Prepared By: Ashley Johnson

New Owner: Vicki S. Golden; Larry S. Johnson; Anthony Wayne Johnson; Susan J. Crocker; Julie J. Crocker, equally.

Send tax notice to:
Vicki S. Golden
407 Williamsport Drive
Smyrna, TN 37167

Map & Parcel No.:
105-07 131 6DA 19480

BILL GARRETT, Davidson County
Trans:T20100078093 AFFIDAVIT
Recvd: 12/10/10 15:33 4 pgs
Fees:22.00 Taxes:0.00
20101210-0098712

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The undersigned, being duly sworn, deposes and says:

Dorothy J. Johnson, resident of Davidson County, State of Tennessee held a tenants by the entirety in the following described real estate:

A tract or parcel of land in Davidson County, State of Tennessee, described as follows to-wit:

Being the Southerly 50 feet of the Northerly 100 feet of the Easterly part of Block "F" on the Plan of the Merritt and Hagan Land, as of record in Minute Book "N", Page 241, County Court of said County, as follows:

Said Part of Block "F" fronts 50 feet on the westerly side of Pillow Street and runs back between parallel lines, parallel with and 200 feet north of the northerly margin of Merritt Avenue, 191 Feet to an alley.

Being the same property conveyed to Oscar Ramsey and wife, Ruth W. Ramsey by deed of record in Book 1315, Page 144, said Register's Office. The said Oscar Ramsey having died in May of 1984. Then being conveyed to Dorothy Jean Ramsey Johnson, their daughter, on June 22, 1984.

And more commonly described as:
1315 Pillow Street, Nashville, TN 37203

On January 7th 2010, Dorothy J. Johnson died, as evidenced by a copy of the death certificate attached as Exhibit A. As the surviving tenants in common, Vicki Ann Smotherman Golden; Larry Steven Johnson; Anthony Wayne Johnson; Susan Elaine Johnson Crocker; and Julie Gay Johnson Pruter then owned equal portions of the above-described real estate.

SC ~~The undersigned received 20% interest in the real estate described above by virtue of the laws of descent and distribution~~, being the decedent's heirs at law.

PICK-UP

There are no debts or encumbrances remaining that are or might become a lien on the interest in the described real estate T.C.A 67-4-409(a)(3)(D) exempts this instrument from tax and T.C.A. 67-4-409(a)(5) further provides the valuation oath is unnecessary, the affidavit being used to evidence transfer of title of the property to a beneficiary.

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared, the within named bargainor, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person described in the foregoing, who signed, sealed and delivered the foregoing instrument in my presence, and who, upon oath, acknowledged that executed the foregoing instrument for the purposes therein contained as free act and deed. IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said Davidson County, on the 10 day of DEC 2010.

Vicki Ann Smotherman Golden

Vicki Ann Smotherman Golden

Larry Steven Johnson

Larry Steven Johnson

Anthony Wayne Johnson

Anthony Wayne Johnson

Susan Elaine Johnson Crocker

Susan Elaine Johnson Crocker

Julie Gay Johnson Pruter

Julie Gay Johnson Pruter

Ms Joyce Ann Black

,Notary Public

My commission expires: 7/5/11

JOYCE ANN BLACK
NOTARY PUBLIC
STATE OF TENNESSEE
DAVIDSON COUNTY

T.A.I.

AFFIDAVIT

Vicki Ann Smotherman Golden, having first been duly sworn, would aver as follows.

1. I am an adult citizen of Rutherford County, Tennessee.
2. I have personal knowledge of the facts contained in this Affidavit and am competent to testify to the same.
3. I am Dorothy Jean Ramsey Johnson's eldest daughter.
4. Vicki Ann Smotherman Golden, Larry Steven Johnson, Anthony Wayne Johnson, Susan Elaine Johnson Crocker, and Julie Gay Johnson Pruter are the five children of Dorothy Jean Ramsey Johnson.
5. I have reviewed their Affidavit (attached to this Affidavit as Exhibit A) and the same is true to the best of my knowledge, information, and belief.

FURTHER AFFIANT SAITH NAUGHT.

STATE OF TENNESSEE
COUNTY OF DAVIDSON:

Personally appeared before me, a Notary Public in and for the above jurisdiction, the within named Vicki Ann Smotherman Golden, who proved to me upon satisfactory evidence, who after being first duly sworn on her oath and the foregoing information is true to the best of her knowledge, information, and belief.

Vicki Ann Smotherman Golden

Vicki Ann Smotherman Golden

Witness my hand and seal, this ___ day of , 2010.

Notary Public

My commission expires: 7/5/11

JOYCE ANN BLACK NOTARY PUBLIC STATE OF TENNESSEE DAVIDSON COUNTY

STATE OF TENNESSEE
Office of Vital Records

1000128

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): Dorothy Jean Johnson
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): January 7, 2010
4. SOCIAL SECURITY NUMBER (or Decedent): [redacted]-8228
5a. AGE-LAST BIRTHDAY (Years): 77
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Min.
6. DATE OF BIRTH (Month, Day, Year): Feb 19, 1932
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 [X] ER/Outpatient 3 [ ] DOA; Other: 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 1904 Hickory Club Drive
9c. CITY, TOWN, OR LOCATION OF DEATH: Antioch
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.): Cafeteria Worker
12b. KIND OF BUSINESS/INDUSTRY: Metro Schools
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1315 Pillow Street
CENSUS TRACT
13e. INSIDE CITY LIMITS? [X] Yes [ ] No
13f. ZIP CODE: 37203
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): 11; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Oscar Duggan Ramsey
18. MOTHER'S NAME (First, Middle, Maiden Surname): Ruth Warnetta Marshall

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Vicki Golden
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 407 Williamsport Drive, Smyrna, Tennessee 37167

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: William R. Appleton
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2700
21c. SIGNATURE OF EMBALMER: Richard Monson
21d. LICENSE NUMBER OF EMBALMER: 3137
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Inc. 3620 Nolensville Rd., Nashville, Tennessee 37211-
22b. LICENSE NUMBER OF FUNERAL HOME: 396

REGISTRAR

23. REGISTRAR'S SIGNATURE: Donyshah Stanton, DE
24. DATE FILED (Month, Day, Year): January 13, 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: MD23820
25c. DATE SIGNED (Month, Day, Year): 1/13/10
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): Kenneth Wyman, M.D. 2220 Pierce Ave., Ste 777, Preston Research Bldg., Nashville, TN 37232

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. Metastatic Renal Cell Carcinoma
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.

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 [X] 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)

PH-1659 (REV. 6/99)
BIRTH NO.
RDA 1309

3785331

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.

JAN 13 2010

Sharon M. Leinbach
STATE REGISTRAR

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

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