Davidson County AFFIDAVIT
Recvd: 10/28/08 12:05 6 pgs
Fees:32.00 Taxes:0.00
20081028-0107463

AFFIDAVIT OF HEIRSHIP

New Owner	Send Tax Bills to:	Map and Parcel
Iona Crymes 513 South 13th Street Nashville, Tennessee 37206	Same	08313024700 AND 08313024600

In Re: a certain tract or parcel of land in Davidson County, Tennessee, described as follows:

Being Lot No. 63 on the Plan of Payne, Blakemore and Cummings' Addition to East Nashville, of record in Book 57, page 70, Register's Office for Davidson County, Tennessee, to which plan reference is made for a more complete description.

Being the same property conveyed to Iona Crymes and Georgia Middour, by Warranty Deed from Donald E Ragsdale, unmarried, dated January 1, 1988, and recorded in Book 7521, page 644, in the Register's of Deeds of Davidson County, Tennessee.

Georgia Ellen Middour died in Nashville, Davidson County, Tennessee on October 22, 2004 and her death is evidenced by the attached Certification of Death and the estate of the late Georgia Ellen Middour having died **Intestate leaving no Will** in Davidson County, Tennessee.

This is improved property known as 513 South 12th Street, Nashville, Davidson County, Tennessee 37206.

COMES NOW, John M. Baker who resides at 369 Binkley Drive, Nashville, TN 37211, neighbor and friend of the late Georgia Ellen Middour after first being duly sworn according to law, attests and states as follows:

1. Affiant is the friend and neighbor of Georgia Ellen Middour, and has maintained close and personal contact with said Georgia Ellen Middour for more then 17 years.
2. Georgia Ellen Middour died intestate in Nashville, Davidson County, Tennessee on October 22, 2004. (see attached Exhibit (s), TennCare waver, Certificate of Death).

3. At the time of her death, Georgia Ellen Middour, was survived by the following person: Iona Crymes, her only sister, and sibling, and no other person. The deceased was not married and had no children.
4. The only lawful heir to the Estate of the late Georgia Ellen Middour is her sister, Iona Crymes.
5. The above-described real property passed to Iona Crymes upon the death of her sister on October 22, 2004.
6. All interest in the real property above described vested in Iona Crymes, fee simple.
7. **FURTHER AFFIANT SAITH NOT.**

John M. Baker

John M. Baker

State of TENNESSEE
County of DAVIDSON

Personally appeared before me, the undersigned with authority, a Notary Public in and for the within named John M. Baker, the affiant with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at office this 24TH day of OCTOBER, 2008.

Judith E. Baker

Notary Public at Large.

My Commission Expires 7-25-09

JUDITH E. BAKER NOTARY PUBLIC AT LARGE DAVIDSON CO.

This Instrument Prepared By:

Athens Title & Escrow LLC
Michael J Mills, Attorney at Law
5115 Maryland Way
Brentwood, Tennessee 37027
Tel. 615-377-0736

EXHIBIT "A"

Being Lot No. 63 on the Plan of Payne, Blakemore and Cummings' Addition to East Nashville, of record in Book 57, page 70, Register's Office for Davidson County, Tennessee, to which plan reference is made for a more complete description.

Being the same property conveyed to Iona Crymes and Georgia Middour, by Warranty Deed from Donald E Ragsdale, unmarried, dated January 1, 1988, and recorded in Book 7521, page 644, in the Register's of Deeds of Davidson County, Tennessee.

Being formerly described in Deeds of Record as follows to-wit:

Being shown as Tax Map 08313024700, in the Property Assessor's Office for Davidson County, Tennessee, and being described as the follows:

Being the Northerly One-Half of lot number 63, on the Map of Payne, Blakemore and Cummings Addition to Nashville, of record in Book 57, page 70, Register's Office for Davidson County, Tennessee.

Said part of said lot number 63 fronts 25 feet on the easterly side of South 12th Street and runs back between parallel lines, 161, feet to an alley.

Being the same property conveyed to B.C. Miller and wife, Annie E. Miller, by Warranty Deed from Allen Dobson and wife, Martha Ballard Dobson, dated January 13, 1949, of record in Book 1679, page 302, Register's Office for Davidson County, Tennessee.

Being shown as Tax Map 08313024600, in the Property Assessor's Office for Davidson County, Tennessee, and being described as the follows:

Being the South One-Half of Lot No. 63, on the Map of Payne, Blakemore and Cummings Addition, to East Nashville, of record in Book 57, page 70, Register's Office for said County.

Said part of said lot fronts 25 feet on the easterly side of South Twelfth Street, and runs back between parallel lines, 161 feet to an alley.

Being same property conveyed to B.C. Miller and wife, Annie E. Miller, by Warranty Deed from Bonell Russell and wife, Nana Fern Russell, dated February 11, 1954, of record in Book 2247, page 553, Register's Office for Davidson County, Tennessee.

Being more completely described as one complete lot as originally platted to-wit:

Being Lot No. 63, on the Plan of Payne, Blackmore and Cummings' Addition to East Nashville, as of record in Book 57, page 70, Register's Office for Davidson County, Said Lot No. 63 fronts 50 feet on the easterly side of South 12th Street and runs back between parallel lines 161 feet to an alley.

The above description being conveyed to Wilma June Miller, dated May 29, 1963, by Warranty Deed from B.C. Miller, in Book 5515, page 304, of record in the Register's Office in and for Davidson County, Tennessee.

EXHIBIT "B"

Eastland
Funeral Home

I hereby certify the below to be an authentic copy of the Death Certificate as filed with the Tennessee Department of Health.

Charles E. Worrell, Sr. Funeral Director

Sworn and subscribed before me this day of ,20

My Commission expires 11/27/2004

Jane M. Worrell, Notary Public At Large

NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TENN.

