(1)

Prepared By:
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217 Pineway Drive
Nashville, TN 37217

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AFFIDAVIT OF HEIRSHIP

BILL GARRETT, Davidson County
Trans:T20090024073 AFFIDAVIT
Recvd: 04/13/09 11:30 4 pgs
Fees:22.00 Taxes:0.00
20090413-0032913

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Comes the affiant, Amy D. Pope, being first duly sworn according to law, being of lawful age and a resident for the past 4 years of Mount Juliet (City), Wilson County, State of Tennessee, and pursuant to Section 30-2-712 of the Tennessee Code Annotated, hereby swears to the following of his/her own free will and based upon his/her personal knowledge and familiarity:

1. Helen C. Larkins (the "decedent") died July 25, 2005.

2. The decedent died without a surviving spouse. The decedent was married once during her lifetime and died a widow. The decedent's husband, Lemuel L. Larkins, died July 18, 1994.

3. The decedent had one (1) child to wit, John Stephen Larkins.

4. Accordingly, the sole heirs-at-law of the decedent are as follows:

Name	Address	Relationship
John Stephen Larkins	107 Grandview Circle Old Hickory, TN 37138	**Son**

5. At the time of her death, the decedent owned real property located at 336 Tamworth Drive - Nashville, TN. 37214, Davidson County, Tennessee, and being more particularly described in deed of record in Book 2032, Page 167, Register's Office for Davidson County, Tennessee, to which reference is hereby made for a more complete description. The decedent received her interest in said real property as follows:

Being the same property conveyed to Lemuel L. Larkins and wife, Helen C. Larkins by deed from Mayfair Homes, Inc. of record in Book 2032, Page 167, said Register's Office.

6. This affidavit will confirm the vesting of title to the real property located at 336 Tamworth Drive - Nashville, TN. 37214, Davidson County, Tennessee., after the death of Helen C. Larkins.

Further, affiant saith not.

Dated this 9th day of April, 2009.

Amy D Pope

AFFIANT

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for the State and County aforesaid, Amy D Pope, to me known to be the person described herein with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who executed the foregoing instrument, and acknowledged that he/she executed the same as his/her free act and deed.

Witness my hand and seal at office, this 9th day of April, 2009.

My Commission Expires: 11-22-10

NOTARY PUBLIC

ZANA C. PETTY
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.

SEE ATTACHED DEATH CERTIFICATES AS EXHIBITS A and B.

STATE OF TENNESSEE
Office of Vital Records

0504417

EXHIBIT "A"

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER [redacted] 2005 035181

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1 DECEDENT'S NAME (First Middle Last)		2 SEX	3 DATE OF DEATH (Month Day Year)
Helen Louise Larkins		Female	July 25, 2005

4 SOCIAL SECURITY NUMBER (for Decedent)	5a AGE LAST BIRTHDAY (Years)	5b UNDER 1 YEAR MONTHS	DAYS	5c UNDER 1 DAY HOURS	MIN	6 DATE OF BIRTH (Month Day Year)	7 BIRTHPLACE (City and State or Foreign Country)
[redacted]3421	82					April 22, 1923	Nashville, Tennessee

8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No

9a 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)	9c CITY TOWN OR LOCATION OF DEATH	9d COUNTY OF DEATH
Summit Medical Center 085	Hermitage	Davidson

10 MARITAL STATUS Married Never Married Widowed Divorced (Specify)	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)	12b KIND OF BUSINESS/INDUSTRY
Widowed	N/A	Clerk	Maxwell Drugs

13a RESIDENCE STATE	13b COUNTY	13c CITY TOWN OR LOCATION	13d STREET AND NUMBER OR RURAL LOCATION
Tennessee	Davidson	Nashville	336 Tamworth Drive

CENSUS TRACT

13e INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No	13f ZIP CODE	14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes specify Cuban Mexican Puerto Rican etc.) Yes 0 [X] No Specify if yes	15 RACE American Indian Black White etc (Specify)	16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0 12)	College (1 4 or 5+)
	37214		White		1

