THIS DOCUMENT PREPARED BY: M. Allison Thompson, Attorney at Law
4525 Harding Road, Ste 200
Nashville, TN 37205

Owner: Anita Edmondson et al.

Send tax notice to: Anita Edmondson
2735 Old Mathews Road
Nashville TN 37207

Map & Parcel No.: Map 92-5, Parcel 236

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The undersigned, being duly sworn, deposes and says:

Thresa R. Morris , a resident of Davidson County, Tennessee , who died May 26, 2007, as evidenced by a copy of the death certificate attached as Exhibit A, held a fee simple interest in the following described real estate:

> Land in Davidson County, Tennessee, being Lots 19 and 20 of Block 27 on the Map of Fisk University Place, as of record in Plat Book 421, pages 4 and 5, Register's Office for said County to which plan reference is hereby made for a more complete description.
>
> Being part of the same property conveyed to Thresa R. Morris by Warranty Deed of record in Book 8035, page 377, Register's Office for Davidson County, Tennessee.

This property is known as 921 31st Avenue North, Nashville, Tennessee, 37209.

The following individuals received partial interests as tenants in common of the real estate described above by virtue of the laws of descent and distribution, being the only heirs at law of Thresa R. Morris:

Anita Dotson Edmondson,	decedent's sister,	received 20 %;
Muriel Dotson Woodard,	decedent's sister,	received 20 %;
Robert Lester Dotson,	decedent's brother,	received 20 %;
Gail Hector,	decedent's niece,	received 20 %
Annie May Snelling,	decedent's niece,	received 6.67 %;
Nicola Wilson,	decedent's niece,	received 6.67 %;
Willie Llewellyn Wilson,	decedent's great-nephew	received 6.66 %

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 unnecessary, the affidavit being used to evidence transfer of title to the property to a beneficiary.

Anita Dotson Edmondson

Muriel Dotson Woodard

Davidson County AFFIDAVIT
Recvd: 10/15/07 09:15 3 pgs
Fees:17.00 Taxes:0.00
20071015-0121839

BEFORE me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared Anita Dotson Edmondson and Muriel Dotson Woodard, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the persons described in the foregoing, who signed, sealed and delivered the foregoing instrument in my presence, and who, upon oath, acknowledged that they executed the foregoing instrument for the purposes therein contained as their free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said County, on this 1st day of October, 2007.

M. Allison Thompson
Notary Public

M. ALLISON THOMPSON
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY

My commission expires: MY COMMISSION EXPIRES: January 3 2011

STATE OF TENNESSEE
Office of Vital Records

0703083

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

2007 022674

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1 DECEDENT'S NAME (First Middle Last)	2 SEX	3 DATE OF DEATH (Month Day Year)
Thresa Rellalee Dotson Morris	Female	May 26,2007

4 SOCIAL SECURITY NUMBER (or Pseudonym)	5a AGE LAST BIRTHDAY (Years)	5b UNDER 1 YEAR MOS	DAYS	5c UNDER 1 DAY HOURS	MIN	6 DATE OF BIRTH (Month Day Year)	7 BIRTHPLACE (City and State or Foreign Country)
414-48-3143	73					Sept.1,1933	Nashville,TN

DECEDENT

6 WAS DECEDENT EVER IN U S ARMED FORCES? 1 [ ] Yes 2 [X] No

8a 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)	9c CITY TOWN OR LOCATION OF DEATH	9d COUNTY OF DEATH
Centennial Medical Center 085	Nashville	Davidson

10 MARITAL STATUS Married Never Married Widowed Divorced (Specify)	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)	12b KIND OF BUSINESS/INDUSTRY
Widowed		Sales Manager	Southern Thrif

13a RESIDENCE STATE	13b COUNTY	13c CITY TOWN OR LOCATION	13d STREET AND NUMBER OR RURAL LOCATION
Tennessee	Davidson	Nashville	93131st Avenue North

CENSUS TRACT

13e INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No	13f ZIP CODE	14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes specify Cuban Mexican Puerto Rican etc) Specify if yes	15 RACE American Indian Black White etc (Specify)	16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5+)
	37209	[ ] Yes [X] No	Black	12th	

NAME OF DECEDENT Per state law (Give name at birth)

PARENTS

17 FATHER'S NAME (First Middle Last)	18 MOTHER'S NAME (First Middle Maiden Surname)
James Henry Dotson,Sr.	Anna Lea Brooks

INFORMANT

19a INFORMANT'S NAME (Type/Print)	19b RELATIONSHIP TO DECEASED	19c MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code)
Kimia Brandon	Niece	936 31st Avenue North Nashville,Tennessee 37209

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)	20c LOCATION City or Town State
	Nashville Veterans	Nashville,TN

21a SIGNATURE OF FUNERAL DIRECTOR	21b LICENSE NUMBER OF FUNERAL DIRECTOR	21c SIGNATURE OF EMBALMER	21d LICENSE NUMBER OF EMBALMER
▶ [signature]	4502	▶ Tonya Haynes	5682

22a NAME AND ADDRESS OF FUNERAL HOME	22b LICENSE NUMBER OF FUNERAL HOME
Smith Brothers Funeral Directors,Inc. 706 Monroe Street,Nashville,Tennessee 37208	809

REGISTRAR

23 REGISTRAR'S SIGNATURE	24 DATE FILED (Month Day Year)
▶ Linda R. Bowers	June 4, 2007

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	25b LICENSE NUMBER	25c DATE SIGNED (Month Day Year)
▶ [signature] Terry Wayne Cain, MD	38114	6/2/07

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

27 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)
2300 Patterson Ave Nashville, TN 37203

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-11-2007

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD