THIS INSTRUMENT PREPARED BY: M. Allison Thompson, Attorney at Law
4525 Harding Pike, Ste 200
Nashville, Tennessee 37205

New Owner: Jean M. Webb
Send tax notice to: 749 Cedar Crest Drive
Nashville, TN 37209

Map & Parcel No.: 134-09.0B-097.00CO

BILL GARRETT, Davidson County
Trans:T20090062226 AFFIDAVIT
Recvd: 09/10/09 15:37 4 pgs
Fees:22.00 Taxes:0.00
20090910-0084972

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The undersigned, being duly sworn, deposes and says:

I am the sister of Christopher Michael Felts, deceased, and I have personal knowledge of the matters stated below:

1. Christopher Michael Felts was the son of Oscar B. Felts and Jean Marie Felts.

2. On November 24, 2008 Christopher Michael Felts purchased the real estate known as 4732 Reischa Drive, Nashville, Tennessee 37207. Said property is situated in Davidson County, Tennessee, and is described as follows:

> Land in Davidson County, Tennessee, being known as Lot No. 83 as shown on the map entitled Revision One, Providence Park, Phase 2, R10 Cluster Lot Option of record as Instrument No. 20050922-0113968, Register's Office for Davidson County, Tennessee to which plan reference is hereby made for a more complete legal description..
>
> Being that same property conveyed to Christopher Michael Felts by Nashville Area Habitat for Humanity, Inc. by Special Warranty Deed, of record as Instrument No. 20081202-0116796, dated November 24, 2008, in said Register's Office.
>
> This is improved property commonly known as 4732 Reischa Drive, Nashville, Tennessee 37207. Said property is conveyed subject to such limitations, restrictions and encumbrances as may affect the premises.

4. Christopher Michael Felts died intestate on June 21, 2009. He never married and had no children. A certified copy of the death certificate for Christopher Michael Felts is attached.

5. On the death of Christopher Michael Felts, he was survived by his mother, Jean Marie Felts Webb. Oscar B. Felts, the father of Christopher Felts, predeceased him and died on March 17, 2004. A certified copy of the death certificate of Oscar B. Felts is attached.

6. Jean Marie Felts Webb, being the sole heir at law of Christopher Michael Felts, received a fee simple interest in the real estate described above under the Tennessee laws of descent and distribution.

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, the affidavit being used to evidence transfer of title to the property to a beneficiary.

9-10-09
Date

Kathy Jean Felts
Kathy Jean Felts

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared Kathy Jean Felts, the within named affiant, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person described in the foregoing, who signed, sealed and delivered the foregoing instrument in my presence, and who, upon oath, acknowledged that he executed the foregoing instrument for the purposes therein contained as his free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said County, on this 10 day of September 2009.

Notary Public

My commission expires: 1/3/11

HEATHER R. CALVIN
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.

My Commission Expires JAN. 3, 2011

STATE OF TENNESSEE
Office of Vital Records

0 9 3 7 8 1

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

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

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Christopher Michael Felts
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): June 21, 2009
4. SOCIAL SECURITY NUMBER (for Decedent): 408-23-2489
5a. AGE-LAST BIRTHDAY (Years): 51
5b. UNDER 1 YEAR (Months / Days)
5c. UNDER 1 DAY (Hours / Minutes)
6. DATE OF BIRTH (Month, Day, Year): Oct. 20, 1957
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] Hospital: Inpatient 2 ER/Outpatient 3 DOA; 4 Nursing Home; 5 Residence; 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Southern Hills Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Never Married
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.): Never Worked
12b. KIND OF BUSINESS/INDUSTRY: Never Worked
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 4732 Reisona Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37211
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No; if yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 [ ] Yes 2 [X] No
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 5; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Oscar B. Felts
18. MOTHER'S NAME (First, Middle, Maiden Surname): Jean Marie Gillman

