Prepared by: **Nashville Title Insurance Corporation** **2818 Bransford Avenue** **Nashville, TN 37204** **If recorded, return to:**	Davidson County AFFIDAVIT Recvd: 10/07/08 11:57 6 pg: Fees:32.00 Taxes:0.00 20081007-0101720 **----------above this line for official use only----------**

HEIRSHIP AFFIDAVIT

(Heirship of George A Daniel Jr Deceased)

STATE OF TENNESSEE)
COUNTY OF Davidson)

BEFORE ME, the undersigned authority, on this day personally appeared William Tomlinson ("AFFIANT") who is personally known to me (or, if not being personally known to me, did confirm his/her identity presenting TN dl 045480[illegible] as identification (i.e. drivers license #), 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 William L Tomlinson (insert name of affiant), and I live at 131 Bellevue RD NASH TN 37221 (insert address of affiant's residence). I am personally familiar with the family and marital history of George Daniel ("Decedent") (insert name of decedent), and I have personal knowledge of the facts stated in this affidavit.

2. I knew decedent from 1980 (insert date) until 4-29-2008 (insert date). I was personally well acquainted with the named decedent during his/her lifetime.

3. The Decedent died on 4-29-08 (insert date of death) at the following place of death: Grace Health Care (City), Clarksville, (County), Montgomery (State) (insert place of death). At the time of decedent's death, decedent's residence address was 562 Neelys Bend Rd (Street), Nashville, Madison (City), Tennessee, 37115 (Zip).(insert address of decedent's residence).

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? **ANSWER:** YES/(NO)

QUESTION 2 - If the decedent left a will, has the will been admitted to probate?

ANSWER: YES/(NO)/NA. 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: None / N-A

COUNTY	NAME	ADDRESS
CAUSE NUMBER		

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

ANSWER: Widow

NAME	ADDRESS	If not now living, state date of death:
Gloria Dawn Daniel	131 Bellcove Rd Nash TN 37221 Age (43)	Gloria Dawn Daniel (living)

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: N-A

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: None

ANSWER: (Give names of surviving children only)

NAME OF CHILD	ADDRESS	DATE OF BIRTH	IF NOT LIVING DATE OF DEATH	HUSBAND OR WIFE NAME
None				

QUESTION 8 - Give the name and address of any deceased children of the decedent, together with the other information called for: None

ANSWER:

NAME OF CHILD	DATE OF BIRTH	DATE OF DEATH	SURVIVING HUSBAND OR WIFE NAME	DATE OF DEATH OF SPOUSE, IF APPLICABLE
None				

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

ANSWER: None

NAME OF CHILD	ADDRESS OF IF NOT LIVING DATE OF DEATH	DATE OF BIRTH	NAME OF FATHER OR MOTHER
None			

QUESTION 10 - Did the decedent have any adopted children, or step-children taken into his home? None

ANSWER: YES/NO. If yes, provide their names, ages and addresses below:

NAME	ADDRESS	AGE
None		

QUESTION 11 - Did the decedent have any unpaid debts? **ANSWER:** YES/NO
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
None		

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: None

NAME None	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: Spouse: Wife

NAME	RELATIONSHIP	AGE	ADDRESS
Gloria Dawn Daniel	Wife	(43)	

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

ANSWER: (YES) NO

If yes, list
Address or short description : 1118 Sharpe Ave Nash, TN, 37016
County: Davidson
Address or short description : 501 Green Ln Whites Creek, TN, 37876
County: Davidson
Address or short description : 1753 Franklin Ave Nash, TN, 37026
County: Davidson
Address or short description : _____
County: _____
Address or short description : _____
County: _____

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

ANSWER: Wife

DATED THIS THE 6TH DAY OF October, 2008.

Signature of Affiant

STATE OF TENNESSEE

COUNTY OF Davidson

On this 6TH day of October, 2008, before me, personally appeared William L Tomlinson, to me known to be the person described in and who executed the foregoing instrument, and who acknowledged the execution of same to be his free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and seal.

NOTARY PUBLIC

DWIGHT PATE
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

My Commission Expires:

22 November 2011

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

2008 023680

1 DECEDENT'S NAME (First Middle Last): George Alton Daniel, Jr
2 SEX: Male
3 DATE OF DEATH (Month Day Year): April 29 2008
4 SOCIAL SECURITY NUMBER: [redacted]
5a AGE LAST BIRTHDAY: 55
6 DATE OF BIRTH: September 7, 1952
7 BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8a PLACE OF DEATH: 4 Nursing Home
9a FACILITY NAME: Grace Health Care - 990
9c CITY TOWN OR LOCATION OF DEATH: Clarksville 078
9d COUNTY OF DEATH: Montgomery 63
10 MARITAL STATUS: Married
11 SURVIVING SPOUSE: Gloria Chapman
12a DECEDENT'S USUAL OCCUPATION: Owner
12b KIND OF BUSINESS/INDUSTRY: Auto Body Shop
13a RESIDENCE STATE: Tennessee
13b COUNTY: Davidson
13c CITY TOWN OR LOCATION: Madison
13d STREET AND NUMBER OR RURAL LOCATION: 562 Neelys Bend Road
13e INSIDE CITY LIMITS?: Yes
13f ZIP CODE: 37115
14 WAS DECEDENT OF HISPANIC ORIGIN?: No
15 RACE: White
16 DECEDENT'S EDUCATION: Elementary/Secondary (0-12): 7
17 FATHER'S NAME: George A Daniel
18 MOTHER'S NAME: Unknown
19a INFORMANT'S NAME: Gloria Daniel
19b RELATIONSHIP TO DECEASED: Wife
19c MAILING ADDRESS: 562 Neelys Bend Road Madison, Tennessee 37115
20a METHOD OF DISPOSITION: 1 Burial
20b PLACE OF DISPOSITION: Woodlawn Memorial Park
20c LOCATION: Nashville, Tennessee
21a SIGNATURE OF FUNERAL DIRECTOR: Ommer B Everson, III
21b LICENSE NUMBER OF FUNERAL DIRECTOR: 4884
21c SIGNATURE OF EMBALMER: James Ryan Padgett
21d LICENSE NUMBER OF EMBALMER: 5535
22a NAME AND ADDRESS OF FUNERAL HOME: Eastland Funeral Home & Cremation Service 904 Gallatin Rd Nashville, Tennessee 37206
22b LICENSE NUMBER OF FUNERAL HOME: 120
23 REGISTRAR'S SIGNATURE: Jacquelin F Hughes DR
24 DATE FILED: May 27 2008
25a PHYSICIAN: 1 SIGNATURE AND TITLE OF PHYSICIAN: J Ellis, MD
25b LICENSE NUMBER: 28060
25c DATE SIGNED: 5/20/08
26a MEDICAL EXAMINER: 2 SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b LICENSE NUMBER
26c DATE SIGNED
27 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER): Jennifer L Elks, MD AseraCare Hospice 1539C Ashland City Bypass TN 37015

3065912

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 Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Sharon M. Leinbach
STATE REGISTRAR

Date Issued Jul-14-2008

CERTIFICATION OF VITAL RECORD