AFFIDAVIT OF HEIRSHIP

As to Leondist Brown
(Name of Deceased)

Davidson County AFFIDAVIT
Recvd: 09/11/07 13:22 7 pgs
Fees:37.00 Taxes:0.00
20070911-0109029

STATE OF Tennessee §

COUNTY OF Davidson §

September 11, 2007

I, Evelyn W. Brown, of lawful age, residing at 1253 Dalemere Drive Nashville, TN being first duly sworn, upon oath deposes and says: That affiant was personally well acquainted with the above named decedent, during his ~~(or her)~~ lifetime, having known him ~~(or her)~~ for 35 years, and that affiant bears the following relationship to said decedent, to-wit: wife.

Said decedent departed this life in Davidson County, State of TN on or about September 16, 2006, 2006, being 60 years old at the date of his ~~(or her)~~ death.

Affiant further states that affiant was well acquainted with the family and close relatives of the said decedent, and that the following statements and the answers to the following questions are based upon the personal knowledge of affiant and are true and correct:

1. Did the decedent leave a will? No If so, has the will been admitted to probate? — In what county? — When? —

2. Has an administrator/executor been appointed for the estate of said decedent? _____. If so, give name and address of administrator or executor _____.

3. Give name and address of surviving widow or widower of decedent: Evelyn W. Brown 1253 Dalemere Dr, Nashville TN If not living, give date of death N/A.

4. If the decedent was married more than once, give name of former husband or wife and state whether said former spouse is dead or divorced: N/A.

5. On the blank lines below, provide information requested for **all** children of decedent:

Prepared by: Evelyn W. Brown
1253 Dalemere Drive
Nashville, Tenn. 37207

Name of Child(ren)	Age	Address	Living?	Date of Death	By Which Spouse
Christopher L. Brown	30	1253 Dalemere	Yes	—	—

6. If a deceased child left descendents, give the following information:

NAME OF DECEASED CHILD: N/A

DID HE/SHE LEAVE A WILL? Yes / No

Name of Child(ren)	Living?	Date of Death	Name and Address of Surviving Spouse

NAME OF DECEASED CHILD: _____

DID HE/SHE LEAVE A WILL? Yes / No

Name of Child(ren)	Living?	Date of Death	Name and Address of Surviving Spouse

NAME OF DECEASED CHILD: _____

DID HE/SHE LEAVE A WILL? Yes / No

Name of Child(ren)	Living?	Date of Death	Name and Address of Surviving Spouse

NAME OF DECEASED CHILD: _____

DID HE/SHE LEAVE A WILL? Yes / No

Name of Child(ren)	Living?	Date of Death	Name and Address of Surviving Spouse

7. Did the decedent have any legally adopted children or step-children taken into his (or her) home? Yes / (No)
If so, write their names, ages and addresses in blank lines below and indicate as to each whether adopted or step-child:

Name Adopted or Step-Child	Age	Address

8. State (so far as known to affiant) whether any inheritance tax is due on the estate of decedent or whether any inheritance tax thereon has been paid: _____

9. Give below the names and addresses (together with other information called for) of the surviving father, mother, brothers and sisters of decedent:

(IF DECEDENT LEFT SURVIVING CHILDREN, THEN QUESTIONS 9 AND 10 NEED NOT BE ANSWERED.)

NAME	RELATIONSHIP	AGE	ADDRESS OR, IF DECEASED, DATE OF DEATH

10. Give below the names and addresses (together with other information called for) of the surviving children of any deceased brother or sister of the decedent:

NAME OF CHILD	DATE OF BIRTH	ADDRESS OR, IF DECEASED, DATE OF DEATH	NAME OF FATHER AND MOTHER

X Evelyn W. Brown
Affiant

Subscribed and sworn to before me this 11th day of Sept, 2007.

My commission expires: 9-20-2008

HOLLY KHLE
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.
My Commission Expires SEPT. 20, 2008

Notary Public

NOTE: If any of the heirs of decedent have died since his (or her) death, secure separate proof of heirship as to each.

AFFIDAVITOFHEIRSHIP.PDF

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

06 5252

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): **Leondist Brown**
2. SEX: **Male**
3. DATE OF DEATH (Month, Day, Year): **September 16, 2006**
4. SOCIAL SECURITY NUMBER (of Decedent): **415-68-4990**
5a. AGE-LAST BIRTHDAY (Years): **60**
5b. UNDER 1 YEAR — MOS. / DAYS
5c. UNDER 1 DAY — HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): **Jul 4, 1946**
7. BIRTHPLACE (City and State or Foreign Country): **Friarspoint, Ms.**
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): **Baptist Hospital**
9c. CITY, TOWN, OR LOCATION OF DEATH: **Nashville**
9d. COUNTY OF DEATH: **Davidson**
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): **Married**
11. SURVIVING SPOUSE (If wife, give maiden name): **Evelyn Brown**
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): **Business Owner**
12b. KIND OF BUSINESS/INDUSTRY: **Real Estate**
13a. RESIDENCE-STATE: **Tn**
13b. COUNTY: **Davidson**
13c. CITY, TOWN OR LOCATION: **1253 Dalemere Dr.**
13d. STREET AND NUMBER OR RURAL LOCATION: **1253 Dalemere Dr.**
CENSUS TRACT
13e. INSIDE CITY LIMITS? [X] Yes [ ] No
13f. ZIP CODE: **37207**
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
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+): **4**

NAME OF DECEDENT (To be completed by physician or funeral director)

PARENTS

17. FATHER'S NAME (First, Middle, Last): **Felmon Harris**
18. MOTHER'S NAME (First, Middle, Maiden Surname): **Charlene Brown**

INFORMANT

19a. INFORMANT'S NAME (Type/Print): **Evelyn Brown**
19b. RELATIONSHIP TO DECEASED: **Wife**
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): **1253 Dalemere Nashville, Tn 37207**

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): **New Park Cemetery**
20c. LOCATION City or Town, State: **Memphis, Tennessee**
21a. SIGNATURE OF FUNERAL DIRECTOR: Terrell A. Broady
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: **4009**
21c. SIGNATURE OF EMBALMER: Terrell A. Broady
21d. LICENSE NUMBER OF EMBALMER: **4117**
22a. NAME AND ADDRESS OF FUNERAL HOME: **Terrell Broady Funeral Home Inc. 3855 Clarksville Pike Nashville, Tn. 37218**
22b. LICENSE NUMBER OF FUNERAL HOME: **1137**

REGISTRAR

23. REGISTRAR'S SIGNATURE: Robert W. Rhodes
24. DATE FILED (Month/Day, Year): September 21, 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: M.D.
25b. LICENSE NUMBER: MD0000107750
25c. DATE SIGNED (Month, Day, Year): 7/3/06
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)

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

Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Acute Uremia
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.

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-1850 (REV. 6/99)
BIRTH NO.
RDA 1399

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.

Tonya Y. Ruttlen
Tonya Y. Ruttlen
Local Registrar

Date Issued: SEP 21 2006

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

CERTIFICATION OF VITAL RECORD

Map/Parcel	Property Address
1. 041-03-0 019.00	1253 Dalemere Dr
2. 082-07-0 134.00	308 Wilburn St
3. 082-07-0 538.00	306 Wilburn St
4. 082-03-0 337.00	1102 Stainback
5. 083-01-0 165.00	1033 Granada Av
6. 082-07-0 096.00	824 Meridian St