Lakewood. SU B/

BILL GARRETT, Davidson County
Trans:T20100066254 AFFIDAVIT
Recvd: 10/19/10 14:29 2 pgs
Fees:12.00 Taxes:0.00
20101019-0083714

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

AFFIDAVIT OF HEIRSHIP

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

Reported owner name:	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.

Affidavit of facts concerning the identity of Heirs for the Estate of: James Norman Calway

Before me, the undersigned authority, on this day personally appeared: JNorman Calway-Fagen ("Affiant") who, being first duly sworn, upon his/her oath states:

1. My name is: Norman Joel Calway-Fagen

   I live at: 210 Cantrell Avenue Nashville TN 37205

   I am personally familiar with the family and marital history of: James Norman Calway (Decedent), and I have personal knowledge of the facts stated in this Affidavit.

2. I knew the decedent from Feb 10 1965 until July 12, 2010 Decedent died on 7/12/2010

   Decedent's place of death: Nashville (CITY) Tennessee (STATE) Davidson (COUNTY)

   At the time of decedent's death, decedent's residence was: Nashville (CITY) Tennessee (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
Dorothy J Calway	Nov. 13 1943		Jan. 13, 2001

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
James R Calway 64 Brookwood Terrace Nashville	5/19/1944	Dorothy Calway	
Norma J. Calway-Fagen 210 Cantrell Ave Nashville	10/15/1947	Dorothy Calway	
Kathleen T. Calway 206 6th Ave Ag NY, NY	12/1/1951	Dorothy Calway	

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

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		
FATHER		

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

Reported owner name:	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
GRACE MARION CALWAY 3201 AIRPARK DR #109	10/29/1920	

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

Signed this 15th day of October, _____.

*
(SIGNATURE OF AFFIANT)

State of Tennessee

County of Davidson

Sworn to and subscribed to before me on Oct. 15, 2010
(DATE)

by Norman Calway Jogen
(NAME OF AFFIANT)

* Catherine V. Quinn
(NOTARY SIGNATURE)

Prepared by:
Norman Calway-Jogen
210 Caldwell Ave
Nashville TN
37205

CATHERINE QUINN
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY
(Notary Seal)

My commission expires: 3RD day of July, 2012

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