This Instrument Prepared By:

P. Kevin Nelson
Attorney at Law
PO Box 159216
Nashville, TN 37215
(615) 804-1427

Davidson County AFFIDAVIT
Recvd: 02/03/09 11:13 7 pgs
Fees:37.00 Taxes:0.00
20090203-0009110

AFFIDAVIT OF HEIRSHIP
On Behalf of ELOISE NEWSON

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Affiant, CLEADIS SIVILS, after first being duly sworn, states that he is an adult citizen and resident of Nashville, Davidson County, Tennessee, being 58 years of age, having been born on February 16, 1950. He further states that he provides this Affidavit on behalf of family friend, ELOISE NEWSON, without any motive of personal advantage or pecuniary gain.

Affiant has been acquainted with Eloise Newson and her family for 28 years.

He further states that Eloise Newson is one of two children, the other being her sister Mary Katherine Newson who died February 18, 2006, both born of the marriage of their father, Columbus Patton, who died August 9 1984 and their mother, Suella Smith Patton, who died February 9, 2003. Copies of death certificates are attached for Suella Smith Patton as Exhibit 1 and Mary Katherine Newson as Exhibit 2.

Subsequent to the death of Columbus Patton, Suella Smith Patton did not remarry and upon her death in 2003, left her daughters Eloise Newson and Mary Katherine Newson as her sole heirs at law and beneficiaries.

On November 17, 2001, Suella Smith Patton made a will, which was her last will and testament, in which Eloise Newson and her sister, Mary Katherine Newson, are the sole heirs at law and beneficiaries. Since there was no estate to administer, Eloise Newson having paid all claims, including funeral expenses, said will was not offered for probate, but is attached here as Exhibit 3.

Mary Katherine Newson died in 2006, unmarried and without issue, leaving her sister, Eloise Newson, as her sole heir at law and beneficiary. Affiant states that he is unaware of any document purporting to be a will made by Mary Katherine Newson.

This Affidavit of Heirship is freely given pursuant to Section 30-2-712, *et seq.*, Tenn. Code Ann., to help establish and reflect the heirship with respect to any real or personal property owned by Suella Smith Patton or Mary Katherine Newson, in Davidson County, Tennessee, or elsewhere, and particularly to confirm the vesting of title to certain real property in Davidson County, Tennessee, described as follows:

> Being Lot No. 10 in the Bransford Realty Company's Subdivision of McWhirter and Love-McFerrin Tract, a plan of which is recorded in Book No. 57, page 136, of the Registrar's Office of Davidson County, Tennessee. Said Lot No. 10 fronts 35 feet on the West side of North 9th Street and runs back between parallel lines 150 feet to an alley.
>
> Being the same property conveyed to Columbus Patton and wife, Suella Patton, by deed from E. N. Stewart and wife, Tennie Mae Stewart, dated September 13, 1950, recorded September 14, 1950, book 1881, page 376, Registrar's Office for Davidson County, Tennessee.
>
> This property also known as 614 N. 9th Street, Nashville, Tennessee, 37206.

Further affiant saith not.

Cleadis Sivils

Cleadis Sivils

Sworn and subscribed before me this 2 day of February, 2009.

Notary Public or Deputy Clerk

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

Exhibit 1

TYPE PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

037093 1

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): SUELLA SMITH PATTON
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): February 9, 2003
4. SOCIAL SECURITY NUMBER: 410-28-8555
5a. AGE-LAST BIRTHDAY (Years): 100
5b. UNDER 1 YEAR: MONTHS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): Sept. 17, 1902
7. BIRTHPLACE (City and State or Foreign Country): Wilson County, Tennessee
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 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 614 North 9th Street
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville, Tennessee
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: Domestic
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 614 North 9th Street
CENSUS TRACT
13e. INSIDE CITY LIMITS? [X] Yes [ ] No
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): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 5; College (1-4 or 5+):

PARENTS

NAME OF FATHER/PARENT (Prior to First Marriage)
17. Seila Smith
18. MOTHER'S MAIDEN NAME (Prior to First Marriage): Vickie Smith

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Mary K. Newson
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 614 N. 9th Street 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): Greenwood Cemetery
20c. LOCATION (City or Town, State): Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Raymond P. Gamble
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3717
21c. SIGNATURE OF EMBALMER: Raymond P. Gamble
21d. LICENSE NUMBER OF EMBALMER: 3927
22a. NAME AND ADDRESS OF FUNERAL HOME: GAMBLE FUNERAL HOME – P.O. Box 1561, 1311 S. Liberty Street, Hopkinsville, Kentucky 42241
22b. LICENSE NUMBER OF FUNERAL HOME: 201

REGISTRAR

23. REGISTRAR'S SIGNATURE: Helen L. Bowen
24. DATE FILED (Month, Day, Year): February 25, 2003

CERTIFIER

25a. PHYSICIAN – To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
1 [X] SIGNATURE AND TITLE OF PHYSICIAN: Stephen Heyman
25b. LICENSE NUMBER: MA016996
25c. DATE SIGNED (Month, Day, Year): 2/25/03
26a. MEDICAL EXAMINER – On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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): Stephen Heyman, M.D. – Nashville Medical Group, 300 20th Avenue North, Nashville, Tennessee 37203

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. Advanced age 100
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST:
b. Pneumonia — Unk
DUE TO (OR AS A CONSEQUENCE OF):
c. Hypertension — Unk
DUE TO (OR AS A CONSEQUENCE OF):
d.

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? 1 [ ] Yes 2 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [X] 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: M
31c. INJURY AT WORK? 1 [ ] Yes 2 [X] 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)

PHI 1659
REV. 7-93

BIRTH NO.

RDA 1299

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 Ritter
Local Registrar

FEB 25 2011
Date Issued

CERTIFICATION OF VITAL RECORD

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

Exhibit 2

0601242

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): MARY KATHERINE NEWSON
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): February 18, 2006
4. SOCIAL SECURITY NUMBER (of Deceased): 409-58-0369
5a. AGE-LAST BIRTHDAY (Years): 72
5b. UNDER 1 YEAR: DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): June 10, 1933
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
8a. 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): Madison Healthcare & Rehab Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Madison, Tennessee
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Divorced
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: Domestic
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 614 N. 9th Street
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
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): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1-4 or 5+)

NAME OF DECEDENT For use by physician or medical examiner

PARENTS

17. FATHER'S NAME (First, Middle, Last): Columbus Patton
18. MOTHER'S NAME (First, Middle, Maiden Surname): Suella (Smith) Patton

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Eloise Newson
19b. RELATIONSHIP TO DECEASED: Sister
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 614 N. 9th Street 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): Greenwood Cemetery
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Raymond D. Gamble
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3717
21c. SIGNATURE OF EMBALMER: Raymond D. Gamble
21d. LICENSE NUMBER OF EMBALMER: 3927
22a. NAME AND ADDRESS OF FUNERAL HOME: GAMBLE FUNERAL HOME - P.O. Box 1561 1311 S. Liberty Street Hopkinsville, Kentucky 42241
22b. LICENSE NUMBER OF FUNERAL HOME: 201

REGISTRAR

23. REGISTRAR'S SIGNATURE: Robert W. Alsobrook
24. DATE SIGNED (Month, Day, Year): March 09, 2006

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.
1 [X] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER: 2[illegible]
25c. DATE SIGNED (Month, Day, Year): 3/2/06
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): Marcus Min, M.D. - 510 Hospital Drive, Madison, Tennessee 37115

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.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. End stage Liver d/z — DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST:
b. DUE TO (OR AS A CONSEQUENCE OF):
c. DUE TO (OR AS A CONSEQUENCE OF):
d.
Approximate Interval Between Onset and Death
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? 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 [X] 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. 6/09)
BIRTH NO.
RDA 139

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.

Tonya Y. Ruttlen
Local Registrar

3/15/2006
Date Issued

CERTIFICATION OF VITAL RECORD

LAST WILL and TESTAMENT
OF
SUELLA PATTON

I, **SUELLA PATTON**, a resident of Davidson County, Tennessee, do hereby publish and declare this to be my Last Will and Testament hereby revoking any and all Wills and codicils heretofore made by me.

I.

I hereby direct that all my just debts, my funeral expenses, and the costs of administration of my estate be paid as soon as practicable after my death. My Executrix, in her sole discretion, may pay from my domiciliary estate all or any portion of the costs of ancillary administration and similar proceedings in other jurisdictions.

II.

I further direct that my Executor pay out of my residuary estate, without apportionment, all estate, inheritance, succession and other taxes assessed by reason of my death, imposed by the government of the United States, or any state or territory thereof, in respect of all property required to be included in my gross estate for estate or like tax purposes by any of such governments, whether the property passes under this will or otherwise, including property over which I have power of appointment, without contribution by any recipient of any such property.

III.

I hereby give my beloved children, Mary Newson and Eloise Newson, the following items upon my untimely death. I leave to them all of my household furnishings and personal items at the time of my death to share and share alike.

VI.

I, hereby give, bequeath and devise my interest in any and all of my real property to my beloved daughters, Mary Newson and Eloise Newson, residue and remainder, and wheresoever situated and fee simple to be divided equally between them.

V.

I, hereby nominate and appoint my beloved friend, Cleadis Sivils as Executor of this my Last Will and Testament and I direct that no bond or accounting be required for his faithful performance of his duties.

VI.

In the event my beloved friend does not survive me, I hereby name and request the Court to confirm the nomination of my beloved daughters Mary Newson and Eloise Newson, as Co-Executrixes of my last Will and Testament and direct that no bond or accounting be required for their faithful performances of duties.

Executed at Davidson **county, Tennessee, this** 17th **day of** Nov., **2001.**

Suella Patton
SUELLA PATTON

PAGE TWO OF LAST WILL AND TESTAMENT SP

ATTESTATION CLAUSE

WE, the undersigned, certify that the Testatrix, Suella Patton, did publish and declare unto us that the foregoing is her Last Will and testament and that at the same time and under the same circumstances she requested that we witness the execution of the same as such.

THEN, in her sight and presence of both of us together, she did sign her name in the lower right- hand corner of this, the foregoing three (3) pages of this instrument and then did immediately insert in the blank at the end of this correct date, and then did affix her signature immediately thereunder.

THEN, in her sight and presence and in the sight and presence of each other, we have read this attestation clause and affixed our respective signatures and addresses

Exhibit 3
(Page 3 of 3)

as witness to the fact that all of the enumerated events did actually take place on the date and in the way. manner and order indicated

SIGNATURE: **RESIDING AT:**

Deloris J. Stevenson — 465 Rosa L. Wilkins Ave Nashville Tn 37207

Ronald Harris — 2627 Flamingo Dr Nash. Tenn. 37207

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF DAVIDSON

RE: LAST WILL AND TESTAMENT OF SUELLA PATTON

THE UNDERSIGNED, who are witnesses to the above-named Testatrix's Last Will and Testament, to which this Affidavit is attached, being duly sworn according to law, makes oath as follows:

1. That we are adult residents of DAVIDSON **County, Tennessee, and that we are witnesses to a Will executed by Suella Patton, on the** 14th **day of** November **,2001, at** DAVIDSON **County, Tennessee.**

2. That the Testatrix declared the above-dated instrument to be her Last Will and Testament and requested that we be witness thereto. That the Testatrix signed the said Will and in the presence of each other, signed the Will as witnesses on the date and in the place indicated above.

3. That at the time of the execution of said Will, we are of the opinion that the Testatrix was of sound mind and was over eighteen (18) years of age.

4. That this Affidavit is executed on this 14th **day of** November **, 2001, in accordance with Chapter 568, of the Public Acts of 1972.**

Deloris J. Stevenson

Ronald Harris

Sworn and subscribed to before me

this 14th **day of** November **, 2001.**

Henry A. Cistwater II

NOTARY PUBLIC

My Commission Expires: 11/28/2002