Prepared By:
Bell & Kinslow, PLLC
2109 Buena Vista Pike
Nashville, TN 37218

Davidson County	AFFIDAVIT
Recvd: 07/01/10 15:20	3 pgs
Fees:17.00 Taxes:0.00	
20100701-0051780	

State of Tennessee

County of Davidson

Scrivener's Affidavit
(Re: Affidavit of Heirship of record in Instrument No. 20100625-0049777, Register's Office for Davidson County, Tennessee.)

Comes now, Rachel L. Bell, and states on oath:

1. That she is the Managing Partner of Bell & Kinslow, PLLC:
2. That a certain Affidavit of Heirship was prepared by Bell & Kinslow, PLLC dated June 25, 2010;
3. That said Affidavit of Heirship was recorded with the Register of Deeds of Davidson County, Tennessee, Instrument No. 20100625-0049777, on June 25, 2010;
4. That said Affidavit of Heirship was recorded without an Exhibit A, when in fact the Exhibit A is attached. *See*. **Exhibit A**
5. That this affidavit is made of my personal knowledge and given to correct and explain the above-described errors.

In witness whereof, this affidavit is executed this the 1st day of July, 2010.

Affiant
Bell & Kinslow, PLLC
By: Rachel L. Bell, Managing Partner

Personally appeared before me, the undersigned, a notary public in and for said County and State the within named Rachel L. Bell, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) and who, upon oath, acknowledged that she is the Managing Partner of Bell & Kinslow, PLLC, the within named bargainor, a Partner Limited Liability Company, and that as such Managing Partner executed the foregoing instrument for the purpose therein contained, by personally signing the name of the partner limited liability company as Managing Partner.

Witness my hand and seal at Nashville, Tennessee this 1st day of July, 2010.

Florence King
Notary Public

My Commission Expires:

FLORENCE KING
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.
My Commission Expires JAN. 9, 2012

STATE OF TENNESSEE
Office of Vital Records

005922

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: 2009 046322

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

TUCKER, BETTIE

DECEDENT

1 DECEDENT'S NAME (First Middle Last): Bettie Sou Jackson Tucker
2 SEX: Female
3 DATE OF DEATH (Month Day Year): October 14 2009
4 SOCIAL SECURITY NUMBER (of Deceased): [redacted]7606
5a AGE-LAST BIRTHDAY (Years): 86
5b UNDER 1 YEAR: Months / Days
5c UNDER 1 DAY: Hours / Min
6 DATE OF BIRTH (Month, Day, Year): December 10, 1922
7 BIRTHPLACE (City and State or Foreign Country): Nashville, TN
8 EVER IN U.S. ARMED FORCES? 1 Yes 2 X No
8a 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): Centennial Medical Center
9c CITY TOWN OR LOCATION OF DEATH: Nashville
083
9d COUNTY OF DEATH: Davidson
10 MARITAL STATUS Married Never Married Widowed Divorced (Specify): Widowed
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): Domestic
12b KIND OF BUSINESS/INDUSTRY: Residential
13a RESIDENCE-STATE: Tennessee
13b COUNTY: Davidson
13c CITY TOWN OR LOCATION: Nashville
13d STREET AND NUMBER OR RURAL LOCATION: 8608 Lewis Rd
CENSUS TRACT
13e INSIDE CITY LIMITS? 1 X Yes 2 No
13f ZIP CODE: 27221
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes specify Cuban Mexican Puerto Rican etc.) Yes O X 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): 8th College (1-4 or 5+)
NAME OF DECEDENT Pre-typed by physician or institution

PARENTS

17 FATHER'S NAME (First Middle Last): Willie Jackson
18 MOTHER'S NAME (First Middle Maiden Surname): Fannie Lewis

INFORMANT

19a INFORMANT'S NAME (Type/Print): Elsie Weatherspoon
19b RELATIONSHIP TO DECEASED: Daughter
19c MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code): 135 Rains Ave. Nashville, TN 37203

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): Harpeth Hills
20c LOCATION City or Town State: Nashville, TN
21a SIGNATURE OF FUNERAL DIRECTOR: ▶ William Taylor
21b LICENSE NUMBER OF FUNERAL DIRECTOR: 3285
21c SIGNATURE OF EMBALMER: ▶ Patrick Tucker
21d LICENSE NUMBER OF EMBALMER: 5072
22a NAME AND ADDRESS OF FUNERAL HOME: J W Adkins Funeral Home 2510 12th Ave So. Nashville, Tennesse 37204
22b LICENSE NUMBER OF FUNERAL HOME: 0705

REGISTRAR

23 REGISTRAR'S SIGNATURE: ▶ Marshall Stanley, DR
24 DATE FILED (Month Day Year): October 20, 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 SIGNATURE AND TITLE OF PHYSICIAN ▶
25b LICENSE NUMBER
25c DATE SIGNED (Month Day Year)
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 X SIGNATURE AND TITLE OF MEDICAL EXAMINER ▶ Sept MD
26b LICENSE NUMBER: 45273
26c DATE SIGNED (Month Day Year): October 15 2009

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): Sandra Thomas M D 850 R S Gass Boulevard Nashville TN 37216 MEC09 2000

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

CAUSE OF DEATH

IMMEDIATE CAUSE (Final disease or condition resulting in death): a Blunt force injuries — 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 — DUE TO (OR AS A CONSEQUENCE OF); c — DUE TO (OR AS A CONSEQUENCE OF); d
Approximate Interval Between Onset and Death

PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Deep venous thrombosis

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 No

30 MANNER OF DEATH: 1 Natural 2 X Accident 3 Suicide 4 Homicide 5 Pending Investigation 6 Could not be Determined
31a DATE OF INJURY (Month Day Year): October 12 2009
31b TIME OF INJURY: UNK M
31c INJURY AT WORK? 1 Yes 2 X No
31d DESCRIBE HOW INJURY OCCURRED: Fall
31e PLACE OF INJURY At home farm street factory office building etc (Specify): Hospital
31f LOCATION (Street and Number or Rural Route Number City or Town State): Centennial Medical Center Nashville TN

PH 1658 (REV 6/99)
BIRTH NO
RDA 13

EXHIBIT A

4236984

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

Teresa S. Hendricks
STATE REGISTRAR

Date Issued Jun-18-2010

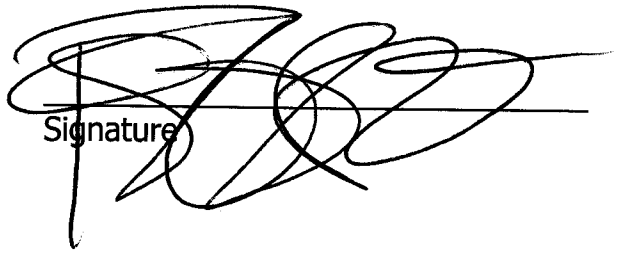
ANTI-FRAUD PROTECTION PATENTS 5197705, 5242639

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 this 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, Tiffany R. Addison, 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.



Notary Signature

MY COMMISSION EXPIRES:_____

