This Instrument Prepared by:

MARTIN A. KOOPERMAN
Attorney at Law
Duzane, Kooperman & Mondelli
603 Woodland Street
Nashville, TN 37206-4211
(615) 259-1214

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE
COUNTY OF DAVIDSON

We, **NORMA HARRIS and BEVERLY F. JOHNSON,** after being duly sworn according to law, depose and state as follows:

1. We are citizens and residents of Nashville, Davidson County, Tennessee, residing at 2140 Rosemary Lane, Nashville, Tennessee 37210.

2. We are both over the age of 18 years and are of sound mind and disposing memory.

3. Our mother, Frances D. Johnson (also known as Frances D. Williams), died on July 23, 2007. At the time of her death, she was a widow, William B. Johnson, having previously died on August 14, 2004. Our mother did not leave a will. We are the surviving heirs of the Estate of Frances D. Johnson.

4. At the time of her death, our mother, Frances D. Johnson, owned real property located at 2140 Rosemary Lane, Nashville, Davidson County, Tennessee, described as follows:

> LAND in Davidson County, Tennessee, being Lot No. 24 on the Plan of Glenrose Park, as of record in Book 974, Page 98, Register's Office for said County.
>
> Said Lot No. 24 fronts 50 feet on the easterly side of Rosemary Lane, and runs back between lines, 198.5 feet on the north line and 192.3 feet on the south line, to an alley on which it measures 50.4 feet.
>
> BEING the same property conveyed to William B. Johnson, et ux Frances D. Johnson by Warranty Deed of record in Book 4785, Page 606, in the Register's Office for Davidson County, Tennessee. The said William B. Johnson having previously died on August 14, 2004, and the said Frances D. Johnson having since died on July 23, 2007.
>
> This is improved property known as 2140 Rosemary Lane, Nashville, Tennessee 37210.

Davidson County AFFIDAVIT
Recvd: 04/17/08 14:55 4 pgs
Fees:22.00 Taxes:0.00
20080417-0039177

5. As the surviving heirs of Frances D. Johnson, we are entitled to inherit the real estate located at 2140 Rosemary Lane, Nashville, Tennessee 37210.

DATED this 16th day of April, 2008.

Norma D. Harris
NORMA HARRIS

Beverly Faye Johnson
BEVERLY F. JOHNSON

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named **NORMA HARRIS and BEVERLY F. JOHNSON, by Norma Harris, as her attorney in fact,** with whom I am personally acquainted, or proved to me based upon satisfactory information, and who acknowledged that they executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee, this 16th day of April, 2008.

Martin A. Koopermaan
NOTARY PUBLIC

MARTIN A. KOOPERMAAN
NOTARY PUBLIC
DAVIDSON COUNTY, TENN.
My Commission Expires MAY 2, 2011

My Commission Expires

STATE OF TENNESSEE
Office of Vital Records

0405448

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 94 040925

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

1. DECEDENT'S NAME (First, Middle, Last): WILLIAM BENTON JOHNSON	2. SEX: MALE	3. DATE OF DEATH (Month, Day, Year): AUG. 14, 1994	
4. SOCIAL SECURITY NUMBER: [redacted]	5a. AGE – LAST BIRTHDAY (Years): 68	6. DATE OF BIRTH: JULY 7,1926	7. BIRTHPLACE (City and State or Foreign Country): NASHVILLE, TENN.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No	8a. PLACE OF DEATH (Check only one): GENERAL: 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)		
9a. FACILITY NAME (If not institution, give street and number): METRO GENERAL HOSPITAL 078	9c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE	9d. COUNTY OF DEATH: DAVIDSON	
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): DIVORCED	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): TILE SETTER	12b. KIND OF BUSINESS/INDUSTRY: ROBBINS MARBLE CO.
13a. RESIDENCE – STATE: TENN.	13b. COUNTY: DAVIDSON 19	13c. CITY, TOWN OR LOCATION: NASHVILLE 094	13d. STREET AND NUMBER OR RURAL LOCATION: 2140 ROSEMARY LANE
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No	13f. ZIP CODE: 37210	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – if yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No	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+):
17. MOTHER'S NAME (First, Middle, Last): WALTER CLYDE JOHNSON		18. MOTHER'S NAME (First, Middle, Maiden Surname): ROBIE HEMBREE	
19a. INFORMANT'S NAME (Type/Print): SARAH McINTYRE	19b. RELATIONSHIP TO DECEASED: SISTER	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2204 BELMONT BLVD., NASHVILLE, TN 37212	
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): MT. OLIVET CEMETERY	20c. LOCATION – City or Town, State: NASHVILLE, TENN.	
21a. SIGNATURE OF FUNERAL DIRECTOR: William R. Ogleton	21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2700	21c. SIGNATURE OF EMBALMER: Timothy B. Boyd	21d. LICENSE NUMBER OF EMBALMER: 4259
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODBINE FUNERAL HOME, INC. 3620 NOLENSVILLE ROAD, NASHVILLE, TENN.			22b. LICENSE NUMBER OF FUNERAL HOME: 396
23. REGISTRAR'S SIGNATURE: Patricia Sauls		24. DATE FILED (Month, Day, Year): October 28, 1994	
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. 1 [X] SIGNATURE AND TITLE OF PHYSICIAN: Robert E. Hardy, MD		25b. LICENSE NUMBER: MD10032	25c. DATE SIGNED (Month, Day, Year): 8-30-94
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 ...	27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Robert E. Hardy, M.D. Metropolitan Nashville General Hospital	72 Hermitage Avenue Nashville, TN 37210	
	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 ... Approximate		

2855520

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 Mar-27-2008

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

METROPOLITAN GOVERNMENT OF
NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

07 07234

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): Frances Doris Williams
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): July 23, 2007
4. SOCIAL SECURITY NUMBER (at Decease): [redacted]
5a. AGE-LAST BIRTHDAY (Years): 69
5b. UNDER 1 YEAR MOS. / DAYS
5c. UNDER 1 DAY HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Jan. 14, 1938
7. BIRTHPLACE (City and State or Foreign Country): Kingston Springs, Tennessee
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 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)): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name): N/A
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Homemaker
12b. KIND OF BUSINESS/INDUSTRY: Her Home
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2140 Rosemary Lane
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37210
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes O X No
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Elmer Williams
18. MOTHER'S NAME (First, Middle, Maiden Surname): Earlene UNKNOWN

INFORMANT

18a. INFORMANT'S NAME (Type/Print): Norma Harris
18b. RELATIONSHIP TO DECEASED: Daughter
18c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 601 N. Dupont Ave. Apt. D-73 Madison, Tennessee 37115

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): Woodlawn Memorial Park
20c. LOCATION-City or Town, State: Nashville, Tennessee

FUNERAL DIRECTOR

21a. SIGNATURE OF FUNERAL DIRECTOR: J. Mitchell Tock
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3757
21c. SIGNATURE OF EMBALMER: Brandy Collie
21d. LICENSE NUMBER OF EMBALMER: 5828
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn-Roesch-Patton Funeral Home 660 Thompson Lane Nashville, Tennessee 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

23. REGISTRAR SIGNATURE: Robert W. Rhodes Jr R.R.
24. DATE FILED (Month, Day, Year): August 06, 2007

PHYSICIAN

25a. PHYSICIAN - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.
1 X SIGNATURE AND TITLE OF PHYSICIAN: Louis Johnson MD
25b. LICENSE NUMBER: 023572
25c. DATE SIGNED (Month, Day, Year): 7/31/07

MEDICAL EXAMINER

25a. 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
25b. LICENSE NUMBER
25c. 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): Dr. Louis Johnson 2400 Patterson St. Ste. 400 Nashville, TN 37203

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. Respiratory Failure
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. COPD exacerbation
DUE TO (OR AS A CONSEQUENCE OF):
c. Emphysema
DUE TO (OR AS A CONSEQUENCE OF):
d.
Approximate Interval Between Onset and Death

SEE INSTRUCTIONS ON OTHER SIDE.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
Dysphagia / Weight loss
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 X 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)

RH-1699 (REV. 6/99)
BIRTH NO.
RDA 1399

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 hen printed on security paper showing the red embossed seal of the Metropolitan Government of Nashville and Davidson County. lteration or erasure voids this certification.

ennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

[redacted]

Tonya Y. Foreman
Local Registrar

Date Issued

CERTIFICATION OF VITAL RECORD