This instrument prepared by:

Pinnacle Title & Escrow, LLC
2109 Buena Vista Pike
Nashville, TN 37218

File No. 70621

Davidson County AFFIDAVIT
Recvd: 02/02/09 14:44 6 pgs
Fees:32.00 Taxes:0.00
20090202-0008804

AFFIDAVIT OF HEIRSHIP

Comes now your Affiant, Edna Mae Grove, and having first been duly sworn accordingly to law deposes and states as follows:

1. My name is Edna Mae Grove, and I am an adult citizen and resident of Davidson County, Tennessee, and the daughter of William Parker Long and Dorothy Mae Long.

2. On October 30, 1996, Metropolitan Development and Housing Agency conveyed 1025 Looby Circle, Nashville, TN 37208, to William P. Long and wife Dorothy M. Long by Warranty Deed, Book 10246, Page 195-196.

Legal description of said property is:

> Land in Davidson County, Tennessee, being Lot No. 13 on the Final Plat of Looby Heights of record in Plat Book 7900, page 148, as amended in Book 7900, page 230 and as corrected in Book 8289, page 696, said Register's Office, to which plan reference is hereby made for a more complete description.
>
> Being part of the property conveyed to Metropolitan Development and Housing Agency, by quitclaim deed from The Metropolitan Government of Nashville and Davidson County, of record in Book 6741, page 128, said Register's Office.

3. William Parker Long died on February 16, 2002 at the age of 87 years, a resident of Sumner County, residing at 438 N. Water St., Gallatin, Tennessee 37066. See, *Exhibit* A (Certificate of Death.)

4. Dorothy Mae Long died on February 27, 2008 at the age of 76 years, a resident of Davidson County, residing at 1025 Looby Circle, Nashville, Tennessee 37208. 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 William Parker Long and Dorothy Mae Long:

Edna Mae Grove
Adult Daughter
2621 Solon Drive
Nashville, TN 37206

Virgie Diane McEwen
Adult Daughter
478 N. Hawkins Ave.
Akron, OH 44313

Faith Paulette Mabson, # X0158654
Adult Daughter, Incarcerated, Cell #203
4425 Memorial Drive
Decatur, GA 30032

and mailing address:
5161 Scarborough Lane
Stone Mountain, GA 30088-4333

FURTHER AFFIANT SAYETH NOT.

The undersigned Edna Mae Grove 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.

Edna Mae Grove
Edna Mae Grove

State of Tennessee
County of Davidson

Personally appeared before me, the undersigned notary public in and for the above state, Edna Mae Grove, personally known to me or proved on the basis of satisfactory evidence, who, being first duly sworn, did execute this Affidavit of Heirship above on December 16, 2008.



My Commission Expires JAN. 9, 2012

Florence King
Notary Public

My Commission Expires: _____

STATE OF TENNESSEE
Office of Vital Records

2002 006280

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1 DECEDENT'S NAME (First, Middle, Last): WILLIAM PARKER LONG
2 SEX: Male
3 DATE OF DEATH (Month Day Year): February 16, 2002
4 SOCIAL SECURITY NUMBER (of Deceased): 412-18-9964
5a AGE LAST BIRTHDAY (Years): 87
5b UNDER 1 YEAR: MOS / DAYS
5c UNDER 1 DAY: HOURS / MIN
6 DATE OF BIRTH (Month Day Year): Jan 28,1915
7 BIRTHPLACE (City and State or Foreign Country): Jackson, Tn
8 WAS DECEDENT EVER IN U S ARMED FORCES? 1 Yes 2 [X] No
9a PLACE OF DEATH (Check only one): HOSPITAL 1 Inpatient 2 ER/Outpatient 3 DOA; OTHER 4 [X] Nursing Home 5 Residence 6 Other (Specify)
9b FACILITY NAME (If not institution, give street and number): Gallatin Health Care 990
9c CITY, TOWN OR LOCATION OF DEATH: Gallatin 071
9d COUNTY OF DEATH: Sumner 43
10 MARITAL STATUS: Married
11 SURVIVING SPOUSE (If wife, give maiden name): Dorothy M.Grisby
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Sewerage Maint.
12b KIND OF BUSINESS/INDUSTRY: City Government
13a RESIDENCE STATE: Tennessee
13b COUNTY: Sumner
13c CITY, TOWN OR LOCATION: Gallatin
13d STREET AND NUMBER OR RURAL LOCATION: 438 N. Water St
GENSUS TRACT
13e INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f ZIP CODE: 37066
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): Black
16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 6; College (1-4 or 5+):

PARENTS

17 FATHER'S NAME (First, Middle, Last): Jordan Long
18 MOTHER'S NAME (First, Middle, Maiden, Surname): LouAnna Shaw

INFORMANT

19a INFORMANT'S NAME (Type/Print): Dorothy Mae Long
19b RELATIONSHIP TO DECEASED: Wife
19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1025 LoobyCircle, Nashville, Tn.37208

20a METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b PLACE OF DISPOSITION (Name of cemetery, crematory or other place): Woodlawn Cemetery
20c LOCATION-City or Town, State: Nashville, Tn

21a SIGNATURE OF FUNERAL DIRECTOR: Mike Morgan
21b LICENSE NUMBER OF FUNERAL DIRECTOR: 5220
21c SIGNATURE OF EMBALMER: Jeff Plunk
21d LICENSE NUMBER OF EMBALMER: 4353
22a NAME AND ADDRESS OF FUNERAL HOME: Woodlawn Funeral Home, 660 Thompson Ln, Nash.Tn 37203
22b LICENSE NUMBER OF FUNERAL HOME: 933

MEDICAL PART

23 REGISTRAR'S SIGNATURE: Dorothy Reed LR
24 DATE FILED (Month Day Year): February 22, 2002
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
1 [ ] SIGNATURE AND TITLE OF PHYSICIAN
25b LICENSE NUMBER: MD010550
25c DATE SIGNED (Month Day Year): 2/16/02
25d 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: MD010550
26c DATE SIGNED (Month Day Year): 2/16/02
27 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)

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 Cardiovascular Insufficiency
DUE TO (OR AS A CONSEQUENCE OF): b ASCVD (ASCVD)
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: c
DUE TO (OR AS A CONSEQUENCE OF): d
DUE TO (OR AS A CONSEQUENCE OF):

PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I
29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [ ] No
29b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30 MANNER OF DEATH: 1 [X] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
31a. DATE OF INJURY (Month Day Year)
31b TIME OF INJURY
31c INJURY AT WORK? 1 [ ] Yes 2 [ ] 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 Rural Route Number, City or Town, State)

(REV 8/99)
BIRTH NO
RDA 1059

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.

3209380

Sharon M. Leinbach
STATE REGISTRAR

Date Issued Dec-16-2008

CERTIFICATION OF VITAL RECORD

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0801276

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): Dorothy Mae Long
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): February 27, 2008
4. SOCIAL SECURITY NUMBER (of Deceased): 268-28-9899
5a. AGE-LAST BIRTHDAY (Years): 76
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Feb. 25, 1932
7. BIRTHPLACE (City and State or Foreign Country): Cincinnati, Ohio
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
8a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Vanderbilt Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed Divorced (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name): N/A
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Homemaker
12b. KIND OF BUSINESS/INDUSTRY: Home
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1025 Looby Circle
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37208
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): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): William Grisby
18. MOTHER'S NAME (First, Middle, Maiden Surname): Zella Freeman

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Edna Grove
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2621 Solon Drive Nashville, Tennessee 37206

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] 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, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: John A. Polek
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5755
21c. SIGNATURE OF EMBALMER: Mary Katherine Moss
21d. LICENSE NUMBER OF EMBALMER: 5995
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn-Roesch-Patton Funeral Home 660 Thompson Lane Nashville, Tennessee 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda R. Bowers, DR
24. DATE FILED (Month, Day, Year): March 05, 2008

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the time and place, and due to the cause(s) and manner as stated. 1 [X] SIGNATURE AND TITLE OF PHYSICIAN:
25b. LICENSE NUMBER: 26610
25c. DATE SIGNED (Month, Day, Year): 3/4/08
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 MEDICAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Dr. Richard Hock VUMC East 7th Fl. #3 Nashville, TN 37232

SEE INSTRUCTIONS ON OTHER SIDE

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. Hosp. Acquird Pneumonia
DUE TO (OR AS A CONSEQUENCE OF):
b. CVA
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

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

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
Gangrene of R leg S/P Amputation

29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [X] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
31a. DATE OF INJURY (Month, Day, Year):
31b. TIME OF INJURY:
31c. INJURY AT WORK? 1 [ ] Yes 2 [ ] 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 Rural Route Number, City or Town, State):

PH-1659 (REV. 6/99)
BIRTH NO.
RDA 1399

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]
Local Registrar

Tonya Y Foreman
Tonya Y Foreman
Local Registrar

Date Issued MAR 05 2008

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

METROPOLITAN GOVERNMENT NASHVILLE AND DAVIDSON COUNTY TENNESSEE

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
Notary Signature

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

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