THIS INSTRUMENT PREPARED BY: LARRY D. CRAIG, Attorney at Law, 305 Fourteenth Avenue, North, Nashville, Tennessee 37203

Owners:	Houston Eugene Cavender, et al	Map: 104-15-0
Mailing Address:	32 White Bridge Road, Apt. 719 Nashville, Tennessee 37205	Parcel: 369.00 Property Address: 2616 Woodlawn Drive Nashville, Tennessee 37215

AFFIDAVIT OF HEIRSHIP

Comes the Affiant, Charles Tipton Curd, being first duly sworn according to law, being of lawful age, residing at 4708 Villa Green Drive, Nashville, Davidson County, Tennessee 37215, pursuant to Section 30-2-712, Tennessee Code Annotated, as amended, hereby giving under oath the following of his own free will and based upon his personal knowledge and familiarity with the hereafter named individuals and family for approximately 42 years:

1. That Dorothy E. Cavender aka Dorothy Earline Gilliam Cavender, hereinafter the decedent, died on August 24, 2001. A copy of her (redacted) death certificate is attached to this affidavit.

2. The decedent was married during her lifetime and on the date of her death to Houston Eugene Cavender. That from the marriage of the decedent and Houston Eugene Cavender, they had born to them four children and she had no other children and no predeceased children. The four children are, respectively, to wit:

a. Rickey E. Cavender, dob: 01/11/1957;

b. Terry L. Cavender, dob: 02/03/1958;

c. Royce Franklin Cavender, dob: 08/26/1960; and

d. Tony L. Cavender, dob: 10/02/1962

3. Accordingly, as a disinterested person, but based upon my knowledge and familiarity of the decedent and family, the heirs at law of the intestate decedent with their fractional ownership interest in the hereinafter described property are, to-wit:

A. Houston Eugene Cavender, surviving spouse/husband, 1/3

B. Rickey E. Cavender, son, 1/6

C. Terry L. Cavender, son, 1/6

D. Royce Franklin Cavender, son, 1/6

E. Tony L. Cavender, 1/6

Davidson County AFFIDAVIT
Recvd: 03/17/08 09:25 3 pgs
Fees:17.00 Taxes:0.00
20080317-0026404

4. At the time of the decedent's death, she owned the following real property commonly known as 2616 Woodlawn Drive, Nashville, Tennessee 37215, being more particularly described as follows:

> Land in Davidson County, Tennessee, being the easterly 66-2/3 feet of the southerly half of Lot No. 22 on the Map of Belair, as of record in Book 232, Page 6, Register's Office for said County.
>
> Said part of Lot No. 22 fronts 66-2/3 feet on the northerly side of Woodlawn Drive, formerly Belair Avenue, and runs back between parallel lines 192 feet, more or less, to the southerly line of the R.M. Heriges property.
>
> Being the same property conveyed to Houston E. Cavender and wife, Dorothy E. Cavender, by deed of record in Book 4042, Page 147, Register's Office for Davidson County, Tennessee, as subsequently quitclaimed by Houston E. Cavender unto Dorothy E. Cavender by deeds of record in Book 5652, Page 390, and Book 5910, Page 60, said Register's Office.

5. This affidavit of statement of facts is being made to ascertain the heirs at law of the decedent at the time of her death and for registration in the Register of Deeds Office for Davidson County, Tennessee, pursuant to the aforestated statute.

FURTHER, Affiant saith not.

WITNESS my hand this 10th day of March, 2008.

Charles Tipton Curd
CHARLES TIPTON CURD

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, a Notary Public in and for said County and State, the within named CHARLES TIPTON CURD, with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence) and who acknowledged that he executed the within instrument for the purpose therein contained.

Witness my hand and official seal at Nashville, Tennessee, this 10 day of March, 2008.

Robin Moore
NOTARY PUBLIC

My Commission Expires: August 23, 2011

ROBIN MOORE
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0104779

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Dorothy Earlene Gilliam Cavender
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): August 24, 2001
STATE FILE NUMBER
4. SOCIAL SECURITY NUMBER: [redacted]9458
5a. AGE-LAST BIRTHDAY (Years): 68
5b. UNDER 1 YEAR: MONTHS / DAYS / HOURS / MINUTES
5c. UNDER 1 DAY: HOURS / MINUTES
6. DATE OF BIRTH (Month, Day, Year): June 13, 1933
7. BIRTHPLACE (City and State or Foreign Country): Maury County, TN
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): Centennial Medical Center
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): Houston Cavender
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): School Secretary
12b. KIND OF BUSINESS/INDUSTRY: Metro School System
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2616 Woodlawn Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37212
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No; Yes, specify Cuban, Mexican, Puerto Rican, etc.): Yes or X No. Specify, if yes:
15. RACE - American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+): 1

PARENTS

17. FATHER'S NAME (First, Middle, Last): William Franklin Gilliam, Sr.
18. MOTHER'S NAME (First, Middle, Maiden Surname): Blanche Rook

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Houston Cavender
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2616 Woodlawn Drive Nashville, TN 37212

DISPOSITION

20a. METHOD OF DISPOSITION: X 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Rock Springs Cemetery
20c. LOCATION-City or Town, State: Columbia, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Thomas H. North Jr
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4635
21c. SIGNATURE OF EMBALMER: Michael P. Illobre
21d. LICENSE NUMBER OF EMBALMER: 5353
22a. NAME AND ADDRESS OF FUNERAL HOME: West Harpeth Funeral Home and Crematory, 6962 Charlotte Pike, Nashville, TN 37209
22b. LICENSE NUMBER OF FUNERAL HOME: 1016

REGISTRAR

23. REGISTRAR'S SIGNATURE: Robert W. Rhoden Jr
24. DATE FILED (Month, Day, Year): September 05 2001

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. SIGNATURE AND TITLE OF PHYSICIAN: Howard A. Burris III
25b. LICENSE NUMBER: MD 20860
25c. DATE SIGNED (Month, Day, Year): 8/31/01
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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): Howard A. Harris dr. M.D. 250 25th Avenue N., Nashville, TN 37203 320-5090

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.
Immediate Cause (Final disease or condition resulting in death): a. METASTATIC LUNG CANCER
Approximate interval: Onset to Death: 6 mos
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 X 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-1656 REV. 2-93

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.

John P. Dunn
John P. Dunn
Local Registrar

Date Issued: SEP 14 2001

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

CERTIFICATION OF VITAL RECORD