Davidson County AFFIDAVIT
Recvd: 04/22/08 12:17 3 pg
Fees:17.00 Taxes:0.00
20080422-0041036

AFFIDAVIT OF HEIRSHIP

ADDRESS OF NEW OWNER(S):	SEND TAX BILL TO:	TAX IDENTIFICATION NO:
2409 Lazenby Drive Nashville, Tennessee 37206	New owner(s)	Parcel ID No. 082 04 0 374.00

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Comes the affiant, Carolyn Fitzgerald, 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) Elizabeth Hardin (hereinafter "decedent"), a resident of the City of Nashville, County of Davidson and State of Tennessee, who died on November 26, 2003, as evidenced by a copy of the death certificate attached hereto as Exhibit A, held a fee simple interest in the following described real estate as the surviving tenant by the entirety between herself and her husband, Edward Hardin:
(2) The decedent died without a surviving spouse. The decedent was married once during her lifetime to Edward Hardin, who predeceased her.
(3) The decedent died leaving two (2) living children: Carolyn Faye Fitzgerald and Shyrl Leona Waters. The decedent never adopted any children and had no children who predeceased her.
(4) At the time of his/her death, decedent owned a house and lot commonly known as 910 Manila Avenue, Nashville, Tennessee 37206, and being more particularly described in the deed of record, located in Book 3706, Page 457, Registers Office for 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 said real property equally in the children of decedent listed above.

Further, affiant saith not.

Witness my hand this 22 day of April, 2008.

Carolyn Faye Fitzgerald
Affiant

NOTORIAL ACKNOWLEDGEMENT

Personally appeared before me, Carolyn Fitzgerald, the undersigned to me known to be the person described in and who executed the foregoing instrument, and acknowledged that she executed the same as her free act and deed.

Witness my hand and official seal, this 22 day of, April, 2008.

Evelyn Robinson Yeargin
Notary Public
My commission expires : March 20, 2010

EVELYN ROBINSON YEARGIN
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY, TENN.

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

0307042

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Elizabeth J. Hardin
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): 11/26/2003
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]
5a. AGE-LAST BIRTHDAY (Years): 79
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): 11/8/1924
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Residence: 910 Manila Street
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): None
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Cook
12b. KIND OF BUSINESS/INDUSTRY: Metro Juvenile Detention Center
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 910 Manila St.
CENSUS TRACT
12a. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37206
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No — Specify, if yes:
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+):

NAME OF DECEDENT'S For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): (Unknown)
18. MOTHER'S NAME (First, Middle, Maiden Surname): Pearlie Johnson

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Carolyn Fitzgerald
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2409 Lazenby Dr. Nashville, TN 37206

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): Nashville National Cem.
20c. LOCATION-City or Town, State: Madison, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Linda D. Johnson
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4063
21c. SIGNATURE OF EMBALMER: ▶ Patrick Tucker
21d. LICENSE NUMBER OF EMBALMER: 5072
22a. NAME AND ADDRESS OF FUNERAL HOME: Johnson's House of Atena 1107 Buchanan Street Nashville, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 704

REGISTRAR

23. REGISTRAR'S SIGNATURE: Melissa L. Bowen
24. DATE FILED (Month, Day, Year): December 16, 2003

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 [ ] SIGNATURE AND TITLE OF PHYSICIAN ▶
25b. LICENSE NUMBER: 17350
25c. DATE SIGNED (Month, Day, Year): 12-5-03
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)

SEE INSTRUCTIONS ON OTHER SIDE

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. SUDDEN DEATH	
	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.
END STAGE RENAL DISEASE

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 [ ] 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-1659 (REV. 6/99)
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.

DEC 16 2003

Tonya Y. Ruttlen
Tonya Y. Ruttlen
Local Registrar

Date Issued

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

CERTIFICATION OF VITAL RECORD