This instrument prepared by:

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

File No. 70542

Davidson County AFFIDAVIT
Recvd: 06/18/08 10:04 6 pgs
Fees:32.00 Taxes:0.00
20080618-0062620

# AFFIDAVIT OF HEIRSHIP

Comes now your Affiant, Ernestine R. Foster, and having first been duly sworn accordingly to law deposes and states as follows:

1. My name is Ernestine R. Foster, and I am an adult citizen and resident of Davidson County, Tennessee, and the daughter of Ernest Foster and Cannara Ross Foster.

2. On November 23, 1962, Hardaway Construction Company conveyed 709 Lischey Ave., Nashville, TN 37206, to Ernest Foster, wife Cannara Ross Foster, and Ernestine R. Foster by Warranty Deed, Book 3463, Page 575-576.

Legal description of said property is:

> Land in Davidson County, Tennessee, being Lot No. 5 on the Plan of Arrington Heights, Section II, as of record in Book 3106, page 129, Register's Office for said County. Said lot fronts 54 feet on the east side of North 4th Street and runs back 159.5 feet on the north line and 159.45 feet on the south line to an alley in the rear on which measures 54 feet.
>
> Being part of the property conveyed to Hardaway Construction Company, by deed from The Nashville Housing Authority, as of record in Book 3431, page 345, said Register's Office.

3. Ernest Foster died on June 12, 1986 at the age of 74 years, a resident of Davidson County, residing at 709 Lischey Ave., Nashville, Tennessee 37206. See, *Exhibit* A (Certificate of Death.)

4. Cannara Ross Foster died on March 22, 1979 at the age of 73 years, a resident of Davidson County, residing at 709 Lischey Ave., Nashville, Tennessee 37206. 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 Ernest Foster and Cannara Ross Foster:

Ernestine R. Foster
Adult Daughter
515 Basswood Drive, Unit G77
Nashville, TN 37209

FURTHER AFFIANT SAYETH NOT.

The undersigned Ernestine R. Foster 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.

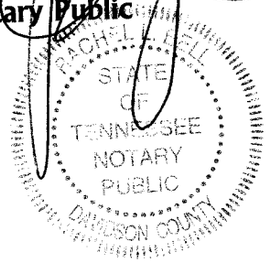
Ernestine R. Foster

State of Tennessee

County of Davidson

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

Notary Public




MY COMMISSION EXPIRES:
May 23, 2009

My Commission Expires: _____

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

EXHIBIT

A

# CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

8603000

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT BLACK INK.

BIRTH NO.

STATE FILE NO.

DECEASED—NAME: 1. First: Ernest; Middle:; Last: Foster

DATE OF DEATH (MONTH, DAY, YEAR): 2. June 12, 1986

3a. AGE—LAST BIRTHDAY (YEARS): 74 | UNDER 1 YEAR: 3b. MOS. DAYS | UNDER 1 DAY: 3c. HOURS MIN.

4. DATE OF BIRTH (MONTH, DAY, YEAR): Nov 9,1911

5a. RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY): Black

5b. ORIGIN OR DESCENT—ITALIAN, MEXICAN, GERMAN ETC SPECIFY): American

6. SEX: Male

7a. COUNTY OF DEATH: Davidson

7b. CITY, TOWN OR LOCATION: ( Nashville) Madison

7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes

7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.): Memorial

7e. IF HOSP OR INST. Indicate DOA OP/Emer. Rm - Inpatient (Specify)

DECEASED

8. STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY): Tennessee

9. CITIZEN OF WHAT COUNTRY: U.S.A.

10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed

11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): None

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

12. SOCIAL SECURITY NUMBER (IF NONE, SPECIFY): [redacted]-9908

12b. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE):

13. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): State of Tennessee

13b. KIND OF BUSINESS OR INDUSTRY: None

12a. RESIDENCE—STATE: Tennessee

14b. COUNTY: Davidson

14c. CITY, TOWN, OR LOCATION: Nashville

14d. STREET AND NUMBER: 709 Lischey Ave

14e. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes

14f. CENSUS TRACT NO.

PARENTS AND INFORMANT

14a. FATHER—NAME: Felix Foster

16. MOTHER—MAIDEN NAME: Carrie Lofton

17. INFORMANT—NAME: Ernestine Foster

MAILING ADDRESS

PERMIT REQUIRED PRIOR TO TRANSPORTATION OF BODY BY COMMON CARRIER OR REMOVAL FROM STATE.

DISPOSITION

18. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial

18b. DATE (MONTH, DAY, YEAR): June 16,1986

18c. CEMETERY OR CREMATORY—NAME: Greenwood

18d. LOCATION—CITY OR TOWN, STATE: Nashville, Tennessee

18a. FUNERAL DIRECTOR (SIGNATURE)

19b. LICENSE NO.

EMBALMER (SIGNATURE)

19d. LICENSE NO.

19a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Davis-Campbell-McClain, Nashville, Tn

REGISTRAR—SIGNATURE: Marguerite M Bumpus

DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): April 11 1986

CERTIFIER

20. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE: K P Channabasappa DEGREE: MD

22b. DATE SIGNED (MONTH, DAY, YEAR): 7-7-86

22a. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. SIGNATURE: TITLE:

23b. DATE SIGNED (MONTH, DAY, YEAR):

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE. ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

23c. STATE: 23d. ZIP:

23a. CERTIFIER—NAME (TYPE OR PRINT): K. P. Channabasappa, M. D.

24b. MAILING ADDRESS: STREET OR R.F.D. NO. CITY OR TOWN

24a. (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) INTERVAL BETWEEN ONSET AND DEATH

CAUSE

25. PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE: Congestive heart failure

(a) DUE TO, OR AS A CONSEQUENCE OF: Aortic Stenosis

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST

(b) DUE TO, OR AS A CONSEQUENCE OF: Atherosclerosis

(c)

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

26. AUTOPSY (YES OR NO)

27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)

27b. DATE OF INJURY (MONTH, DAY, YEAR)

27c. HOUR M.

27d. DESCRIBE HOW INJURY OCCURRED

27e. INJURY AT WORK (SPECIFY YES OR NO)

27f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (SPECIFY)

27g. LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE

PH-1659

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

MAY 28 2008
Date Issued

CERTIFICATION OF VITAL RECORD

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

EXHIBIT
B

# CERTIFICATE OF DEATH
TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT BLACK INK.

STATE FILE NO.

BIRTH NO.

**DECEASED**

1. DECEASED—NAME: Cannara Ross Foster
2. DATE OF DEATH (MONTH, DAY, YEAR): March 22, 1979
3a. AGE—LAST BIRTHDAY (YEARS): 73
3b. UNDER 1 YEAR — MOS. / DAYS
3c. UNDER 1 DAY — HOURS / MIN.
4. DATE OF BIRTH (MONTH, DAY, YEAR): June 30, 1905
5. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY): Black
6. SEX: Female
7a. COUNTY OF DEATH: Davidson
7b. CITY, TOWN OR LOCATION: Nashville
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.): ParkView Hospital
7e. IF HOSP. OR INST., indicate Nos. of Room, Bed (if known)
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Tennessee
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Mr. Ernest Foster
12a. SOCIAL SECURITY NUMBER (IF NONE, SPECIFY): [redacted] 0671-A
12b. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE): None
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Housewife
13b. KIND OF BUSINESS OR INDUSTRY: None

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

14a. RESIDENCE—STATE: Tennessee
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: Nashville
14d. STREET AND NUMBER: 709 Lischey Ave
14e. INSIDE CITY LIMITS (SPECIFY YES OR NO):
14f. CENSUS TRACT NO.

**PARENTS AND INFORMANT**

15. FATHER—NAME: Issac Ross
16. MOTHER—MAIDEN NAME: Elizabeth Counce
17. INFORMANT—NAME AND MAILING ADDRESS: Ernest Foster 709 Lischey Ave

PERMIT REQUIRED PRIOR TO TRANSPORTATION OF BODY BY COMMON CARRIER OR REMOVAL FROM STATE.

**DISPOSITION**

18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial
18b. DATE (MONTH, DAY, YEAR): Mar. 24, 1979
18c. CEMETERY OR CREMATORY—NAME: Greenwood
18d. LOCATION—CITY OR TOWN, STATE: Nashville, Tennessee
19a. FUNERAL DIRECTOR (SIGNATURE): W R Davis
19b. LICENSE NO.
19c. EMBALMER (SIGNATURE)
19d. LICENSE NO.
19e. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Davis-Campbell-McClain 1404 Jefferson
21. REGISTRAR—SIGNATURE: Esther D. Groff
21b. DATE RECEIVED BY LOCAL REGISTRAR: 4-2-79

**CERTIFIER**

20. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE: [signature] DEGREE: MD
22a. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. SIGNATURE: TITLE
22b. DATE SIGNED (MONTH, DAY, YEAR): 2 Apr '79

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE. ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 72 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

23a. CERTIFIER—NAME (TYPE OR PRINT): Stuart Spigel, M.D.
24b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 1801 Church St., Nashville, Tennessee 37203

**CAUSE**

24a. 25. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE: Breast Carcinoma — 2½ yrs.
(a) DUE TO, OR AS A CONSEQUENCE OF:
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST
(b) DUE TO, OR AS A CONSEQUENCE OF:
(c)
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) — 26. AUTOPSY (YES OR NO)

27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)
27b. DATE OF INJURY (MONTH, DAY, YEAR)
27c. HOUR
27d. DESCRIBE HOW INJURY OCCURRED
27e. INJURY AT WORK (SPECIFY YES OR NO)
27f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (SPECIFY) — STREET OR R.F.D. NO. — CITY OR TOWN — STATE
27g. LOCATION

PHLH FORM NO. 55.10
REVISED 1-78 CR-C

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
Tonya Y. Foreman
Local Registrar

MAY 28 2008
Date Issued

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

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.

Florence King
Notary Signature

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