Prepared by: **Kenneth Dillard** **If recorded, return to:** **Kenneth Dillard** **905 Buccaneer Dr. #4** **Schaumburg, IL 60173**	)))))))))) Davidson County AFFIDAVIT Recvd: 07/01/08 11:44 5 pg: Fees:27.00 Taxes:0.00 20080701-0067711 ----------**above this line for official use only**----------

HEIRSHIP AFFIDAVIT

(Heirship of Carmen Rochelle Dillard Deceased)

STATE OF TENNESSEE)
COUNTY OF Davidson)

BEFORE ME, the undersigned authority, on this day personally appeared Kenneth Dillard, ("AFFIANT") who is personally known to me (or, if not being personally known to me, did confirm his/her identity presenting drivers' license as identification, and appearing to be fully competent and of sufficient age, upon being duly sworn, stated upon Affiant's oath the following:

1. My name is Kenneth Dillard, and I live at 905 Buccaneer Dr., Schaumburg, IL., 60173. I am personally familiar with the family and marital history of Carmen Rochelle Dillard and I have personal knowledge of the facts stated in this affidavit.

2. I knew decedent from June 15, 1970 until May 2, 2008. I was personally well acquainted with the named decedent during his/her lifetime.

3. The Decedent died on May 2, 2008 at the following place of death: Alive Hospice Residence, Nashville, Tennessee, Davidson County. At the time of decedent's death, decedent's residence address was 703 s. 14th st., Nashville, Tennessee, 37206.

4. I was well acquainted with the family and near relatives of the said decedent, and with all those who would under the laws of the State of Tennessee, be his/her heirs. The following statements and the information contained herein, including my answers to named questions below, are based upon my personal knowledge and are true and correct.

QUESTION 1 - Did the decedent leave a will? YES

QUESTION 2 - If the decedent left a will, has the will been admitted to probate? NO

If YES, at what place, and when?

ANSWER: _____COUNTY, Tennessee , _____ CAUSE NUMBER
_____ DATE

QUESTION 3 - If the decedent left no will, has an administrator or personal representative been appointed for the estate of said deceased? **ANSWER**: YES/NO

QUESTION 4 - If an administrator or personal administrator has been appointed, give the County in which the proceedings are pending, and the name and address of the administrator or personal representative.

ANSWER:

COUNTY CAUSE NUMBER	NAME	ADDRESS

QUESTION 5 - Give the name and address of the surviving widow or widower of decedent.

ANSWER:

NAME	ADDRESS	If not now living, state date of death:

QUESTION 6 - If the decedent was married more than once, give the name(s) of the former husband or wife, and state whether said former spouse is dead or divorced.

ANSWER:

NAME	STATUS (Dead or Divorced)

QUESTION 7 - Give the names and places of residence of all the surviving children of deceased, together with the other information called for:

ANSWER: (Give names of surviving children only)

NAME OF CHILD	ADDRESS	DATE OF BIRTH	IF NOT LIVING DATE OF DEATH	HUSBAND OR WIFE NAME
Kenneth Dillard	905 Buccaneer Dr. #4 Schaumburg, IL. 60173	June 15, 1970	N/A	N/A

QUESTION 8 - Give the name and address of any deceased children of the decedent, together with the other information called for:

ANSWER:

NAME OF CHILD	DATE OF BIRTH	DATE OF DEATH	SURVIVING HUSBAND OR WIFE NAME	DATE OF DEATH OF SPOUSE, IF APPLICABLE

QUESTION 9 - Give the names and addresses of the children of any deceased son or daughter of the decedent:

ANSWER:

NAME OF CHILD	ADDRESS OF IF NOT LIVING DATE OF DEATH	DATE OF BIRTH	NAME OF FATHER OR MOTHER

QUESTION 10 - Did the decedent have any adopted children, or step-children taken into his home? NO

If yes, provide their names, ages and addresses below:

NAME	ADDRESS	AGE

QUESTION 11 - Did the decedent have any unpaid debts? YES
If yes, provide as nearly as possible the amount of the debt and creditor and whether such debt has since been paid

ANSWER:

CREDITOR	AMOUNT OF DEBT	HAS DEBT NOW BEEN PAID
Discover Financial	$2,595.01	No

Hermitage Medical Assc.	$147.84	No
Dr. Vora	$805.00	No
Quest Diagnostics	1,336.01	No
Nashville Fire Dept.	$141.26	No
Tennessee Oncology	$11,810.88	No
Robert M. Hutton	$133.00	No
Charles E. Fredericks	$31.24	No
Baptist Hospital	$18,435.30	No

QUESTION 12 - If the decedent left no children, then give below the names and addresses (together with other information called for), or his or her surviving father, mother, brothers, sisters:

ANSWER:

NAME	RELATIONSHIP	AGE	ADDRESS OR DATE OF DEATH

QUESTION 13 - If the decedent left no children, spouse, mother, father, brother or sister, state all other known relatives:

ANSWER:

NAME	RELATIONSHIP	AGE	ADDRESS

QUESTION 14: Did the decedent own any real estate in this State:

ANSWER: YES

If yes, list
Address or short description : 703 s. 14th st., Nashville, Tn., 37206; 620 sq. foot one-bedroom house in East Nashville
County: Davidson
Address or short description : _____
County: _____
Address or short description : _____
County: _____
Address or short description : _____
County: _____
Address or short description : _____
County: _____

QUESTION 15: What is your relationship to the deceased? Son

ANSWER:

DATED THIS THE 9 DAY OF June, 2008.

Signature of Affiant

SWORN TO AND SUBSCRIBED before me this the 9 day of June, 2008.

NOTARY PUBLIC

NOTARY PUBLIC OF TENNESSEE DAVIDSON COUNTY

MY COMMISSION EXPIRES: January 24, 2009

My Commission Expires: _____