This instrument prepared by:

GEORGE J. DUZANE
Attorney at Law
603 Woodland Street
Nashville, TN 37206
(615) 259-1214

Davidson County AFFIDAVIT
Recvd: 08/20/07 11:57 4 pgs
Fees:22.00 Taxes:0.00
20070820-0099322

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE
COUNTY OF DAVIDSON

We, **IDA Y. CURRIE, ALVIN F. VENSON, BILL J. VENSON, JAMES E. VENSON and LARRY VENSON,** after being duly sworn according to law, depose and state as follows:

1. We are all citizens and residents of Davidson County, Tennessee, residing as follows:

Ida Y. Currie
412 Ashford Court
Antioch, TN 37013

Alvin F. Venson
312 Hampstead N.
Antioch, TN 37013

Bill J. Venson
4609 Lila Lane
Nashville, TN 37218

James E. Venson
488 Lemont Dr., Apt. G162
Nashville, TN 37216

Larry Venson
214 Dry Creek Point Court
Goodlettsville, TN 37072

2. We are all over the age of 18 years and are of sound mind and disposing memory.

3. Our sister, Barbara Venson Snell, died on April 18, 2007, and at the time of her death, she was not married, and did not have any children. She did not leave a will. We are the surviving heirs of the Estate of Barbara Venson Snell.

4. At the time of her death, our sister, Barbara Venson Snell, owned real property located at 575 Castlegate Drive, Nashville, Davidson County, Tennessee, described as follows:

> Land in Davidson County, Tennessee, being Lot No. 73A of the Zone Lot Division of Lots 73, 74 and 75 on the Plan of Harbor Gate Subdivision Section 2 of record in Plat Book 6900, Page 297, Register's Office for said County, to which reference is made for a more complete description.
>
> Being the same property conveyed to Barbara Venson Snell by Warranty Deed from Julie A. Proctor and Mildred A. Wallace of record in Deed Book 10474, Page 23, Register's Office for Davidson County, Tennessee.

5. As the surviving heirs of Barbara Venson Snell, we are entitled to inherit the real estate located at 575 Castlegate Drive, Nashville, Tennessee 37217.

6. Ida Y. Currie does not wish to claim her share of the inheritance of the property located at 575 Castlegate Drive, Nashville, Tennessee 37217, and forfeits her share of said property to be divided equally among the four remaining siblings, Alvin F. Venson, Bill J. Venson, James E. Venson and Larry Venson.

DEBORAH L. GANDEE NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TENN.

DATED this 2nd day of August, 2007.

Ida Y. Currie
IDA Y. CURRIE

Sworn to and subscribed before me this 2 day of August, 2007.

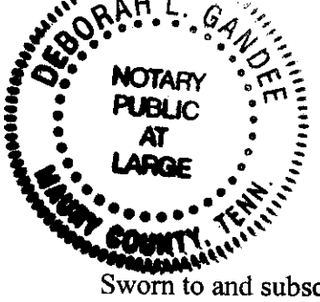
Deborah L. Gandee
NOTARY PUBLIC
My Commission Expires: **My Commission Expires February 23, 2008**

DEBORAH L. GANDEE NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TENN.

Alvin F. Venson
ALVIN F. VENSON

Sworn to and subscribed before me this 2 day of August, 2007.

Deborah L. Gandee
NOTARY PUBLIC
My Commission Expires: **My Commission Expires February 23, 2008**

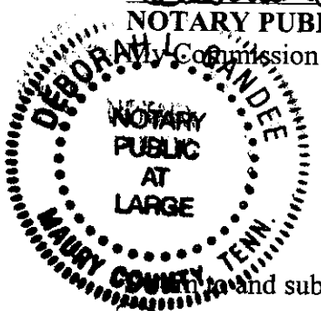


BILL J. VENSON

Sworn to and subscribed before me this 2 day of August, 2007.

NOTARY PUBLIC

My Commission Expires: My Commission Expires February 23, 2008

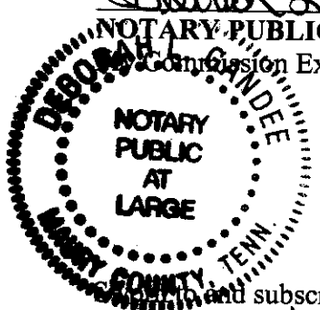


JAMES E. VENSON

Sworn to and subscribed before me this 2 day of August, 2007.

NOTARY PUBLIC

My Commission Expires: My Commission Expires February 23, 2008



LARRY VENSON

Sworn to and subscribed before me this 2 day of August, 2007.

NOTARY PUBLIC

My Commission Expires: My Commission Expires February 23, 2008

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0702307

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): BARBARA ANN VENSON SNELL
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): APRIL 18, 2007
4. SOCIAL SECURITY NUMBER (of Decedent): [redacted]-4145
3a. AGE-LAST BIRTHDAY (Years): 63
3b. UNDER 1 YEAR: MOS / DAYS
3c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): June 12, 1943
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8. HAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [XX] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [XX] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Alive Hospice @ St. Thomas Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify): Divorced
11. SURVIVING SPOUSE (If wife, give maiden name): N/A
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Administrative Assistant
12b. KIND OF BUSINESS/INDUSTRY: SunTrust Bank
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 575 Castlegate Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [XX] Yes 2 [ ] No
13f. ZIP CODE: 37217
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.): [ ] Yes [XX] No
15. RACE-American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 2 years; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): James Venson
18. MOTHER'S NAME (First, Middle, Maiden Surname): Louise King

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Ida Yvonne Currie
19b. RELATIONSHIP TO DECEASED: Sister
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 412 Asheford Court, Antioch, Tennessee 37013

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [XX] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Greenwood Main Cemtery
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ George Baker, Jr.
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4695
21c. SIGNATURE OF EMBALMER: ▶ Ronald Stewart
21d. LICENSE NUMBER OF EMBALMER: 3732
22a. NAME AND ADDRESS OF FUNERAL HOME: PATTON BROTHERS FUNERAL HOME, 1306 South Street/Nashville, Tennessee 37212
22b. LICENSE NUMBER OF FUNERAL HOME: 185

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ [signature]
24. DATE FILED (Month, Day, Year): April 26, 2007

DEATH CERTIFICATION

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: ▶ Melinda Henderson MD
25b. LICENSE NUMBER: 39361
25c. DATE SIGNED (Month, Day, Year): April 20, 2007
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): Melinda Henderson, 4220 Harding Rd, Wing 3B, Nashville TN 37205

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. Breast cancer — Approximate Interval Between Onset and Death: 3½ months
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: mets to brain

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 [✓] 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 1398

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]

Tonya Y Foreman
Local Registrar

APR 26 2007
Date Issued

CERTIFICATION OF VITAL RECORD