This instrument prepared by:
Bell & Kinslow, PLLC
2109 Buena Vista Pike
Nashville, TN 37218

Davidson County AFFIDAVIT
Recvd: 06/02/10 15:31 6 pgs
Fees:32.00 Taxes:0.00
20100602-0042601

AFFIDAVIT OF HEIRSHIP

Comes now your Affiant, Gwendolyn L. Cartwright and having first been duly sworn accordingly to law deposes and states as follows:

1. My name is **Verdell F. Gilliam**, and I am an adult citizen and resident of **Davidson** County, **Tennessee**, and the niece of James L. Cartwright and Gwendolyn Louise Gooch Cartwright.

2. On August 31, 1978, James L. Cartwright and wife, Gwendolyn Gooch Cartwright conveyed 504 Weakley Avenue, Nashville, TN 37207 and 506 Vester Ave., Nashville, TN 37207, to Jeanne K. Parrish, Trustee by Quitclaim Deed, Book 5333, Page 537.

Legal description of said property is:

BEING the southwesterly part of Lot No. 45 on the Map of Weakley and Dodd's Subdivision of Lot No. 17 in Brooklyn, as of record in Book 57, Page 126, Register's Office for said County.

SAID part of Lot No. 45 fronts 50 feet on the northeasterly side of Vester Avenue and runs back between parallel lines, 75.9 feet to the westerly line of the northerly part of said lot conveyed to Herbert E. Woodard and wife, by deed of record in Book 2038, Page 468, said Register's Office.

BEING the same property conveyed to James L. Cartwright and wife, Gwendolyn Gooch Cartwright by deed from Flora Morgan Long and husband, Clarence E. Long, dated November 8, 1960, of record in Book 3159, Page 431, said Register's Office.

It is the intention of this deed that the grantors reserve a life estate during their lifetime, that at their death, to Gwendolyn Cartwright Washington and Joan Leslie Cartwright.

3. James L. Cartwright died on January 10, 2003 at the age of 76 years, a resident of Davidson County, residing at 506 Weakley Avenue, Nashville, TN 37207. See, *Exhibit* A (Certificate of Death.)

4. Gwendolyn Louise Gooch Cartwright died on November 17, 2009 at the age of 79 years, a resident of Davidson County, residing at Alive Hospice Inc., 1710 Patterson Street, Nashville, TN 37203. See, *Exhibit* B (Certificate of Death.)

5. To the best of my knowledge and information, the following are the names, addresses and relationship of all of the heirs at law of Cartwright and Gwendolyn Gooch Cartwright:

Gwendolyn Cartwright, Adult daughter
1203 Strawberry Cove
Nashville, TN 37207

Joan Leslie Cartwright-Bondurant, Adult daughter
1566 Rembrandt Drive
Clarksville, TN 37040

FURTHER AFFIANT SAYETH NOT.

The undersigned **Verdell F. Gilliam** being first duly sworn, hereby states that I have read the foregoing Affidavit of Heirship and that, to be the best of my knowledge and belief, the facts stated therein are true and accurate.

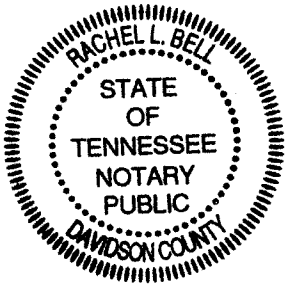
Verdell F. Gilliam

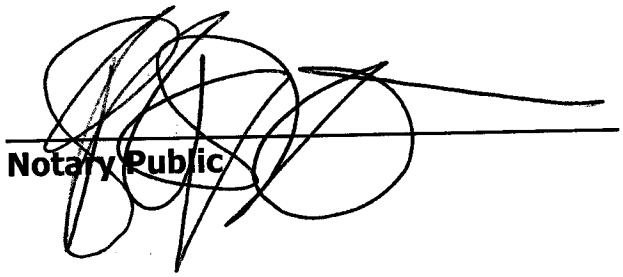
Verdell F. Gilliam

State of Tennessee

County of Davidson

Personally appeared before me, the undersigned notary public in and for the above state **Verdell F. Gilliam**, personally known to me or proved on the basis of satisfactory evidence, who, being first duly sworn, did execute this Affidavit of Heirship above.





