AFFIDAVIT OF HEIRSHIP

ADDRESS OF NEW OWNER(S):	SEND TAX BILL TO:	TAX IDENTIFICATION NO:
3021 Carterwood Drive Nashville, Tennessee 37207	New owner(s)	Parcel ID: 060 02 0 211.00

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Comes the affiant Annetta Jones, 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) Richard L. Jones (hereinafter "decedent"), my husband and a resident of the City of Nashville, County of Davidson and State of Tennessee, who died on April 7, 2008, as evidenced by a copy of the death certificate attached as Exhibit A, held title in the real estate described herein as a co-tenant by the entirety.
(2) I am the surviving spouse of the decedent died. The decedent and I were married from May 20, 1977 until the date of time of his death. Attached as Exhibit B is a copy of our marriage certificate.
(3) At the time of his death, decedent owned, as a co-tenant by the entirety with me as the other co-tenant by the entirety, the house and lot commonly known as 3021 Carterwood Drive, Nashville, Tennessee 37207 and being more particularly described in the deed of record, located in Book 5345, Page 408, Registers Office for Davidson County, Tennessee, to which reference is hereby made for a more complete legal description. Upon my husband's death, title to said property passed to me in fee simple.
(4) This affidavit will confirm the vesting of title to the above real property, after the death of decedent.

Davidson County AFFIDAVIT
Recvd: 04/28/08 15:29 5 pgs
Fees:27.00 Taxes:0.00
20080428-0043280

Further, affiant saith not.

Witness my hand this 28 day of April, 2008.

Annetta Jones

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, Annetta Jones, 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 28 day of, April, 2008

DEBRA F. COMSTOCK
STATE OF TENNESSEE
NOTARY PUBLIC
MARSHALL COUNTY

Notary Public
My commission expires : March 2011

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

0802128

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): RICHARD LLOYD JONES
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): APRIL 7, 2008
4. SOCIAL SECURITY NUMBER (of Decedent): 411-56-7357
5a. AGE-LAST BIRTHDAY (Years): 70
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): APRIL 18, 1937
7. BIRTHPLACE (City and State or Foreign Country): SANDSPRING, OKLAHOMA
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] 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): VA TN VALLEY HEALTHCARE SYSTEM
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): ANNETTA EVANS
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): HOUSING MANAGER
12b. KIND OF BUSINESS/INDUSTRY: METRO HOUSING DEVELOPMENT
13a. RESIDENCE-STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 3021 CARTERWOOD DRIVE
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37207
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes [ ] No [X]
15. RACE-American Indian, Black, White, etc. (Specify): BLACK
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 5+; College (1-4 or 5+):
NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): NATHANIEL SAMUEL JONES
18. MOTHER'S NAME (First, Middle, Maiden Surname): BELMA YVONNE COOK

INFORMANT

19a. INFORMANT'S NAME (Type/Print): VA TN VALLEY HEALTHCARE SYSTEM
19b. RELATIONSHIP TO DECEASED: VA FILE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1310 24th AVE. SOUTH, NASHVILLE, TN 37212

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): MIDDLE TENNESSEE STATE VETERANS CEMETERY
20c. LOCATION-City or Town, State: PEGRAM, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: MELVIN J. SMITH
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4502
21c. SIGNATURE OF EMBALMER: REID Y. VANNESS
21d. LICENSE NUMBER OF EMBALMER: 4275
22a. NAME AND ADDRESS OF FUNERAL HOME: SMITH BROTHERS FUNERAL DIRECTORS, INC. 706 MONROE STREET, NASHVILLE, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 809

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda R. Bowers, DR
24. DATE FILED (Month, Day, Year): April 10, 2008

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 [X] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER: 12533
25c. DATE SIGNED (Month, Day, Year): 4-9-08
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): JAMES POWERS, M.D. 1310 24th AVE. SOUTH, NASHVILLE, TN 37212

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)

SEE INSTRUCTIONS ON OTHER SIDE

Immediate Cause (Final disease or condition resulting in death): a. CARDIO RESPIRATORY ARREST — 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. END STAGE RENAL FAILURE — DUE TO (OR AS A CONSEQUENCE OF):
d. ARTERIONEPHROSCLEROSIS

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: ASCVD, LEFT VENTRICULAR HYPERTROPHY, DIABETES MELLITUS

29a. WAS AN AUTOPSY PERFORMED? 1 [X] Yes 2 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [X] Natural 5 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide
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-1959 (REV. 6/99) — BIRTH NO — RDA 1369

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]
Local Registrar

Tonya Y Foreman
Tonya Y Foreman
Local Registrar

4/14/2008
Date Issued

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

METROPOLITAN GOVERNMENT NASHVILLE AND DAVIDSON COUNTY TENNESSEE

CERTIFICATION OF VITAL RECORD

EXHIBIT B

STATE OF TENNESSEE, DAVIDSON COUNTY

Marriage Certificate

THIS IS TO CERTIFY THAT THE

Rite of Matrimony

Between Richard Lloyd Jones Age 40

and Annetta Wakefield Age 41

was solemnized by Rev. Gregory W. Jones

on 20 day of May, 1977, as the same appears of record in the office of the Clerk of the County Court of the aforesaid County at Nashville, Tennessee.

WITNESS my hand and seal of the said Court, at office, this the 2

day of June, 1977

R.E. Wansell Clerk of the Davidson County Court

Lou Rulce Deputy Clerk

BOOK 114 PAGE 308 NO. 103230