This instrument prepared by:

File No. 70213

Rachel L. Bell, BPR #024075
2109 Buena Vista Pike
Nashville, TN 37218

Davidson County AFFIDAVIT
Recvd: 05/14/08 12:58 6 pgs
Fees:32.00 Taxes:0.00
20080514-0049582

AFFIDAVIT OF HEIRSHIP

Comes now your Affiant, Kristin Henning, and having first been duly sworn accordingly to law deposes and states as follows:

1. My name is Kristin Henning, and I am an adult citizen and resident of Montgomery County, Maryland, and the granddaughter of Montraville Isadore Claiborne and Mattie Newby Claiborne.

2. On November 8, 1954, H. H. Chitwood conveyed 1707 Windover Dr, Nashville, TN 37218, to Montraville Isadore Claiborne and wife, Mattie Newby Claiborne by Installment Deed, Book 2332, Page 104-106.

Legal description of said property is:

Being Lot No. 8 on the Plan of Gardner's Gold Coast Subdivision, as of record in Book 2133, Page 79, register's Office for said County.

Said Lot No. 8 is more particularly described as follows: Beginning at a point in the northerly margin of Windover Drive, the common corner of Lots 8 and 9 on said Plan; thence with the line between said two lots 8 and 9 on said Plan; thence with the line between said two lots, southwardly 341 feet to a point in the northerly margin of Windover Drive; thence with the northerly margin of the same, westwardly around a curve with a radius of 341 feet, 235 feet to the point of beginning.

Being part of the same property conveyed to H. H. Chitwood, trustee, by deed from K. Gardner and wife, Eleanor Gardner, of record in Book 2298, page 169, Register's Office for Davidson County, Tennessee.

This conveyance is made subject to restrictive covenants of record in Book 2245, page 363, Register's Office for Davidson County, Tennessee.

3. Montraville Isadore Claiborne died on July 22, 1999 at the age of 96 years, a resident of Edgecombe County, residing at 720 Tarboro Street, Rocky Mount, North Carolina 27801. See, *Exhibit* A (Certificate of Death.)

4. Mattie Newby Claiborne died on November 2, 1979 at the age of 60 years, a resident of Davidson County, residing at 1707 Windover, Nashville, Tennessee 37218. See, *Exhibit* B (Certificate of Death.)

5. To the best of my knowledge and information, the following are the names, addresses and relationship of all of the heirs at law of Montraville Isadore Claiborne and Mattie Newby Claiborne:

Rita Suzanne Claiborne Henning
Adult Daughter
720 Tarboro Street
Rocky Mount, N.C. 27801

FURTHER AFFIANT SAYETH NOT.

The undersigned Kristin Henning being first duly sworn, hereby states that I have read the foregoing Affidavit of Heirship and that, to be the best of my knowledge and belief, the facts stated therein are true and accurate.

Kristin Henning

State of Maryland

County of Montgomery

Personally appeared before me, the undersigned notary public in and for the above state, Kristin Henning, personally known to me or proved on the basis of satisfactory evidence, who, being first duly sworn, did execute this Affidavit of Heirship above.

WITNESS my hand this 12th day of May, 2008.

Notary Public

My Commission Expires: CARLOS JOVANY SANTOS
NOTARY PUBLIC
PRINCE GEORGE'S COUNTY
MARYLAND
MY COMMISSION EXPIRES NOVEMBER 06, 2011

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
STATE CENTER FOR HEALTH STATISTICS-VITAL RECORDS SECTION

CERTIFICATE OF DEATH

180

Registration District No. 064-90 Local No.

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): MONTRAVILLE ISADORE CLAIBORNE
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): July 22, 1999
4. SOCIAL SECURITY NUMBER: [redacted]-6005
5. AGE—Last Birthday (Years): 96
5b. UNDER 1 YEAR Months Days
5c. UNDER 1 DAY Hours Minutes
6. DATE OF BIRTH (Month, Day, Year): February 14, 1903
7. BIRTHPLACE (County and State or Foreign Country): WASHINGTON CO. TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No): No
9a. PLACE OF DEATH (Check only one): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA OTHER: ☒ Nursing Home ☐ Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): GUARDIAN CARE OF ROCKY MOUNT
9c. CITY, TOWN, OR LOCATION OF DEATH: ROCKY MOUNT
9d. INSIDE CITY LIMITS? (Yes or No): Yes
9e. COUNTY OF DEATH: NASH
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Widowed
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.): PSYCHOLOGY DEPT. CHAIRMAN
12b. KIND OF BUSINESS/INDUSTRY: UNIVERSITY
13a. RESIDENCE—STATE: NC
13b. COUNTY: EDGECOMBE
13c. CITY, TOWN, OR LOCATION: ROCKY MOUNT
13d. STREET AND NUMBER: 720 TARBORO STREET
13e. INSIDE CITY LIMITS? (Yes or No): Yes
13f. ZIP CODE: 27801
14. Was Decedent of Hispanic Origin? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes ☒ No (Specify)
15. RACE—American Indian, Black, White, Etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-17+): 22

PARENTS

17. FATHER'S NAME (First, Middle, Last): WILLIAM CLAIBORNE
18. MOTHER'S NAME (First, Middle, Maiden Surname): JANIE JONHSON

INFORMANT

19a. INFORMANT'S NAME (Type/Print): RITA CLAIBORNE HENNING
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 720 TARBORO STREET ROCKY MOUNT, NC 27801
19c. DATE AMENDED:

CAUSE OF DEATH

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. If appropriate, enter tobacco, alcohol, or drug use. List only one cause on each line. (PRINT or TYPE)

Approximate Interval: Onset to Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Alzheimers disease
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):
20a. d.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I, such as tobacco, alcohol, or drug use; diabetes, etc.

20b. Renal Insufficiency

21a. AUTOPSY? (Yes or No): (Yes)
21b. If yes, were findings considered in determining cause of death?
21c. Was case referred to Medical Examiner? (Yes or No)
22. TIME OF DEATH: M.

NOTICE: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS, UNUSUAL, OR UNNATURAL CIRCUMSTANCE BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH. ANY DEATH FALLING INTO THESE CATEGORIES IS WITHI THE MEDICAL EXAMINER'S JURISDICTION REGARDLESS OF THE LENGTH OF SURVIVAL FOLLOWING THE UNDERLYING INJURY.

CERTIFIER

23a. SIGNATURE AND TITLE OF CERTIFIER: H James Evans
23b. DATE SIGNED (Month, Day, Year): 7-23-99
24. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type or Print): H. James Evans, MD, 100 Nash Medical Arts Mall, Rocky Mount, NC 27804

DISPOSITION

25a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal ☐ Donation ☐ Other
25b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): GREENWOOD CEMETERY
25c. LOCATION — City or Town, State, Zip Code: NASHVILLE, TN
26a. NAME AND ADDRESS OF FUNERAL HOME: Hunter-Odom Funeral Service P.O. Box 1239, Rocky Mount NC 27802-1239
26b. SIGNATURE OF FUNERAL DIRECTOR ETHEL L. TAYLOR-FD/EMBALMER: ETHEL L. TAYLOR
26c. LICENSE NUMBER: 0713
27. REGISTRAR'S SIGNATURE: [signature]
28. DATE FILED (Month, Day, Year): July 23, 1999
26d. SIGNATURE OF EMBALMER ETHEL L. TAYLOR-FD/EMBALMER: ETHEL L. TAYLOR
26e. LICENSE NUMBER: 0713

DEHNR 1672 (Revised 3/96 Review 2/99) VITAL RECORDS

NORTH CAROLINA, NASH COUNTY

This is to certify that this is a true and correct reproduction of the official record filed in Volume 85 Page 180 in this office. Any alterations or erasure voids this certificate. Certification valid only with raised seal.

Witness my hand and seal, this the 18 day of July ,2007.

Barbara W. Sasser, Register of Deeds

BY: [signature]
Asst/Deputy ~~Register of Deeds~~

EXHIBIT

A

METROPOLITAN GOVERNMENT OF
NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

EXHIBIT

B

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

BECOMES A LEGAL
RD WHEN PROPERLY EXE-
D AND FILED.

OR PRINT IN
NK WITH BLACK INK.

STATE FILE NO.

Mattie	Newby	Claiborne	Nov. 2, 1979
60	June 19, 1919	Black	Female
Davidson	Nashville	Yes	Park View Hospital	Inpatient
[redacted]	U.S.A.	Married	.Montraville I. Claiborne
[redacted]-6917	None	[redacted]51	Metro School System
Tennessee	Davidson	Nashville,	1707 Windover	Yes
[redacted]	Burt F. Newby	Cora Archie Newby	Dr. M. I. Claiborne
[redacted]	Burial	Nov. 5, 1979	Greenwood	Nashville, Tennessee
[redacted]	Patton Bros. Funeral Home	Nashville, Tenn.	1305 South St.	11-16
[redacted]	William M. Clark, M. D.		Nashville, Tennessee	11/13/7

PART I. DEATH WAS CAUSED BY:

a. Probable viral encephalitis — 2 months

PART II. OTHER SIGNIFICANT CONDITIONS:

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)

INJURY AT WORK

FORM NO. [illegible]
RD 1-75

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 Foreman
Local Registrar

Date Issued SEP 24 2007

CERTIFICATION OF VITAL RECORD

Pinnacle
Title and Escrow, LLC

2109 Buena Vista Pike Nashville, TN 37218 ~ (615)256-3353 office/ (615) 256-3331 fax

I, Rachel L. Bell , do hereby make oath that I am a licensed attorney and/or the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law.

Signature

State of Tennessee

County of Davidson

Personally appeared before me, Florence King, a notary public for this county and state, Rachel L. Bell who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

FLORENCE KING
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY, TENN.

Notary's Signature

MY COMMISSION EXPIRES: My Commission Expires JAN. 9, 2012