Prepared by Paul W Burke 4801 Shadescrest Dr Nash, TN 37211

53-111-A (Rev.4-07/3)

AFFIDAVIT OF HEIRSHIP

THIS AFFIDAVIT MUST BE FILED IN THE COUNTY CLERK'S RECORD.

Reported owner name:	**Lesa Solomon Abell**	Claim number:

This Affidavit must be completed by a third disinterested party (Affiant) who will not benefit from the decedent's estate. Do not complete this form if the decedent left a will that was probated in court or there has been some other type of court determination to the estate.

BILL GARRETT, Davidson County
Trans:T20100029591 AFFIDAVIT
Recvd: 05/17/10 15:15 3 pgs
Fees:17.00 Taxes:0.00
20100517-0037908

Affidavit of facts concerning the identity of Heirs for the Estate of: **Lesa Solomon Abell**

Before me, the undersigned authority, on this day personally appeared: **Paul W Burke** ("Affiant") who, being first duly sworn, upon his/her oath states:

1. My name is: **Paul W. Burke**

   I live at: **4801 Shadescrest Drive Nashville, TN 37211**

   I am personally familiar with the family and marital history of: **Lesa Solomon Abell** (Decedent), and I have personal knowledge of the facts stated in this Affidavit.

2. I knew the decedent from **Birth** until **Death** Decedent died on **March 22, 2010**.

   Decedent's place of death: **Louisville** (CITY) **KY** (STATE) **Jefferson** (COUNTY)

   At the time of decedent's death, decedent's residence was: **Nashville** (CITY) **TN** (STATE) **Davidson** (COUNTY)

3. Provide the following information on the deceased's marital history:
   (If never married, please state that below.)

NAME OF SPOUSE	DATE OF MARRIAGE	DATE OF DIVORCE	DATE OF SPOUSE'S DEATH
James Kenneth Abell	**October 14, 1983**		**January 18, 2005**

4. Provide the following information on the deceased's natural born and adopted children:
   (If there are none, please state that below. If additional space is needed, please provide information as an attachment.)

NAME OF CHILD/ CURRENT ADDRESS	DATE OF BIRTH	NAME OF CHILD'S OTHER PARENT	DATE OF CHILD'S DEATH
NONE			

5. Provide the following information on the deceased's grandchildren, born only to the deceased children in Item 4, above:
   (If there are none, please state that below.)

NAME OF CHILD/ CURRENT ADDRESS	DATE OF BIRTH	NAME OF GRANDCHILD'S DECEASED PARENT
None		

6. If the decedent never married and did not have any children, provide the following information on the deceased's parents:

DECEASED'S PARENTS	PARENT'S NAME/ CURRENT ADDRESS	PARENT'S DATE OF DEATH
MOTHER	**Angelia M Solomon** **2857 McGavock Pike Nashville, TN 37214**	
FATHER	**Hugh V Solomon** **2857 McGavock Pike Nashville, TN 37214**	

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Reported owner name:	**Lesa Solomon Abell**	Claim number:

7. Provide the following information on the deceased's brothers and/or sisters:
(If there are none, please state that below.)

NAME OF CHILD/ CURRENT ADDRESS	DATE OF BIRTH	BROTHER'S OR SISTER'S DATE OF DEATH
D Mark Solomon **20 Winding Way** **Mt Juliet, TN 37122**	**June 16, 1956**	

8. Provide the following information on the deceased's nieces and/or nephews born only to the deceased brothers/sisters in Item 7, above:
(If there are none, please state that below. If additional space is needed, please provide information as an attachment.)

NAME OF NIECE OR NEPHEW/ CURRENT ADDRESS	DATE OF BIRTH	NAME OF NIECE OR NEPHEW'S DECEASED PARENT
None		

Signed this 17 day of May 2010.

Paul W Burke
(SIGNATURE OF AFFIANT)

State of TN

County of Davidson

Sworn to and subscribed to before me on 05/17/2010
(DATE)

by **Paul W Burke**
(NAME OF AFFIANT)

Sol Stephenson
(NOTARY SIGNATURE)

SOL STEPHENSON
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

(Notary Seal)

My commission expires: 03 day of July, 2011

THIS AFFIDAVIT MUST BE FILED IN THE COUNTY CLERK'S RECORD.

DESCRIPTION OF LAND

Being Lot 6, on the plan of Gayland, of record in Plat Book 2083, Page 68, Register's Office for Davidson County, Tennessee, to which plat reference is hereby made for a more complete description.