Prepared By: Rachel L. Bell
2109 Buena Vista Pike
Nashville, TN 37218

53-1111-A (Rev. 10/07)

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: **Lillian M. Keesee**

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

Davidson County AFFIDAVIT
Recvd: 02/26/08 10:04 3 pgs
Fees:17.00 Taxes:0.00
20080226-0018642

1. My name is: **Lorenza Cantrell Sr.**

   I live at: **3917 Flicker Drive, Nashville TN 37218**

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

2. I knew the decedent from **December 1971** until **12/27/1984** Decedent died on **12/27/1984** .

   Decedent's place of death: **Nashville** (CITY) **TN** (STATE) **Davidson** (COUNTY)

   At the time of decedent's death, decedent's residence was: **3919 Flicker Drive, 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
Milton J. Kessee Sr.	12/29/1968		Living

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
Deborah A. Keesee	07/03/1955	Lillian M. Keesee	Living
Eugenia D. Watson	02/09/1957	Lillian M. Keesee	Living
Katherine A. Keesee	08/16/1968	Lillian M. Keesee	Living

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

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		
FATHER		

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

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

Signed this 19 day of February, 2008.

(SIGNATURE OF AFFIANT)

State of Tennessee

County of Davidson

Sworn to and subscribed to before me on February 19, 2008
(DATE)

by Lorenza Cantrell Sr.
(NAME OF AFFIANT)

(NOTARY SIGNATURE)

(Notary Seal)

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

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

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, Elizabeth Gray, a notary public for this county and state, Rachel L. Bell who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Elizabeth A Gray
Notary's Signature

MY COMMISSION EXPIRES: _____

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

My Commission Expires JULY 24, 2010