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Jean Webb
19b. RELATIONSHIP TO DECEASED: Mother
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 749 Cedar Crest Drive Nashville, Tennessee 37209

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): Calvary Cemetery
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Donald L. Garrison
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4308
21c. SIGNATURE OF EMBALMER: Donald L. Garrison
21d. LICENSE NUMBER OF EMBALMER: 4287
22a. NAME AND ADDRESS OF FUNERAL HOME: Spring Hill Funeral Home & Cemetery 5110 Gallatin Road Nashville, Tennessee 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 1046

REGISTRAR

23. REGISTRAR'S SIGNATURE: Wanda Virtis Price
24. DATE FILED (Month, Day, Year): July 7, 2009

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: Ruth Rachel Thomas MD
25b. LICENSE NUMBER
25c. DATE SIGNED (Month, Day, Year): July 2nd 2009
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)

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.	Bowel Obstruction/Perforation	1 day
DUE TO (OR AS A CONSEQUENCE OF):	Respiratory Failure	1 day
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):	Gastrointestinal Bleed	1-2 days
c. 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 [X] Yes 2 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [ ] 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. 8/99)

BIRTH NO

RDA 1389

3555791

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

JUL 07 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

STATE OF TENNESSEE
Office of Vital Records

0401738

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

2004 014075

1. DECEDENT'S NAME (First, Middle, Last): OSCAR BRAXTON FELTS JR.
2. SEX: MALE
3. DATE OF DEATH: MARCH 17, 2004
4. SOCIAL SECURITY NUMBER (If Deceased): 411-48-5526
5a. AGE LAST BIRTHDAY (Years): 76
5b. UNDER 1 YEAR (Months / Days)
5c. UNDER 1 DAY (Hours / Min.)
6. DATE OF BIRTH (Month Day Year): DEC 15, 1927
7. BIRTHPLACE (City and State or Foreign Country): CLARKSVILLE, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 XX Yes 2 No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 XX 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 0090
9c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
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): BUSINESS OWNER
12b. KIND OF BUSINESS/INDUSTRY: RADIATOR REPAIR
13a. RESIDENCE STATE: TENNESSEE
13b. COUNTY: MONTGOMERY
13c. CITY, TOWN OR LOCATION: CLARKSVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 1022 SHADY GROVE ROAD
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 X Yes 2 / No
13f. ZIP CODE: 37043
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.): 1 / Yes 2 XX No
15. RACE (American Indian, Black, White, etc. (Specify)): WHITE
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1-4 or 5+):

PARENTS
17. FATHER'S NAME (First, Middle, Last): OSCAR FELTS SR.
18. MOTHER'S NAME (First, Middle, Maiden, Surname): CARLINE BURNEY

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

20a. METHOD OF DISPOSITION: 1 XX Burial 2 / Cremation 3 / Removal from State 4 / Donation 5 / Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): HOGAN CEMETERY
20c. LOCATION (City or Town, State): CLARKSVILLE, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ERIC MORRIS
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5602
21c. SIGNATURE OF EMBALMER: REID Y. VANNESS
21d. LICENSE NUMBER OF EMBALMER: 4275
22a. NAME AND ADDRESS OF FUNERAL HOME: SYKES FUNERAL HOME AND CREMATORY, INC. 424 FRANKLIN ST., CLARKSVILLE, TN 37040
22b. LICENSE NUMBER OF FUNERAL HOME: 531
23. REGISTRAR'S SIGNATURE: Sharon L. Leinbach
24. DATE FILED (Month Day Year): April 5, 2004

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: [signature]
25b. LICENSE NUMBER: 16603
25c. DATE SIGNED (Month Day Year): 4/1/04

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):

OR MED EX CERTIFICATE
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): BRIAN W. CHRISTMAN, M.D. 1310 24th AVE. SOUTH, NASHVILLE, TN 37212

BIRTH NO

2 83 RDA 1369

3614471

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-10-2009

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD