This instrument prepared by
Fred W. Beesley, Jr.
404 James Robertson Parkway #1720
Nashville, TN 37219-1510
Phone 615/244-0554
FAX 615/244-1229

BILL GARRETT, Davidson County
Trans:T20090061593 AFFIDAVIT
Recvd: 09/08/09 15:11 3 pgs
Fees:17.00 Taxes:0.00
20090908-0084150

Owner:
Barbara June Stone Morgan
P O Box 411
Brentwood, TN 37024-0411

Map & Parcel: 145-67
Property Address:
5240 Granny White Trace
Brentwood, TN 37220

Former Partial Owner (Deceased):
William T. Morgan (Spouse of Barbara)
P O Box 411
Brentwood, TN 37024-0411

Send Tax Bills To:
Barbara June Stone Morgan
P O Box 411
Brentwood, TN 37024-0411

Mortgage Lender:
Michael Dennis Stone
P O Box 1140
Norris, TN 37828

AFFIDAVIT OF HEIRSHIP

I, Barbara June Stone Morgan, after first being duly sworn, state as follows:

The above referenced real property was owned by me and by my husband, William Turner Morgan, until his death in Nashville, Davidson County, TN on January 25, 2005. Until his death, he and I each owned an undivided one-half interest in this real property as tenants by the entirety. A copy of his Death Certificate is here attached. I am the sole heir of his estate, which was so small I did not have it admitted to probate. This is improved real property located at 5240 Granny White Trace (formerly Granny White Pike), Nashville, Davidson County, TN described as follows:

> Land in the 7th Civil District of Davidson County and being Lot No. 2 on the Plan of Radnor Trace Estates of record in Book 6900, Pages 134 and 135, Register's Office for Davidson County (RODC).
>
> Being the same property conveyed by Quitclaim Deed on December 5, 1994 to my brother, Michael Dennis Stone from me and my husband, William T. Morgan and wife, Barbara June Stone Morgan, of record in Book 9553, Page 574 RODC.
>
> Being the same property conveyed by Quitclaim Deed on March 8, 1995 from my brother, Michael Dennis Stone, to my husband and me, William T. Morgan and wife, Barbara June Stone Morgan of record in Book 9621, Page 409, RODC.

Subject to a Deed of Trust to Ted A. Burkhalter of record in Book 7397, Page 56, released May 26, 1993 of record in Book 8963, Page 10 RODC; subject to a Deed of Trust to Citicorp Mortgage, Inc. of record in Book 8013, Page 9 RODC, released December 24, 1996 of record in Book 10323, Page 246 RODC; subject to a Deed of Trust to American Home Design, Inc. of record in Book 9945, Page 326 RODC, released January 13, 1997 of record in Book 10325, Page 161 RODC; subject to a Deed of Trust to U. S. Trust Mortgage, Inc. of record in Book 10280, Page 745 RODC, released February 9, 1998 of record in Book 10804, Page 422 RODC; subject to a Deed of Trust to Standard Federal Bank of record in Book 19775, Page 972 RODC, released June 21, 2002 of record in Instrument 20020723-0087990 RODC; and subject to a Deed of Trust to Michael Stone of record at Instrument 20020507-0056274 RODC (not released at this time).

Subject to dedication of access easement of record in Book 5170, Page 144; Roadway Maintenance Agreement of record in Book 7067, Page 422; Declaration of Restrictive Covenants of record in Book 7067, Page 429; and Right of First Refusal Agreement of record in Book 7067, Page 437 RODC.

Further Affiant saith not, this 4 day of September, 2009.

Barbara June Stone Morgan

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Sworn to and subscribed before me the undersigned, a Notary Public in the aforesaid County and State, the said Barbara June Stone Morgan, with whom I am personally acquainted, or who presented to me satisfactory proof of identity and who acknowledged that she had authority and that she executed the within instrument (Affidavit of Heirship) for the purposes therein contained.

Witness my hand and seal at office in Nashville, on this 4th day of September, 2009.

Notary Public

My Commission Expires: November 7, 2011

NICOLE J. LEMASTER NOTARY PUBLIC AT LARGE

HiershipMorganBarbara09.825

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

050328

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

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): WILLIAM TURNER MORGAN
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): JANUARY 25, 2005
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-4470
5a. AGE-LAST BIRTHDAY (Years): 78
5b. UNDER 1 YEAR: MOS. / DA-S
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): JUNE 4, 1926
7. BIRTHPLACE (City and State or Foreign Country): WAVERLY, TENNESSEE
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] 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): VA TN VALLEY HEALTHCARE SYSTEM
9c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): BARBARA JUNE STONE
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): BROADCASTER
12b. KIND OF BUSINESS/INDUSTRY: RADIO
13a. RESIDENCE-STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 5240 GRANNY WHITE PIKE
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [XX] Yes 2 [ ] No
13f. ZIP CODE: 37220
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 [ ] Yes 2 [XX] No. Specify, if yes
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+):
NAME OF DECEDENT (To be completed by physician or institution)

PARENTS

17. FATHER'S NAME (First, Middle, Last): ZACHARY V. MORGAN
18. MOTHER'S NAME (First, Middle, Maiden Surname): ETHEL TURNER

INFORMANT

19a. INFORMANT'S NAME (Type/Print): VA TN VALLEY HEALTHCARE SYSTEM
19b. RELATIONSHIP TO DECEASED: VA FILE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1310 24th AVE. SOUTH, NASHVILLE, TN 37212

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [XX] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): WEST HARPETH CREMATORY
20c. LOCATION (City or Town, State): NASHVILLE, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: JIM BREWER
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2153
21c. SIGNATURE OF EMBALMER: N/A
21d. LICENSE NUMBER OF EMBALMER: N/A
22a. NAME AND ADDRESS OF FUNERAL HOME: MARSHALL-DONNELLY-COMBS, 201 25th AVE. NORTH, NASHVILLE, TN 37203
22b. LICENSE NUMBER OF FUNERAL HOME: 40

REGISTRAR

23. REGISTRAR'S SIGNATURE: Julie L. Brown
24. DATE FILED (Month, Day, Year): January 26, 2005

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 [XX] SIGNATURE AND TITLE OF PHYSICIAN: Jeffrey Rottman MD
25b. LICENSE NUMBER: MD-28860
25c. DATE SIGNED (Month, Day, Year): 01/25/2005
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): JEFFREY ROTTMAN, M.D. 1310 24th AVE. SOUTH, NASHVILLE, TN 37212

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.	PRIMARY VENTRICULAR FIBRILLATION	10 min
DUE TO (OR AS A CONSEQUENCE OF) b.	CARDIOMYOPATHY	2 years
DUE TO (OR AS A CONSEQUENCE OF) c.	CORONARY ATHEROSCLEROSIS	20 years
DUE TO (OR AS A CONSEQUENCE OF) d.		

SEE INSTRUCTIONS ON OTHER SIDE

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 [XX] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [XX] 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 [ ] 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)

BIRTH NO.

PH-1559 REV 2-93

RDA 1389

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.

JAN 26 2005

Tonya Y. Ruttlen
Local Registrar

Date Issued

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

CERTIFICATION OF VITAL RECORD