AFFIDAVIT OF INHERITANCE (REAL ESTATE)

Owner:
Send tax notice to:

Map & Parcel No.:

STATE OF TENNESEE

COUNTY OF DAVIDSON

The undersigned being duly sworn, deposes and says: Otis Melvin Pierce, a resident of Davidson County, State of Tennessee, who died May 23, 2006 as evidenced by a copy of the death certificate attached as Exhibit A, held a fee simple interest in the following described real estate:

202 30th Street

Old Hickory, Tennessee 37138

SUBJECT TO Governmental zoning and subdivision ordinances or regulations in effect thereon.

REFERENCE is made to prior title recorded in Book 2877, Page 619 In the Registrar's Office of Davidson County, Tennessee.

The undersigned received 100% interest in the real estate described above by virtue of the laws of descent and distribution, being the decedent's only heir at law.

There are no debts or encumbrances remaining that are or might become a lien on the interest in the described real estate.

T.C.A. § 67-4-409(a)(3)(D) exempts this instrument from tax and T.C.A. § 67-4-409(a)(5) further provides the valuation oath is necessary in the affidavit being used to evidence transfer of title to the property to a beneficiary.

David m Pierce

David Pierce
Son of Decedent

Prepared By:
Ruth R. Murphy
Attorney At Law
4811 Lebanon Pike, Suite 106
Hermitage, TN 37076

Davidson County AFFIDAVIT
Recvd: 07/18/07 08:43 3 pgs
Fees:17.00 Taxes:0.00

20070718-0085245

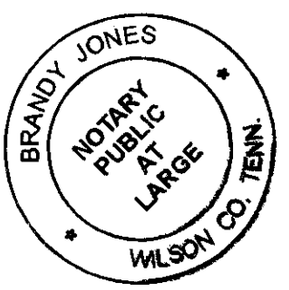
Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared David Pierce, the within named bargainor, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person described in the foregoing, who signed, sealed and delivered the foregoing instrument in my presence, and who, upon oath, acknowledged that David Pierce executed the foregoing instrument for the purposes therein contained as a real property transfer to illustrate he is the sole heir at law free acts and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said County, on this 21 day of June, 2007.

Brandy Jones

Notary Public

My Commission Expires: 5-11-10



METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0602874

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): Otis Melvin Pierce
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): May 23, 2006
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]6260
4a. AGE-LAST BIRTHDAY (Years): 77
4b. UNDER 1 YEAR: MOS. / DAYS
4c. UNDER 1 DAY: HOURS / MIN.
5. DATE OF BIRTH (Month, Day, Year): July 10, 1928
7. BIRTHPLACE (City and State or Foreign Country): Wilson County, 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 [X] 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): Widowed
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.): Saw
12b. KIND OF BUSINESS/INDUSTRY: Lumber
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Old Hickory
13d. STREET AND NUMBER OR RURAL LOCATION: 202 30th Street
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 No
13f. ZIP CODE: 37138
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Specify, if yes: Yes 0 [X] No
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 5; College (1-4 or 5+):

NAME OF DECEDENT (If not completed by physician or medical examiner)

PARENTS

17. FATHER'S NAME (First, Middle, Last): James Albert Otto Pierce
18. MOTHER'S NAME (First, Middle, Maiden Surname): Nellie Lee Bryant

INFORMANT

19a. INFORMANT'S NAME (Type/Print): James A Pierce
19b. RELATIONSHIP TO DECEASED: Brother
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 221 Kenya Court Old Hickory, Tennessee 37138

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): Forest Lawn Cemetery
20c. LOCATION-City or Town, State: Goodlettsville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Mary Ann Morgan
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3839
21c. SIGNATURE OF EMBALMER: Brandy L. Collier
21d. LICENSE NUMBER OF EMBALMER: 5828
22a. NAME AND ADDRESS OF FUNERAL HOME: Forest Lawn Funeral Home 1150 Dickerson Road Goodlettsville, Tennessee
22b. LICENSE NUMBER OF FUNERAL HOME: 927

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda R. Bowers
24. DATE FILED (Month, Day, Year): May 26, 2006

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: P Channabasappa MD
25b. LICENSE NUMBER: 010618
25c. DATE SIGNED (Month, Day, Year): 5-25-2006
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): P Channabasappa MD Southside Hospital Dr 250 Madison TN 37115

SEE INSTRUCTIONS ON OTHER SIDE

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
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	Septic Shock	
DUE TO (OR AS A CONSEQUENCE OF): b.	Diabetes mellitus	4 YRS
DUE TO (OR AS A CONSEQUENCE OF): c.	Hypertensive Cardiovascular disease	15 YRS
DUE TO (OR AS A CONSEQUENCE OF): d.		

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.

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)

BIRTH NO.

RH-1859 (REV. 6/99) RDA 1399

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
nted on security paper showing the red embossed seal of the Metropolitan Government of Nashville and Davidson County.
1 or erasure voids this certification.
ee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Tonya Y. Ruttlen
Tonya Y. Ruttlen
Local Registrar

MAY 26 2006
Date Issued

CERTIFICATION OF VITAL RECORD