This instrument prepared by:
Southeast Professional Title, LLC
2699 Lee Road, Suite 120
Winter Park, FL 32789

Davidson County AFFIDAVIT
Recvd: 07/26/07 13:37 3 pgs
Fees:17.00 Taxes:0.00
20070726-0088891

AFFIDAVIT OF HEIRSHIP

NEW OWNER:	TAX BILL TO:	MAP & PARCEL NO.
Roy Milton Johnson, Jr. 2620 Lebanon Pike Nashville, TN 372147	New Owner	083 06 0 239.00

STATE OF TENNESSEE,
COUNTY OF Davidson

Re: Property described in Book 2992, page 354 Register's Office for Davidson County, Tennessee.

I, **Betty Cathey**, being first duly sworn on oath, state that I am of lawful age and that based upon my personal knowledge do further depose and state as follows:

1. Roy Milton Johnson, Sr. and wife Dorothy Lee Johnson was conveyed real property by Deed of record in Book 2992page 354, Register's Office for Davidson County, Tennessee, which property is located in Davidson County, Tennessee and is more particularly described as follows:

LAND in Davidson County, Tennessee, being Part of Lot No. 2 and 3, on the Plan of Olivia W. Sharpes Addition to Nashville, as shown on plat of record in Plat Book 332, page 17, in the Register's Office for Davidson County, Tennessee, to which plat reference is hereby made for a more particular description.

(hereinafter referred to as the "Property").

2. The said Roy Milton Johnson Sr. died on September 2, 1984 and upon his death title in and to the Property vested in Dorothy Lee Johnson as the sole surviving tenant by the entirety.

3. The said Dorothy Lee Johnson died intestate on April 19, 1999 and upon her death title in and to the Property vested in Roy Milton Johnson, Jr. as the sole surviving heir at law of Dorothy Lee Johnson

4. Neither Roy Milton Johnson, Sr. nor Dorothy Lee Johnson were married to any other persons during their lifetimes and they were continuously married from the date of their marriage until the date of death of Roy Milton, Sr. During said marriage, the only issue born to or adopted by Roy Milton Johnson, Sr. and Dorothy Lee Johnson was their son, Roy Milton Johnson, Jr.

5. I am have no financial interest in the above described property.

Executed this the 17th day of July, 2007.

Betty J. Cathey
Betty Cathey

STATE OF TENNESSEE
COUNTY OF Davidson

On this 17 day of July, 2007 before me personally appeared Betty Cathey, to me known to be the person described in and who executed the foregoing instrument, and acknowledged that he executed the same as his free act and deed.

Notary Public

AMY GERWIG
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY

MY COMMISSION EXPIRES:
July 24, 2010

My Commission Expires:_____

STATE OF TENNESSEE
Office of Vital Records

8404139

19094
30
19094 — BIRTH NO.

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

84-028321 STATE FILE NO.

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT BLACK INK.

DECEASED

PERMIT REQ... TO TRANSPORT/... BY COMMON C... REMOVAL FROM...

CERTIFIER

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OF... SIGN HERE... ANY ...CIAN OR MEDICAL EX...

