Prepared By:
Katy Gammon
4813 Lindell Drive
Nashville, Tennessee 37216

BILL GARRETT, Davidson County
Trans:T20100075128 AFFIDAVIT
Recvd: 11/29/10 15:29 2 pgs
Fees:12.00 Taxes:0.00
20101129-0094923

AFFIDAVIT of HEIRSHIP

STATE OF TENNESSEE

COUNTY OF DAVIDISON

THE UNDERSIGNED AFFIANT, Katy Gammon, residing at 4813 Lindell Drive Nashville, Tennessee, 37216 is of legal age, and does hereby swear and affirm under penalty of perjury that the following is true and accurate, to the best of (his/her) knowledge:
Eddie Wayne Johnson is the sole heir of the deceased Clara Jeanette Johnson. Clara Jeanette Johnson expired February 1, 2010. (Death Certificate attached).
Clara Jeanette Johnson owned and resided at 918 Solley Drive, Nashville, TN. 37216 prior to her death. Eddie Wayne Johnson is the sole heir of this property. The property address and description is as follows:

Address: 918, Solley Drive, Nasvhille, TN. 37216
Style: Ranch, Lot Size: 66 x 150, Acres: 0.220, Construction: Partial Brick/Aluminum, Driveway: Blacktop, Year Built: 1952/approximate, Deed Book/Page: 200211070137434

Executed this 22nd **day of** November **,2010.**

Katy Gamm
SIGNATURE OF AFFIANT

KATY GAMMON
PRINT NAME OF AFFIANT

ANNE L. WEST
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY TENN.
My Commission Expires MAR. 7, 2011

(FOR NOTARY PUBLIC)

STATE OF Tennessee **COUNTY OF** Davidson

On the 22nd **day of** Nov **, 2010, before me** Anne L West **,a Notary Public in and for the above state and county, personally appeared** Katy Gammons **known to me (or proved to me on the basis of satisfactory evidence) to be the person who executed the foregoing instrument, and being first duly sworn, such person acknowledged that he/she executed the instrument for the purposes therein contained as his/her free and voluntary act and deed.**

WITNESS my hand and official seal.

Anne L West
NOTARY PUBLIC

My Commission Expires: 3/7-2011
(SEAL)

STATE OF TENNESSEE
Office of Vital Records

1000675

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): Clara Jeanette Johnson
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): February 1, 2010
4. SOCIAL SECURITY NUMBER (of Decedent): [redacted]7138
5a. AGE-LAST BIRTHDAY (Years): 69
5b. UNDER 1 YEAR (Months / Days)
5c. UNDER 1 DAY (Hours / Min.)
6. DATE OF BIRTH (Month, Day, Year): April 16, 1940
7. BIRTHPLACE (City and State or Foreign Country): Harriman, 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)
9b. FACILITY NAME (If not institution, give street and number): Alive Hospice @ Saint Thomas Hospital
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):
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Office Manager
12b. KIND OF BUSINESS/INDUSTRY: Jim Dandy Market
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 918 Solley Drive
CENSUS TRACT: N
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37216
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No; if Yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [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+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Claude Watson
18. MOTHER'S NAME (First, Middle, Maiden Surname): Addie Lee Swallows

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Wayne Johnson
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 910-A North Graycroft Avenue Madison, Tennessee 37115

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

FUNERAL DIRECTOR

21a. SIGNATURE OF FUNERAL DIRECTOR: Darrell L Garrison
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4308
21c. SIGNATURE OF EMBALMER: John C Shirley
21d. LICENSE NUMBER OF EMBALMER: 5319
22a. NAME AND ADDRESS OF FUNERAL HOME: Spring Hill Funeral Home 5110 Gallatin Road, Nashville, Tennessee 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 1046

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda R. Bowman
24. DATE FILED (Month, Day, Year): February 8, 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: Mir Reed
25b. LICENSE NUMBER: 35964
25c. DATE SIGNED (Month, Day, Year): 2/4/2010
25a. 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 LOCAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Martha Leonard 4220 Harding Rd. Nashville, TN 37205

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.)
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. embolic acute right middle cerebral artery cerebral infarction — Approximate Interval Between Onset and Death: 8 days
DUE TO (OR AS A CONSEQUENCE OF):
b. cardiac thrombus — unknown
DUE TO (OR AS A CONSEQUENCE OF):
c. Mitral valve replacement with diastolic congestive heart failure — unknown
DUE TO (OR AS A CONSEQUENCE OF):
d.
IF RESTRICTIONS ON OTHER SIDE
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Diabetes Mellitus Type 2
28a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] No
28b. 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:
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):

H-1650 (REV. 8/99)
BIRTH NO.
RDA 1399

3794435

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

2/10/2010
Date Issued

CERTIFICATION OF VITAL RECORD