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): Georgia Ellen Middour
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): October 22, 2004
4. SOCIAL SECURITY NUMBER (If Deceased): 277-30-3530
5a. AGE-LAST BIRTHDAY (Years): 72
5b. UNDER 1 YEAR (MOS / DAYS)
5c. UNDER 1 DAY (HOURS / MIN)
6. DATE OF BIRTH (Month, Day, Year): Jun 1, 1932
7. BIRTHPLACE (City and State or Foreign Country): Akron, Ohio
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes / [X] No
8a. PLACE OF DEATH (Check only one): HOSPITAL [X] 1 Inpatient 2 ER/Outpatient 3 DOA; OTHER 4 Nursing Home 5 Residence 6 Other (Specify)
9a. FACILITY NAME (If not institution, give street and number): Skyline Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Never
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): Machine Operator
12b. KIND OF BUSINESS/INDUSTRY: Factory
13a. RESIDENCE STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN, OR LOCATION: Nashville
13d. STREET AND NUMBER OR RFD LOCATION: 513 South 12th Street
13e. INSIDE CITY LIMITS?: X
13f. ZIP CODE: 37206
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.): Yes / [X] No
15. RACE-American Indian, Black, White, etc. (Specify): white
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12) 12; College (1-4 or 5+)

CENSUS TRACT

NAME OF DECEDENT (For use by physician or medical examiner)

PARENTS

17. FATHER'S NAME (First, Middle, Last): George William Middour
18. MOTHER'S NAME (First, Middle, Maiden Surname): Mary Ellen Beard

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Iona Crymes
19b. RELATIONSHIP TO DECEASED: Sister
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 513 South 12th Street Nashville, TN. 37206

DISPOSITION

20a. METHOD OF DISPOSITION: [X] 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Woodlawn Memorial Park
20c. LOCATION (City or Town, State): Nashville, TN. 37204
21a. SIGNATURE OF FUNERAL DIRECTOR: Charles E Worrell Sr
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2480
21c. SIGNATURE OF EMBALMER: T Ad-Pl
21d. LICENSE NUMBER OF EMBALMER: 4622
22a. NAME AND ADDRESS OF FUNERAL HOME: Eastland Funeral Home 904 Gallatin Road Nashville, TN. 37206-3230
22b. LICENSE NUMBER OF FUNERAL HOME: 120

REGISTRAR

23. REGISTRAR'S SIGNATURE
24. DATE FILED (Month, Day, Year)

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.
[X] 1 SIGNATURE AND TITLE OF PHYSICIAN: Orlando Romero c Radiology
25b. LICENSE NUMBER: 35607
25c. DATE SIGNED (Month, Day, Year): 11-04-08
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 ITEM 25 OR 26 CERTIFICATION WITHIN 48 HOURS

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Orlando S. Rodriguez, M.D. 3443 Dickerson Pike Nashville, TN. 37207

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)

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Cardiogenic Shock Sfp Cardiac Arrest
DUE TO (OR AS A CONSEQUENCE OF)
b. CAD w/m Ischemic Cardiomyopathy
DUE TO (OR AS A CONSEQUENCE OF)
c. Acute Respiratory Failure
DUE TO (OR AS A CONSEQUENCE OF)
d. Anoxic Brain Injury

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.

SEE INSTRUCTIONS ON OTHER SIDE

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

29a. WAS AN AUTOPSY PERFORMED? Yes / No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Yes / No

30. MANNER OF DEATH: Natural, Accident, Suicide, Homicide, Pending Investigation, Could not be determined
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY
31c. INJURY AT WORK? Yes / 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 R.F.D. No., City or Town, State)

STATE OF TENNESSEE
BUREAU OF TENNCARE
Third Party Liability Division
310 Great Circle Road, 4th Floor
NASHVILLE, TENNESSEE 37243
Toll Free: 866-389-8444 Fax: 615-413-1941

EXHIBIT "C"

10/23/2008

MICHAEL MILLS
REPRESENTATIVE
5115 MARYLAND WAY
BRENTWOOD, TN 37027

RE: GEORGIA ELLEN MIDDOUR
277303530

Dear MICHAEL MILLS:

This letter constitutes notification of the release of the State of Tennessee's Bureau of TennCare against the above estate for the marked reason:

X This serves as a release of the Bureau of TennCare's interest in recovery from the above referenced estate as required by T.C.A. §71-5-116(c) (2). Based on a review of the information provided on the Request for Release of Estate Recovery Cost Claim form, we do not find long term TennCare benefits paid by the State of Tennessee on behalf of this individual.

____ This release is based upon the surviving spouse deferral, which meets the criteria defined in T.C.A. §71-5-116(c). The State of Tennessee does reserve the right to file a claim for long term care/nursing home services against the estate of the surviving spouse upon the death of the surviving spouse.

____ This release is based upon the decedents age exception, which meets the criteria defined in T.C.A. §71-5-116(c). The State of Tennessee recovers payments made only on behalf of individuals fifty-five years of age or older.

If there are questions, you may contact the Estate Recovery Unit at (866) 389-8444.

Sincerely,

Ron Singh
Manager

CERTIFIED FOR REMOTE FILING:

I, Michael J. Mills, 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.

Michael J. Mills, attorney at law

State of Tennessee:
County of Davidson

Before me, the undersigned, a Notary Public of the State and County aforesaid, personally appeared Michael J. Mills, with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence) and who, upon oath, acknowledged himself/herself to be the named person, and that he/she executed the foregoing instrument for the purposes therein contained.

Witness my hand and official seal, on 10-27-08

Notary Public James C. Smith

My Commission Expires: March 7, 2011

JAMES C. SMITH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY