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

Davidson County AFFIDAVIT
Recvd: 01/27/11 11:57 4 pgs
Fees:22.00 Taxes:0.00
20110127-0007561

AFFIDAVIT OF HEIRSHIP

Comes now your Affiant, **PATSY C. PETWAY** and having first been duly sworn accordingly to law deposes and states as follows:

1. My name is **PATSY C. PETWAY**, and I am an adult citizen and resident of **Davidson** County, **Tennessee**, and a close family friend of the decedent Dorothy Coleman Bridges.

2. On September 22, 1977, Hal E. Bridges conveyed 3835 Hydes Ferry Road, Nashville, TN 37218, to Dorothy Coleman Bridges, by Quitclaim Deed, Book 5199, Page 887.

Legal description of said property is:

Land in the 13th Civil District if Davidson County, Tennessee, being part of the M.W. Brown Farm, and described according to a survey prepared by T.R. Sanford on August 19, 1954, as follows:

Beginning at a spike in the center of the Hydes Ferry Pike, said point being south 46 degrees 15 minutes east 76.6 feet from a spike opposite the southerly margin of a 25 foot lane; thence south 43 degrees 45 minutes west 436 feet to an iron pin; thence south 46 degrees 15 minutes east 96.2 feet to an iron pin; thence north 43 degrees 45 minutes east 436 feet to an iron pin in the center of Hydes Ferry Pike; thence with the center of said Pike North 46 degrees 15 minutes west 96.2 feet to the point of beginning.

Being the same property conveyed to Hal E. Bridges and wife, Dorothy C. Bridges, by deed from Walter C. Young and wife, Era G. Young, of record in Book 2346, page 585, said Register's Office.

Being the same property conveyed to Dorothy Coleman Bridges, by quitclaim deed from Hal E. Bridges, of record in Book 5199, page 887, said Register's Office, Davidson County, Tennessee.

Being the same property were Dorothy Coleman Bridges has since expired on June 19, 2003, of record in the State of Tennessee Office of Vital Records, Instrument No. 0304238. *See*, Exhibit A, (death certificate of Dorothy Coleman Bridges).

3. Dorothy Coleman Bridges died on June 19, 2003 at the age of 80 years, a resident of Davidson County, residing at 3835 Hydes Ferry Road, Nashville, TN 37218. *See*, **Exhibit A** (Death Certificate of Dorothy Coleman Bridges).

4. To the best of my knowledge and information, the following are the names, addresses and relationship of all of the heirs at law of Dorothy Coleman Bridges and are owners of the property located at 3835 Hydes Ferry Road by operation of law:

Dorothy Jean Lawson, *Adult Daughter*
287 Donna Dr., Apt. E
Hendersonville, TN 37075

Patricia Bridges Armstrong, *Adult Daughter*
50 Forest St., Apt. 808
Stamford, Connecticut 06901

FURTHER AFFIANT SAYETH NOT.

The undersigned **PATSY C. PETWAY** being first duly sworn, hereby states that I have read the foregoing Affidavit of Heirship and that, to be the best of my knowledge and belief, the facts stated therein are true and accurate.

Patsy C. Petway

PATSY C. PETWAY
4816 Fairmeade Court
Nashville, TN 37218

1/26/11
Date

State of Tennessee **County of Davidson**

Personally appeared before me, the undersigned notary public in and for the above state **PATSY C. PETWAY**, personally known to me or proved on the basis of satisfactory evidence, who, being first duly sworn, did execute this Affidavit of Heirship above.

Notary Public

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

RACHEL L. BELL
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

STATE OF TENNESSEE
Office of Vital Records

0304238

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2003 031527

1. DECEDENT'S NAME (First, Middle, Last)	Dorothy Bridges
2. SEX	Female
3. DATE OF DEATH (Month, Day, Year)	6/19/2003
4. SOCIAL SECURITY NUMBER	[redacted]-1758
5a. AGE-LAST BIRTHDAY (Years)	80
6. DATE OF BIRTH (Month, Day, Year)	4/20/1923
7. BIRTHPLACE (City and State or Foreign Country)	Nashville, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES?	1 Yes 2 X No
9a. PLACE OF DEATH (Check only one)	1 Inpatient 2 X ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number)	Metro General Hospital 278
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)	None
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	Homemaker
12b. KIND OF BUSINESS/INDUSTRY	N/A
13a. RESIDENCE-STATE	Tennessee
13b. COUNTY	Davidson
13c. CITY, TOWN, OR LOCATION	Nashville
13d. STREET AND NUMBER OR RURAL LOCATION	3835 North Hydes Ferry Rd.
13e. INSIDE CITY LIMITS?	1 X Yes 2 No
13f. ZIP CODE	37218
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)	Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed)	Elementary/Secondary (0-12): College (1-4 or 5+): 1
17. FATHER'S NAME (First, Middle, Last)	Clifford Coleman
18. MOTHER'S NAME (First, Middle, Maiden Surname)	Louella Lee Coleman
19a. INFORMANT'S NAME (Type/Print)	Jeanne Lawson
19b. RELATIONSHIP TO DECEASED	Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	1214 General MacArthur Rd. Brentwood, TN 37027
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 Cemetery
20c. LOCATION (City or Town, State)	Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR	▶ Linda D. Johnson
21b. LICENSE NUMBER OF FUNERAL DIRECTOR	4063
21c. SIGNATURE OF EMBALMER	▶ Eric M. Johnson
21d. LICENSE NUMBER OF EMBALMER	3829
22a. NAME AND ADDRESS OF FUNERAL HOME	Johnson's House of Atena 1107 Buchanan Street Nashville, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME	704
23. REGISTRAR'S SIGNATURE	▶ [signature]
24. DATE FILED (Month, Day, Year)	July 30, 2003
25a. PHYSICIAN: To the best of my knowledge, death occurred at the date, time, and place, and due to the cause(s) and manner(s) stated. 1 SIGNATURE AND TITLE OF PHYSICIAN	[signature]
25b. LICENSE NUMBER	31801
25c. DATE SIGNED (Month, Day, Year)	
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)	
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)	Frederick Turnerdino 1518 Alcoa Street Nashville, TN 37208

EXHIBIT A

4541464

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

Date Issued Jan-26-2011

CERTIFICATION OF VITAL RECORD

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