Davidson County AFFIDAVIT
Recvd: 03/11/08 12:28 3 pgs
Fees:17.00 Taxes:0.00
20080311-0024486

# AFFIDAVIT OF HEIRSHIP

| ADDRESS OF NEW OWNER(S): | SEND TAX BILL TO: | TAX IDENTIFICATION NO: |
|---|---|---|
| 3009 King's Lane<br>Nashville, Tennessee 37218 | New owner(s) | Parcel 09104007100 |

STATE OF TENNESSEE )
COUNTY OF DAVIDSON )

Comes the affiant Florence D. Woods, being first duly sworn according to law, and being of lawful age and a resident of the City of Nashville, County of Davidson and State of Tennessee, hereby swears to the following of her own free will and based upon her personal knowledge and familiarity:

(1) William A. Woods (hereinafter "decedent"), a resident of the City of Nashville, County of Davidson and State of Tennessee, who died on November 29, 2002, as evidenced by a copy of the death certificate attached hereto as Exhibit A, held a fee simple interest in the real estate described herein.
(2) The decedent died with a surviving spouse, Florence D. Woods.
(3) The decedent died leaving two (2) living children: Kevin A. Woods, presently of Madison, Tennessee and LaKeesha N. Woods, presently of Laurel Maryland. The decedent never adopted any children.
(4) At the time of his/her death, decedent owned a house and lot commonly known as 1125 39th Avenue North, Nashville, Tennessee 37209 and being more particularly described in the deed of record, which is instrument number 20020722-008776, Register of Deeds Office, Davidson County, Tennessee, to which reference is hereby made for a more complete legal description.
(5) This affidavit will confirm the vesting of title to the real property located at 1125 39th Avenue North, Nashville, Tennessee 37209, after the death of decedent.

Further, affiant saith not.

Witness my hand this 11 day of March, 2008.

Florence D. Woods
Florence D. Woods

STATE OF TENNESSEE )
COUNTY OF DAVIDSON )

Personally appeared before me, Florence D. Woods, the undersigned to me known to be the person described in and who executed the foregoing instrument, and acknowledged that he executed the same as her free act and deed.

Witness my hand and official seal, this 11th day of, March, 2008.

ALVIN DUKE
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

Notary Public
My commission expires : MY COMMISSION EXPIRES SEPTEMBER 19, 2009

**This Affidavit of Heirship was prepared from information supplied by the parties.**

**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 as this affidavit being used to evidence transfer of title to the property to a beneficiary.**

THIS INSTRUMENT WAS PREPARED BY:
Ralph Carter, Attorney at Law with MERRITT, FLEBOTTE, WILSON, WEBB & CARUSO PLLC
7101 Executive Center Drive, Suite 250, Brentwood, Tennessee 37027

# Exhibit A

METROPOLITAN GOVERNMENT OF
NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0296617

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): WILLIAM ARTHUR WOODS, JR.
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): November 29, 2002
4. SOCIAL SECURITY NUMBER: [redacted] 1357
5a. AGE-LAST BIRTHDAY (Years): 61
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Oct. 18, 1941
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 XX Yes 2 No
8a. PLACE OF DEATH (Check only one): HOSPITAL: 1 Inpatient 2 XX 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): Florence Duncan
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Commercial Artist
12b. KIND OF BUSINESS/INDUSTRY: Publication
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 3009 Kings Lane
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 XX Yes 2 No
13f. ZIP CODE: 37218
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) Specify, if yes: Yes O XX No
15. RACE-American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+): 4+

NAME OF DECEDENT: For use by physician or medical examiner

**PARENTS**

17. FATHER'S NAME (First, Middle, Last): William Arthur Woods Sr.
18. MOTHER'S NAME (First, Middle, Maiden Surname): Genoa R. Brown

**INFORMANT**

19a. INFORMANT'S NAME (Type/Print): Florence Woods
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3009 Kings Lane Nashville, TN 37218

**DISPOSITION**

20a. METHOD OF DISPOSITION: 1 Burial 2 XX Cremation 3 Removal from State 4 Donation 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Affiliated Crematory
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Richard A. Lewis
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3633
21c. SIGNATURE OF EMBALMER: Delmas Bogus
21d. LICENSE NUMBER OF EMBALMER: 3687
22a. NAME AND ADDRESS OF FUNERAL HOME: LEWIS & WRIGHT FUNERAL DIRECTORS 2500 Clarksville Hwy., Nashville, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 0812

**REGISTRAR**

23. REGISTRAR'S SIGNATURE: [signature]
24. DATE FILED (Month, Day, Year): December 5, 2002

**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 XX SIGNATURE AND TITLE OF PHYSICIAN: [signature]
25b. LICENSE NUMBER: 31629
25c. DATE SIGNED (Month, Day, Year): 4 Dec. 2002
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): GEORGE H. CROSSLEY MD, SUITE 400, 222 22ND AVE S, NASHVILLE

**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.

| | | Approximate Interval Between Onset and Death |
|---|---|---|
| IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. | TENSION HEMOTHORAX | MINUTES |
| DUE TO (OR AS A CONSEQUENCE OF): b. | AORTIC DISSECTION | 1 HR |
| Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: DUE TO (OR AS A CONSEQUENCE OF): c. | | |
| DUE TO (OR AS A CONSEQUENCE OF): d. | | |

SEE INSTRUCTIONS ON OTHER SIDE

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 XX 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: M
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-1639 (REV. 6/89)
BIRTH NO.
ROA 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.

[redacted]

Tonya Y. Rutter — DEC 5 2002
Local Registrar Date Issued

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

CERTIFICATION OF VITAL RECORD