This instrument prepared by:
Marianne Abdel
535 Slate Lane
Hendersonville, TN 37075

Map and Parcel: 42-10-4

Affidavit as to Heirs

(pursuant to TENN.CODE ANN. Section 30-2-712)

State of Tennessee
County of Sumner

On August 11, 2010, before me personally appeared Era Lee Romines, 816 West Old Hickory Blvd., Madison, TN 37115, to me personally known, who being by me duly sworn, on oath did say that Affiant is familiar with the family history for approximately thirty (30) years of Mattie Ann Braxton, deceased, who was the owner of the following property in Davidson County, Tennessee:

See attached Exhibit "A" Legal Description
Exhibit "B" Death Certificate

Title to the aforedescribed real property was vested in Mattie Ann Braxton, also known as Mattie Calvert Braxton who is now deceased, having died on July 16, 2010, a resident of Davidson County, Tennessee.

And Affiants further state that this decedent left surviving the following persons as heir or otherwise interested in the estate, and that such persona is over the age of twenty-one years unless otherwise stated:

Name	Relationship to Decedent
Marianne Abdel	Daughter

Affiants state that the decedent left no surviving spouse, no other children, adopted children, or descendants of deceased children or adopted children except as listed above.

The decedent left no will. The heir at law is Marianne Abdel; therefore the Property vests to the aforesaid heir.

All of the debts against the estate have been paid including any estate taxes or claims from TennCare.

This affidavit is given for the express purpose of clearing title to the aforementioned parcel of real property.

State of Tennessee
County of Sumner

I, Era Lee Romines, being first duly sworn, make oath that I have read the foregoing Affidavit of Heirship and that the facts contained therein are true and correct to the best of my knowledge, information, and belief.

Era Lee Romines

STATE OF TENNESSEE
COUNTY OF SUMNER

Personally appeared before me, the undersigned, a notary public in and for said county and state, the within named Era Lee Romines, the bargainor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and seal at Hendersonville, Tennessee, this 11th day of August, 2010.

Notary Public at Large

My commission expires: 4/23/2014

ANGELA A. RAMSEY
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY
My Commission Expires April 23, 2014

BILL GARRETT, Davidson County
Trans:T20100049796 AFFIDAVIT
Recvd: 08/11/10 13:12 3 pgs
Fees:17.00 Taxes:0.00

20100811-0063465

Exhibit A

Land in Davidson County, Tennessee, being Lot No. 5 on the Plan of Bonnie Brae Subdivision, Section 1, as of record in Book 2330, Page 1, Register's Office for Davidson County, Tennessee, to which plat reference is hereby made for a more description.

Being the same property conveyed to Mattie Calvert Braxton by deed from Annie Calvert Foster of record in Book 11214, Page 371, Register's Office for Davidson County, Tennessee.

STATE OF TENNESSEE
Office of Vital Records

EXHIBIT B

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

10094094

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Mattie Ann Braxton
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): July 6, 2010
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]
5a. AGE-LAST BIRTHDAY (Years): 62
5b. UNDER 1 YEAR (MOS / DAYS)
5c. UNDER 1 DAY (HOURS / MIN)
6. DATE OF BIRTH (Month, Day, Year): June 25, 1948
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): HOSPITAL 1 Inpatient 2 ER/Outpatient 3 DOA; OTHER 4 Nursing Home 5 Residence 6 [X] Other (Specify) Alive Hospice @ Madison Campus
9b. FACILITY NAME (If not institution, give street and number): Alive Hospice @ Madison Campus
9c. CITY, TOWN, OR LOCATION OF DEATH: Madison
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.): Customer Service Represenative
12b. KIND OF BUSINESS/INDUSTRY: Retail - Service Merchandise
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Madison
13d. STREET AND NUMBER OR RURAL LOCATION: 818 Old Hickory Blvd. West
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37115
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No
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. For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Ray Calvert
18. MOTHER'S NAME (First, Middle, Maiden Surname): Annie O. Foster

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Marianne Abdel
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 535 Shute Lane Hendersonville, TN 37075

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): Spring Hill Cemetery
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: James Dudney
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3171
21c. SIGNATURE OF EMBALMER: N/A
21d. LICENSE NUMBER OF EMBALMER: N/A
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: Linda R. Bowers DR
24. DATE FILED (Month, Day, Year): July 16, 2010

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): 7-13-2010
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): David Thode, MD 1718 Patterson Street 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. Adenocarcinoma of the Lung	2 mo
	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.	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Chronic Obstructive Pulmonary Disease

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 [X] 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 (H / 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)

4362558

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

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

Date Issued: JUL 16 2010

JUL 16 2010

CERTIFICATION OF VITAL RECORD