tennessee 37214		Par. 182

This Instrument prepared by: Dan R. Alexander, Attorney at Law, 2016 8th Avenue South, Nashville, TN 37204

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

Land in Davidson County, Tennessee, being Lot No. 18 on the Plan of Section 3, Trailwood, of record in Book 6900, Page 67, Registers Office for Davidson County, Tennessee.

Being the same property conveyed to Michael L. Chambers and James S. Chambers by deed from Neil C. Rammel and wife, Bethanne Rammell of record in Instrument No. 20020131- 0013688, Register's Office Davidson County, Tennessee.

Being the same property conveyed to Thomas QA. Alexander and wife Deborah K. Alexander by Warranty Deed on October 23, 2006 of record in Instrument No. 2006-1026-0133003 Register's Office for Davidson County, Tennessee.

This is improved property known as 3321 Quail Run Court, Nashville, Tennessee 37214.

Comes now, Deborah K. Alexander and after first being duly sworn according to law, attests and states as follows:

1. Affiant is the wife of the late Thomas A. Alexander.

2. Thomas A. Alexander died on November 16, 2006 and a copy of the Certificate of Death is attached hereto as Exhibit No. 1..

3. At the time of the death of Thomas A. Alexander, Affiant, Deborah K. Alexander was lawfully married to Thomas A. Alexander.

4. At the time of the death of Thomas A. Alexander, Affiant, Deborah K. Alexander and Thomas A. Alexander owned the real property described above as husband and wife and as tenants by the entirety.

5. All right, title and interest in and to the real property described above is vested in the surviving spouse, Deborah K. Alexander.

6. Thomas A. Alexander died intestate.

7. **FURTHER AFFIANT SAITH NOT.**

Deborah K. Alexander

State of Tennessee)
County of Davidson)

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

Witness my hand and official seal at office this 11th day of May 2007.
My Commission Expires: 8-25-2007

Notary Public

JANICE BOONE
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY

0606476

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

2006 048623

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT

1 DECEDENT'S NAME (First Middle Last): Thomas Albert Alexander
2 SEX: Male
3 DATE OF DEATH (Month Day Year): November 16, 2006
4 SOCIAL SECURITY NUMBER: [redacted]-6730
5 AGE-LAST BIRTHDAY (Years): 62
6 DATE OF BIRTH (Month Day Year): Aug 9, 1944
7 BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 No
9a PLACE OF DEATH (Check only one): 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
10 FACILITY NAME (If not institution give street and number): Summit Medical Center 085
9c CITY, TOWN OR LOCATION OF DEATH: Hermitage
9d COUNTY OF DEATH: Davidson
11 MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify): Married
12 SURVIVING SPOUSE (If wife, give maiden name): Deborah K Melton
13a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Supervisor
13b KIND OF BUSINESS/INDUSTRY: Avco Corporation
12a RESIDENCE STATE: Tennessee
12b COUNTY: Davidson
12c CITY, TOWN OR LOCATION: Nashville
12d STREET AND NUMBER OR RURAL LOCATION: 3321 Quail Run Ct
12e INSIDE CITY LIMITS? 1 Yes 2 No
12f ZIP CODE: 37214-
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Mexican, Puerto Rican, etc.) Yes 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+): 2

17 FATHER'S NAME (First Middle Last): James Alexander
18 MOTHER'S NAME (First Middle Maiden Surname): Mary Alice Muldrow Schsing
19a INFORMANT'S NAME (Type/Print): Deborah K Alexander
19b RELATIONSHIP TO DECEASED: Wife
19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3321 Quail Run Ct Nash, TN 37214

20a METHOD OF DISPOSITION: 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)
20b PLACE OF DISPOSITION (Name of cemetery, crematory or other place): Middle Tennessee Veterans
20c LOCATION—City or Town, State: Nashville, TN

21a SIGNATURE OF FUNERAL DIRECTOR: Robert Whitley
21b LICENSE NUMBER OF FUNERAL DIRECTOR: 3618
21c SIGNATURE OF EMBALMER: Jeff Murphy
21d LICENSE NUMBER OF EMBALMER: 4021
22a NAME AND ADDRESS OF FUNERAL HOME: Ellis Funeral Home& Cremation Service 2627 Nolensville Pike, Nashville, Tennessee 37211-
22b LICENSE NUMBER OF FUNERAL HOME: 775

23 SIGNATURE OF REGISTRAR: [signature]
24 DATE FILED (Month Day Year): November 17, 2006

25a CERTIFICATION — 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: [signature]
25b LICENSE NUMBER:
25c DATE SIGNED (Month Day Year): 11/17/06

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. 1 SIGNATURE AND TITLE OF MEDICAL EXAMINER:
26b LICENSE NUMBER:
26c DATE SIGNED (Month Day Year):

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

27 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): 397 Wallace Rd Bldg C 415 Nashville, TN 37211

SEE INSTRUCTIONS ON OTHER SIDE

28 PART I. Enter the disease, 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
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. COPD — DUE TO (OR AS A CONSEQUENCE OF): 5 years
Sequentially list conditions, if any, leading to the 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.

28e WAS AN AUTOPSY PERFORMED? 1 Yes 2 No
28f WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No

29 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 1656 (REV 6/99)
PH 1658 (REV 6/99) * 18

BIRTH NO
BIRTH NO
RDA 1949