BILL GARRETT, Davidson County
Trans:T20090026808 AFFIDAVIT
Recvd: 04/23/09 12:43 4 pgs
Fees:22.00 Taxes:0.00
20090423-0036902

AFFIDAVIT OF HEIRSHIP

ADDRESS OF NEW REPRESENTATIVE OWNER:	**SEND TAX BILL TO:**	**TAX IDENTIFICATION NO:**
Ford R. Otey 1820 Heiman Street Nashville, TN 37208	New owner(s)	Map 81-15, Parcel No. 185

STATE OF TENNESSEE)
COUNTY OF WILLIAMSON)

Comes the affiant, Ford R. Otey, being first duly sworn according to law, and being of lawful age and a resident for the past fifty-seven (57) years of the City of Nashville, County of Davidson and State of Tennessee, hereby swears to the following of his own free will and based upon his personal knowledge and familiarity:

(1) Elnora Otey (hereinafter "decedent"), a resident of the City of Nashville, County of Davidson and State of Tennessee, who died on January 28, 2009, as evidenced by a copy of the death certificate attached as Exhibit A, owned an interest as a Tenant in Common with her brother, Charles William James, who passed away on July 11, 2001, and later his heirs, in the following described real estate:

> Land in Davidson County, Tennessee being Lot No. 9 in J.M. and G.W. Harding's Addition to North Nashville, as of record in Book 21, page 80, Register's Office for said County.
>
> Said Lot No. 9 fronts 50 feet on the notherly side of Heiman Street and runs back between parallel lines 150 feet to an alley.

(2) The afore-described property is improved property commonly known as 1816 Heiman Street, Nashville, Tennessee 37208.
(3) The decedent died with a surviving spouse: Ford E. Otey.
(4) The decedent also left two (2) living biological children: Ford R. Otey and Julia M. Lee. The decedent never legally adopted any children.
(5) The above description of decedent's property is taken from the deed of record, located in Book 5172, Page 13, Registers Office for Davidson County, Tennessee, to which reference is hereby made.
(6) This affidavit will confirm the vesting of title to the decedent's ownership interest in the real property located at 1816 Heiman Street, Nashville, Tennessee 37208, after her death.

Further, affiant saith not.

THIS INSTRUMENT WAS PREPARED BY:
Ralph Carter, Attorney at Law with MERRITT, FLEBOTTE, WILSON, WEBB & CARUSO PLLC
7101 Executive Center Drive, Suite 250, Brentwood, Tennessee 37027

Witness my hand this 23rd day of April, 2009

Ford R. Otey

Ford R. Otey, Affiant

STATE OF TENNESSEE)
COUNTY OF WILLIAMSON)

Personally appeared before me, the undersigned Notary Public, the above Affiant, Ford R. Otey, to me known to be the person described in and who executed the foregoing instrument, and acknowledged that he executed the same as his free act and deed.

Witness my hand and official seal, this 23 day of, April, 2009.

WANDA FAYE NEWCOMB
STATE OF TENNESSEE NOTARY PUBLIC
MARSHALL COUNTY

Wanda Faye Newcomb

Notary Public
My commission expires : May 20, 2012

This Affidavit of Heirship was prepared from information supplied by the parties. T.C.A. § 67-4-409(a)(3)(D) exempts this instrument from tax and T.C.A. § 67-4-409(a)(5) further provides the valuation oath is unnecessary as this affidavit being used to evidence transfer of title to the property to a beneficiary.

THIS INSTRUMENT WAS PREPARED BY:
Ralph Carter, Attorney at Law with MERRITT, FLEBOTTE, WILSON, WEBB & CARUSO PLLC
7101 Executive Center Drive, Suite 250, Brentwood, Tennessee 37027

EXHIBIT A

STATE OF TENNESSEE
Office of Vital Records

0900723

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): ELNORA OTEY
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): JANUARY 28, 2009
4. SOCIAL SECURITY NUMBER: [redacted]9078
5a. AGE-Last Birthday (Years): 88
5b. UNDER 1 YEAR (Months): 5c. UNDER 1 DAY (Days):
6. DATE OF BIRTH (Month, Day, Year): Nov. 15 1920
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 X No
9a. PLACE OF DEATH (Check only one): 1 X Inpatient 2 ER/Outpatient 3 DOA 4 Other
9b. FACILITY NAME (If not institution, give street address): Cumberland Manor Nursing Home
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS: Married
11. SURVIVING SPOUSE: Ford Otey
12a. DECEDENT'S USUAL OCCUPATION: House Wife
12b. KIND OF BUSINESS/INDUSTRY: House Wife
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN, OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 4343 Hyde Ferry Pike
CENSUS TRACT:
13e. INSIDE CITY LIMITS? X Yes
13f. ZIP CODE: 37218
14. WAS DECEDENT OF HISPANIC ORIGIN? No X
15. RACE: Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): 12th

PARENTS

17. FATHER'S NAME (First, Middle, Last): Albert James
18. MOTHER'S NAME (First, Middle, Maiden Surname): Tennie Perkins

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Ford E. Otey
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1820 Heiman Street Nashville, Tennessee 37208

DISPOSITION

20a. METHOD OF DISPOSITION: X Burial
20b. PLACE OF DISPOSITION: Middle TN. State Veterans Cem.
20c. LOCATION-City or Town, State: Pegram, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: George Baker, Jr.
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4695
21c. SIGNATURE OF EMBALMER: N/A
21d. LICENSE NUMBER OF EMBALMER: N/A
22a. NAME AND ADDRESS OF FUNERAL HOME: PATTON BROTHERS FUNERAL HOME 1306 South Street/Nashville, Tennessee 37212
22b. LICENSE NUMBER OF FUNERAL HOME: 185

REGISTRAR

23. REGISTRAR'S SIGNATURE: Tonya Y. Fontaine
24. DATE FILED (Month, Day, Year): January 30 2009

CERTIFIER

25a. PERSON - 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 PERSON: Eric Jones MD
25b. LICENSE NUMBER: MD 109 12
25c. DATE SIGNED (Month, Day, Year): 2/9/09
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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. E.K. Jonson MD 4343 Hyde Ferry Pike Nash. TN 37218

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.
SEE INSTRUCTIONS ON OTHER SIDE
Immediate Cause (Final disease or condition resulting in death): a. Hypertensive Cardiovascular Disease
Due to (or as a consequence of): b. Alzheimers Dementia
Due to (or as a consequence of): c. Hypertensive disease
Due to (or as a consequence of): d. Arteriosclerosis
Approximate Interval Between Onset and Death:
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.
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
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):

RH-1699 (REV. 6/08) BIRTH NO. RDA 1369

3329032

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

Tonya Y. Fontaine
Tonya Y. Fontaine, Local Registrar
Davidson County, Tennessee

FEB 12 2009
Date Issued

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD