Prepared By:
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Davidson County AFFIDAVIT
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53-111-A
(Rev.4-07/3)

AFFIDAVIT OF HEIRSHIP

THIS AFFIDAVIT MUST BE FILED IN THE COUNTY CLERK'S RECORD.

Reported owner name:	Claim number:

This Affidavit must be completed by a third disinterested party (Affiant) who will not benefit from the decedent's estate. Do not complete this form if the decedent left a will that was probated in court or there has been some other type of court determination to the estate.

Affidavit of facts concerning the identity of Heirs for the Estate of: **Mattie Ruth Smith**

Before me, the undersigned authority, on this day personally appeared: **Darlene Green** ("Affiant") who, being first duly sworn, upon his/her oath states:

1. My name is: **Darlene Green**.

   I live at: **608 Lane Court, Nashville, TN 37207**

   I am personally familiar with the family and marital history of: **Mattie Ruth Smith** (Decedent), and I have personal knowledge of the facts stated in this Affidavit.

2. I knew the decedent from **January 1970** until **05/15/2002** Decedent died on **05/15/2002**.

   Decedent's place of death: **Baptist Hospital, Nashville** (CITY) **TN** (STATE) **Davidson** (COUNTY)
   At the time of decedent's death, decedent's residence was: **615 Lane Court, Nashville** (CITY) **TN** (STATE) **Davidson** (COUNTY)

3. Provide the following information on the deceased's marital history:
   (If never married, please state that below.)

NAME OF SPOUSE	DATE OF MARRIAGE	DATE OF DIVORCE	DATE OF SPOUSE'S DEATH
Joseph C. Smith	10/04/1947	07/16/1973	

4. Provide the following information on the deceased's natural born and adopted children:
   (If there are none, please state that below. If additional space is needed, please provide information as an attachment.)

NAME OF CHILD/ CURRENT ADDRESS	DATE OF BIRTH	NAME OF CHILD'S OTHER PARENT	DATE OF CHILD'S DEATH
See Attached			

5. Provide the following information on the deceased's grandchildren, born only to the deceased children in Item 4, above:
   (If there are none, please state that below.)

NAME OF CHILD/ CURRENT ADDRESS	DATE OF BIRTH	NAME OF GRANDCHILD'S DECEASED PARENT
None		

6. If the decedent never married and did not have any children, provide the following information on the deceased's parents:

DECEASED'S PARENTS	PARENT'S NAME/ CURRENT ADDRESS	PARENT'S DATE OF DEATH
MOTHER	N/A	
FATHER		

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Reported owner name:	Claim number:

7. Provide the following information on the deceased's brothers and/or sisters:
(If there are none, please state that below.)

NAME OF CHILD/ CURRENT ADDRESS	DATE OF BIRTH	BROTHER'S OR SISTER'S DATE OF DEATH
N/A		

8. Provide the following information on the deceased's nieces and/or nephews born only to the deceased brothers/sisters in Item 7, above:
(If there are none, please state that below. If additional space is needed, please provide information as an attachment.)

NAME OF NIECE OR NEPHEW/ CURRENT ADDRESS	DATE OF BIRTH	NAME OF NIECE OR NEPHEW'S DECEASED PARENT
N/A		

Signed this 11 day of December, 2007.

Darlene Green
(SIGNATURE OF AFFIANT)

State of Tennessee

County of Davidson

Sworn to and subscribed to before me on December 11, 2007
(DATE)

by Darlene Green
(NAME OF AFFIANT)

(NOTARY SIGNATURE)

RACHEL L. BELL
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY
(Notary Seal)

My commission expires: _____ day of MY COMMISSION EXPIRES: May 23, 2009, _____.

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Children/Current Address	Date of Birth	Childs other Parent
Gary E. Smith 615 Lane Court Nashville, TN 37207	10/03/1950	Joseph C. Smith
Kenneth A. Smith 2556 Forrest Creek Fort Worth, TX 76123	10/29/1955	Joseph C. Smith
Patrick Q. Smith 615 Lane Court Nashville, TN 37207	09/18/1961	Joseph C. Smith
Joe C. Smith 615 Lane Court Nashville, TN 37207	07/21/1948	Joseph C. Smith

PINNACLE

TITLE & ESCROW, LLC

2109 Buena Vista Pike Nashville, TN 37218
Office (615) 256-3353 ~ Fax (615) 256-3331

I, RACHEL L. BELL, do hereby make oath that I am a licensed attorney and/or the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law.

Signature

State of Tennessee

County of Davidson

Personally appeared before me, RACHEL L. BELL a notary public for this county and state, (name of person making certification) who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Notary's Signature

MY COMMISSION EXPIRES: July 24, 2010

ELIZABETH A. GRAY
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY, TENN.

My Commission Expires JULY 24, 2010