1. DECEASED—NAME	Roy M. Johnson		DATE OF DEATH (Month, Day, Year) September 2, 1984
2. AGE—LAST BIRTHDAY (Years) 61	UNDER 1 YEAR: 3b. MONTHS 3c. DAYS	UNDER 1 DAY: 4a. HOURS 4b. MINS.	5. DATE OF BIRTH (Month, Day, Year) 6-16-1923
6. RACE (White, Black, American Indian, Etc.) (Specify) White	7. DECEDENT OF HISPANIC ORIGIN? (Italian, Mexican, German, Etc.) (Specify) American	06	8. SEX Male
9a. COUNTY OF DEATH Davidson	9b. CITY, TOWN OR LOCATION Nashville	9c. INSIDE CITY LIMITS? (Specify Yes or No) yes	9d. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, specify private residence, business, street, etc.) Edgefield Hospital
9e. E.R. 2			
10. STATE OF BIRTH (If not in U.S.A., name country) Tennessee 43	11. CITIZEN OF WHAT COUNTRY U.S.A.	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	13. SURVIVING SPOUSE (If wife, give maiden name) Dorothy Pike
14a. SOCIAL SECURITY NUMBER (If none, specify) 411-22-1841	14b. SERVICE IN ARMED FORCES (Specify war or dates of service) WW II	14c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner 243	14d. KIND OF BUSINESS OR INDUSTRY 501 Johnson Disct. Furniture
15a. RESIDENCE—STATE Tennessee	15b. COUNTY Davidson	15c. CITY, TOWN, OR LOCATION Nashville	15d. STREET AND NUMBER 1705 Eastland AV	15e. INSIDE CITY LIMITS (Specify Yes or No) yes	15f. CENSUS TRACT NO.
16. FATHER—NAME William O. Johnson	17. MOTHER—MAIDEN NAME Ruby Sanders	18. INFORMANT—NAME wife -37306	MAILING ADDRESS
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial	19b. DATE (Month, Day, Year) 9-3-1984	19c. CEMETERY OR CREMATORY—NAME Spring Hill	19d. LOCATION (City or Town, State) Nashville, Tennessee
20a. FUNERAL DIRECTOR (Signature) O.E. Worrell, L	20b. LICENSE NO. 2480	20c. EMBALMER (Signature) Nonia Jarrell	20d. LICENSE NO. 2182
21. FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip) Roesch Patton - Nashville, Tennessee 161	22. REGISTRAR—SIGNATURE Esther D. Gruber	22a. DATE RECEIVED BY LOCAL REGISTRAR 9-20-84	
23a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE			23b. DATE SIGNED (Month, Day, Year)
24a. MEDICAL EXAMINER—On the basis of the examination of the body and/or the investigation, death occurred on the date and due to the cause(s) stated. SIGNATURE		TITLE	24b. DATE SIGNED (Month, Day, Year) 9-10-84
24c. CERTIFIER—NAME (Type or Print) T. E. Simpkins, M.D.	24d. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1120 Dickerson Road, Nashville, TN 37207		

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 Department of Health. Alteration or erasure voids this certification.

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

Sharon M. Leinbach
STATE REGISTRAR

Date Issued Jul-17-2007

CERTIFICATION OF VITAL RECORD

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

APR 23 1999

John P. Levy 9 2223

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT LEGIBLY IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Dorothy Lee Johnson
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): 04/19/1999
4. SOCIAL SECURITY NUMBER: 413-22-5532
5a. AGE LAST BIRTHDAY (Years): 74
5b. UNDER 1 YEAR MOS DAYS
5c. UNDER 1 DAY HOURS MIN
6. DATE OF BIRTH (Month, Day, Year): 7/10/24
7. BIRTHPLACE (City and State or Foreign Country): Sumner Co., Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Nashville Memorial Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Madison
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.): Owner
12b. KIND OF BUSINESS/INDUSTRY: Johnsons Furniture
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1705 Eastland Ave.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37206
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): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 10; College (1-4 or 5+):

NAME OF DECEDENT For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Thomas M. Pike
18. MOTHER'S NAME (First, Middle, Maiden Surname): Martha Carter

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Roy Johnson, Jr.
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2510 Una, Antioch, TN 37013

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): Spring Hill Cemetery
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Carolyn Young
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4981
21c. SIGNATURE OF EMBALMER: ▶ Donald Garrison
21d. LICENSE NUMBER OF EMBALMER: 4287
22a. NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Funeral Home, 2707 Gallatin Rd., Nashville, TN 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 331

REGISTRAR

23. REGISTRAR'S SIGNATURE: Debra A. Brown
24. DATE FILED (Month, Day, Year): April 23, 1999

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 ▶
25b. LICENSE NUMBER:
25c. DATE SIGNED (Month, Day, Year):

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 [X] SIGNATURE AND TITLE OF MEDICAL EXAMINER ▶
26b. LICENSE NUMBER: 29160
26c. DATE SIGNED (Month, Day, Year): 4/20/1999

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): Bruce P. Levy. M.D.;84 Hermitage Ave;Nashville TN 37210; MEC99-0931

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. Atherosclerotic and hypertensive cardiovascular disease
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: Diabetes mellitus

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 [X] 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

PH-1659
REV. 3-98

RDA 1399