Notary Public

My Commission Expires: My Commission Expires: May 6, 2013

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

EXHIBIT A

0300304

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): JAMES L. CARTWRIGHT
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): JANUARY 10, 2003
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-7950
5a. AGE-LAST BIRTHDAY (Years): 76
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): 4/10/1926
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [XX] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [XX] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 506 Weakley Avenue
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): Gwendolyn Gooch
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Packing Company
12b. KIND OF BUSINESS/INDUSTRY: Packing Company
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 506 Weakley Avenue
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [XX] Yes 2 [ ] No
13f. ZIP CODE: 37207
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [XX] No
Specify, if yes:
15. RACE-American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12th; College (1-4 or 5+):
NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Edward Cartwright
18. MOTHER'S NAME (First, Middle, Maiden Surname): Bertha Pope

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Gwendolyn Cartwright
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 506 Weakley Avenue Nashville, Tennessee 37207

DISPOSITION

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): Forrest Lawn Cemetery
20c. LOCATION-City or Town, State: Goodlettsville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ George Baker, Jr.
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4695
21c. SIGNATURE OF EMBALMER: ▶ Ronald Stewart
21d. LICENSE NUMBER OF EMBALMER: 3732
22a. NAME AND ADDRESS OF FUNERAL HOME: PATTON BROTHERS FUNERAL HOME 1306 South St./Nashville, Tennessee 37212
22b. LICENSE NUMBER OF FUNERAL HOME: 185

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Robert W. Rhodes Jr
24. DATE FILED (Month, Day, Year): January 27, 2003

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: ▶ Paul S Newkirk MD
25b. LICENSE NUMBER: MD11629
25c. DATE SIGNED (Month, Day, Year): 1/20/03
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):
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print):

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

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. Acute Cardiopulmonary arrest 2° to M.I. — 1/10/03
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
b. Coronary artery disease
DUE TO (OR AS A CONSEQUENCE OF):
c. Carotid artery disease
DUE TO (OR AS A CONSEQUENCE OF):
d. Peripheral arterial disease

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

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

BIRTH NO.

PH-1559 (REV. 8/99) RDA 1399

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.

[redacted]

Tonya Y Rather
Local Registrar

Date Issued JAN 27 2003

GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

METROPOLITAN GOVERNMENT NASHVILLE AND DAVIDSON COUNTY TENNESSEE

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

EXHIBIT B

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 090655

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): GWENDOLYN LOUISE GOOCH CARTWRIGHT
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): NOVEMBER 17, 2009
4. SOCIAL SECURITY NUMBER: [redacted]-7118
5a. AGE-LAST BIRTHDAY (Years): 79
5b. UNDER 1 YEAR: MOS. DAYS
5c. UNDER 1 DAY: HOURS MIN.
6. DATE OF BIRTH (Month, Day, Year): JAN. 31, 1930
7. BIRTHPLACE (City and State or Foreign Country): NASHVILLE, TENNESSEE
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [XX] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [XX] Other (Specify) HOSPICE
9b. FACILITY NAME (If not institution, give street and number): ALIVE HOSPICE INC.
9c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): WIDOWED
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.): 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: 1710 PATTERSON STREET
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [ ] Yes 2 [ ] No
13f. ZIP CODE: 37203
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes [ ] No [XX] Specify, if yes:
15. RACE-American Indian, Black, White, etc. (Specify): BLACK
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12th; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or medical examiner

17. FATHER'S NAME (First, Middle, Last): JAMES EDWARD GOOCH
18. MOTHER'S NAME (First, Middle, Maiden Surname): JANIE PRATT

INFORMANT

19a. INFORMANT'S NAME (Type/Print): GWENDOLYN LOUISE CARTWRIGHT
19b. RELATIONSHIP TO DECEASED: DAUGHTER
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1203 STRAWBERRY COVE NASHVILLE, TENNESSEE 37207

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [XX] Burial 2 [XX] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): NASHVILLE CREMATION SERVICE; FOREST LAWN MEMORIAL PARK
20c. LOCATION-City or Town, State: NASHVILLE, TENNESSEE; GOODLETTSVILLE, 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: ▶ Linda K. Bowles, RR
24. DATE FILED (Month, Day, Year): November 19, 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 ▶
25b. LICENSE NUMBER: 44186
25c. DATE SIGNED (Month, Day, Year): 11-19-2009
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): Dr. David Tribble MD 1718 Patterson St. Nashville, TN 37203

SEE INSTRUCTIONS ON OTHER SIDE

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. Intracranial Hemorrhage
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
b. Ischemic Stroke
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

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 [/] 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. 6/99)
BIRTH NO.
RDA 1399

3568750

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

NOV 19 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

PINNACLE
Title & Escrow, LLC

2109 Buena Vista Pike Nashville, TN 37218 ~ (615) 256-3353 office/ (615) 256-3331 fax

I, Rachel L. Bell, do hereby make oath that I am a licensed attorney and/or the custodian of the electronic version of the attached document tendered for registration herewith and that his is a true and correct copy of the original document executed and authenticated according to law.

Signature

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, S. S. Cambridge, a notary public for this county and state, Rachel L. Bell who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

S. Cambridge
Notary Signature

S. CAMBRIDGE
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.

MY COMMISSION EXPIRES:

My Commission Expires MAY 8, 2012