NAME OF DECEDENT (For typewriter or handwritten)

PARENTS

17 FATHER'S NAME (First Middle Last)	18 MOTHER'S NAME (First Middle Maiden Surname)
John Copeland	Rosalee Copeland

INFORMANT

19a INFORMANT'S NAME (Type/Print)	19b RELATIONSHIP TO DECEASED	19c MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code)
John Larkins	Son	107 Grandview Circle Old Hickory, Tennessee 37138

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)	20c LOCATION City or Town State
	Middle Tennessee Veterans	Pegram, Tennessee

21a SIGNATURE OF FUNERAL DIRECTOR	21b LICENSE NUMBER OF FUNERAL DIRECTOR	21c SIGNATURE OF EMBALMER	21d LICENSE NUMBER OF EMBALMER
Doug Raines	2300		5826

22a NAME AND ADDRESS OF FUNERAL HOME	22b LICENSE NUMBER OF FUNERAL HOME
Hibbett & Hailey Funeral Home 429 Donelson Pike, Nashville, Tennessee 37214	0492

REGISTRAR

23 REGISTRAR'S SIGNATURE	24 DATE FILED (Month Day Year)
Marsha H. Crowe	August 10, 2005

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 [ ] SIGNATURE AND TITLE OF PHYSICIAN	25b LICENSE NUMBER	25c DATE SIGNED (Month Day Year)
	MD 16944	8/8/05

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

27 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)
Abdul Enayat, 5651 Frist Boulevard, Suite 704, Hermitage, Tennessee 37076

3173056

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 Sep-30-2008

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

EXHIBIT "B"

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

0104038 — STATE FILE NUMBER: 94 030358

TYPE/PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last): Lemuel Lafayette Larkins	2. SEX: Male	3. DATE OF DEATH (Month, Day, Year): July 18, 1994	
4. SOCIAL SECURITY NUMBER: [redacted]-5866	5a. AGE – LAST BIRTHDAY (Years): 78	6. DATE OF BIRTH: 11/5/1915	7. BIRTHPLACE (City and State or Foreign Country): Fountainhead , Tn.

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No

8a. 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)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
336 Tamworth Dr. 910	Nashville 094	Davidson 19

10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify)	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.)	12b. KIND OF BUSINESS/INDUSTRY
Married	Helen Copland	Associate Business Mang.	Metro Government

13a. RESIDENCE – STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER OR RURAL LOCATION
Tennessee	Davidson 19	Nashville 094	336 Tamworth Dr.

13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – if yes, specify Cuban, Mexican, Puerto Rican, etc.)	15. RACE – American Indian, Black, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed)	
				Elementary/Secondary (0-12)	College (1-8 or 8+)
1 [X] Yes 2 [ ] No	37214	Specify, if yes: Yes 0 [X] No	White	9	

17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden Surname)
Stephen M. Larkins	Rose Ann Hunter

19a. INFORMANT'S NAME (Type/Print)	19b. RELATIONSHIP TO DECEASED	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
Helen Larkins	Wife	336 Tamworth Dr. Nashville,Tn. 37214

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

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER OF FUNERAL DIRECTOR	21c. SIGNATURE OF EMBALMER	21d. LICENSE NUMBER OF EMBALMER
▶ Paul Walls	2965	▶ Gary Dobbs	4337

22a. NAME AND ADDRESS OF FUNERAL HOME	22b. LICENSE NUMBER OF FUNERAL HOME
Hibbett & Hailey Funeral Home 429 Donelson Pk. Nashville,Tn. 37214	492

23. REGISTRAR'S SIGNATURE	24. DATE FILED (Month, Day, Year)
▶ Patricia Sauns'	August 10, 1994

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 Smith Lawson MD

25b. LICENSE NUMBER	25c. DATE SIGNED (Month, Day, Year)
MD 008074	8/6/94

25d. 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

25e. LICENSE NUMBER	25f. DATE SIGNED (Month, Day, Year)

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFI-

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)

NAME OF DECEDENT: For use by physician or institution 0104038 1994

3173058

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 Sep-30-2008

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD