This instrument prepared by:
Bell & Kinslow, PLLC
2109 Buena Vista Pike
Nashville, TN 37218
615-256-3353

Davidson County AFFIDAVIT
Recvd: 01/27/11 11:51 5 pgs
Fees:27.00 Taxes:0.00
20110127-0007559

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The undersigned, being duly sworn, deposes and says: Rebecca C. Wingfield, deceased, the owner of the following described real estate, died on April 24, 2010 in Davidson County, Tennessee. *See*, **Exhibit A** (death certificate of Rebecca C. Wingfield). The land is described as follows:

> Land in Davidson County, Tennessee, being lot No. 136 on the Map of Belmont Terrace, as of record in Book 421, page 101, Register's Office for said County. Said Lot No. 136 fronts 50 feet on the westerly side of Oakland Avenue and runs between parallel lines 161.5 feet to an alley. Being the same property conveyed to Lillian Major, by deed from the Nashville Investment & Realty Company, as of record in Book 1194, page 399, said Register's Office.

This is improved property know as **2709 Oakland Avenue, Nashville, Tennessee 37212.**

The undersigned is April Johnson, a friend to the Wingfield Family and has known the family for several years. Mrs. Johnson attest that the decedent was married to Robert Cam Wingfield who predeceased her on March 31, 1981. *See*, **Exhibit B** (death certificate of Robert Cam Wingfield). The decedent leaves as her sole heirs at law her children, namely, Robert Cam Wingfield Jr., Addie Sue Jenkins, Dorothy Jean Phillips, Oddie James Wingfield, Margaret Ann Smith, Dwight Charles Wingfield, Patricia Abbie McCarroll, and Elsie Mae Wingfield-Hurt, the owners of the above mention property by operation of law.

The tax map and parcel number is W24-1620. There are no debts or encumbrances remaining which are or might become a lien on the above described real estate.

April D. Johnson
2510 Highland Trace Dr.
Nashville, TN 37207

1/26/2011
Date

Before me, a Notary Public, duly appointed, commissioned, and qualified in and for the State and County of the aforesaid, personally appeared **April Johnson** the within named bargainor, with whom I am personally acquainted, who signed, and executed the foregoing instrument in my presence, and who, upon oath, acknowledged that she executed the foregoing instrument for the purposes therein contained as her free act and deed.

In witness whereof, I have hereunto set my hand and affixed my seal at my office in the said County, on this **26th day of January, 2011**.

Notary Public

RACHEL L. BELL
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY

My Commission Expires:
My Commission Expires:
May 6, 2013

STATE OF TENNESSEE
Office of Vital Records

EXHIBIT A

1002584

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): REBECCA C WINGFIELD
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): APRIL 24, 2010
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-5145
5a. AGE-LAST BIRTHDAY (Years): 94
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Min.
6. DATE OF BIRTH (Month, Day, Year): JUNE 13, 1915
7. BIRTHPLACE (City and State or Foreign Country): COLUMBIA, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
9a. 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): ST. THOMAS HOSPITAL
9c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE, TN
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.): HOUSEWIFE
12b. KIND OF BUSINESS/INDUSTRY:
13a. RESIDENCE STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 2709 OAKLAND AVE.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37212
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)
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 10th; College (1-4 or 5+):
NAME OF DECEDENT: Include any prefixes or suffixes

PARENTS

17. FATHERS NAME (First, Middle, Last): ODDIE COOPER
18. MOTHERS NAME (First, Middle, Maiden Surname): ADDIE GOODLOE

INFORMANT

19a. INFORMANT'S NAME (Type/Print): PATRICIA McCARROLL
19b. RELATIONSHIP TO DECEASED: DAUGHTER
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 932 SOUTH SIDE PLACE

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): GREENWOOD MAIN CEMETERY
20c. LOCATION-City or Town, State: NASHVILLE, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ MARY KATHRYN PATTON
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3379
21c. SIGNATURE OF EMBALMER: ▶ RONALD M. STEWART
21d. LICENSE NUMBER OF EMBALMER: 3732
22a. NAME AND ADDRESS OF FUNERAL HOME: PATTON BROTHERS FUNERAL HOME 1306 SOUTH STREET, NT 37212
22b. LICENSE NUMBER OF FUNERAL HOME: 185

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Linda L. Bowers QR
24. DATE FILED (Month, Day, Year): May 4, 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: ▶ James L Guame MD
25b. LICENSE NUMBER: 20557
25c. DATE SIGNED (Month, Day, Year): 4/30/2010
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): DR. JAMES GUAME 4230 HARDING PLACE NT 37205 (615) 386-3067

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)

SEE INSTRUCTIONS ON OTHER SIDE

Immediate cause (Final disease or condition resulting in death): a. Renal failure — 10 years
Due to (or as a consequence of): b. Mesenteric Ischemia — 10 years
Due to (or as a consequence of): c. Hypertension — 20 years
Due to (or as a consequence of): d. Type 2 Diabetes Mellitus
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.

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 [ ] 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. 6/98)

BIRTH NO.

RDA 1398

3918058

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.

Tonya Y. Foreman Local Registrar
Davidson County Tennessee

Sharon M. Leinbach
STATE REGISTRAR

MAY 04 2010
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

Metropolitan Government of Nashville and Davidson County

Richard H. Fulton, Mayor

L M. BISTOWISH, M.D., REGISTRAR
METROPOLITAN .NASHVIlle
;A.ND DAVIDSON COUNTY

APR 17 1981

J. M. Bistowish, M.D.

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NOR TH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health. Vital Records. by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affiked.

EXHIBIT B

-10J583

BECOMES A LEGAL WHEN PROPER -Y G;E- AND FILED,

PRINT IN ENT BLACK INK.

DECEASED

(ESIDENCE WHERE DE- IIVED. IF DEATH oe IN INSTITUTION. GIVE NCE BEFORE ADM IS

PARENTS AND INFORMANT

REQUIRED PRIOR TO ORTATION OF BODY BY N CARRIER OR. RE- ROM STATE

DISPOSITION

CERTIFIER

H NOJ ATTENDED,BY AN. AUTHORIZED ohl' ON HERE. ANY PH'S' R MEDICAL. EXAMINER ING CERTIFICATE. MIIST TE AND SIGN MEDICAL 'CATION WITHIN 48 POWER OF SIGNATURE BE OFLEGA .TED.

CAUSE

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBIC HEALTH
VITAL RECORDS

BIRTH NO. _____ STATE FILE NO.

DECEASED—NAME (FIRST, MIDDLE, LAST): Robert Cam Wingfield

DATE OF DEATH (MONTH, DAY, YEAR): March 31, 1981

AGE—LAST BIRTHDAY (YEARS) 1.175 | UNDER 1 YEAR (MOS, DAYS) | UNDER 1 DAY (HOURS, MIN.)

DATE OF BIRTH (MONTH, DAY, YEAR): June 11, 1905

RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY): Black

SEX: Male

COUNTY OF DEATH: Davi ds on

CITY, TOWN OR LOCATION: 1.Nashvi lIe

INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes

HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.): Vanderbilt Hosp.it aI

IF HOSPITAL OR INSTITUTION, CHECK (CLINIC, CORONER): Inpat ient

STATE OF BIRTH (IF NOT U.S.A.): Tennessee

CITIZEN OF WHAT COUNTRY: U. S. A.

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married

SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Rebecca Cooper

SOCIAL SECURITY NUMBER: [redacted]609 3

SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE): 2. None

USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Porter

KIND OF BUSINESS OR INDUSTRY: Greyhound Bus Co.

RESIDENCE-STATE: Tennessee

COUNTY: Davidson

CITY, TOWN, OR LOCATION: Nashville

STREET AND NUMBER: 2709 Oakland

INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes

CENSUS TRACT NO.:

FATHER—NAME: Cam Wingfield

MOTHER—MAIDEN NAME: Susie Haddox

INFORMANT—NAME: Mrs. Rebecca Wingfield

MAILING ADDRESS: 2709 Oakland Ave. Nashville, Tennessee

BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial

DATE: April 6, 1981

CEMETERY OR CREMATORY—NAME: Greenwood Cemetery

LOCATION (CITY OR TOWN, STATE): Nashville, Tennessee

FUNERAL DIRECTOR (SIGNATURE): Edward Hatton

LICENSE NO.: 1136

EMBALMER (SIGNATURE): Edward Hatton

LICENSE NO.: 1666

FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Patton Bros. Funeral Home 1306 South St. Nashville, Tennessee

REGISTRAR—SIGNATURE: Esther D. Gross

DATE RECEIVED BY LOCAL REGISTRAR: 4-14-81

PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE: James J. Madden, Jr. DEGREE: M.D.

DATE SIGNED (MONTH, DAY, YEAR): 4/9/81

MEDICAL EXAMINER— ON THE BASIS OF INVESTIGATION, DEATH OCCURRED AT THE TIME, DATE AND DUE TO THE CAUSE(S) STATED. SIGNATURE: TITLE:

DATE SIGNED (MONTH, DAY, YEAR):

CERTIFIER—NAME (TYPE OR PRINT): James J. Madden, Jr., M. D.

MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Nashville, Tennessee

25. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cardiorep. arrest -	10-15 min.
DUE TO, OR AS A CONSEQUENCE OF (b)	Pulm infarcts & congestion -	3 mos
DUE TO, OR AS A CONSEQUENCE OF (c)	Multiple duodenal ulcer, 12-4 yrs	7 YRS

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

AUTOPSY (YES OR NO):

ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED:

DATE OF INJURY (MONTH, DAY, YEAR):

HOUR:

DESCRIBE HOW INJURY OCCURRED:

INJURY AT WORK (YES OR NO):

PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY):

LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE):

FORM NO. 56 10 1 78 CHG

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: _____

TIFFANY R. ADDISON
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY, TENN.
My Commission Expires MAR. 4, 2013