AFFIDAVIT OF HEIRSHIP

ADDRESS OF NEW OWNER(S):	SEND TAX BILL TO:	TAX PARCEL I.D. NO:
1424 Pennock Avenue Nashville, Tennessee 37207	New owner(s)	71-11-223

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Comes the Affiant Annie Burrows Rucker, being first duly sworn according to law, and being of lawful age and a resident of the City of Nashville, County of Davidson and State of Tennessee, hereby swears to the following of her own free will and based upon her personal knowledge and familiarity:

(1) Ara B. Jones (hereinafter "decedent"), a resident of the City of Nashville, County of Davidson and State of Tennessee, who died on April 7, 1998, as evidenced by a copy of the death certificate attached to this Affidavit, held a fee simple interest in the following described real estate, to wit:

Land in Davidson County, Tennessee, being Lot Nos. 339 and 340, on the Plate of Highland Land Company's Subdivision, as of record in Book 421Page 14 Register's Office for said County.

Said Lot Nos. 339 and 340 front together 50 feet on the Westerly side of Pennock Avenue and run back between parallel lines 175 feet to an alley.

Being the same property conveyed to Ara B. Jones by Warranty Deed from Howard R. Green and wife, Verda M. Green, as of record in Book 4798 Page 24, Register's Office, Davidson County, Tennessee.

(2) The decedent died without a surviving spouse.
(3) The decedent died leaving three (3) living biological children and issue: Annie Burrows Rucker, of Nashville, Tennessee, James A. Jones, of Dayton, Ohio, and Bomar L. Jones, of Nashville Tennessee. The decedent never adopted any children.
(4) At the time of her death, decedent owned the above described real property, which is improved property commonly known as 1424 Pennock Avenue, Nashville, Tennessee 37027.
(5) This Affidavit will confirm the vesting of title to said real property equally among the decedent's children and only heirs at law as listed above.

Further, Affiant saith not.

BILL GARRETT, Davidson County
Trans:T20110009465 AFFIDAVIT
Recvd: 02/15/11 11:11 3 pgs
Fees:17.00 Taxes:0.00
20110215-0012855

PICK-UP

THIS INSTRUMENT WAS PREPARED BY:
Ralph Carter, Attorney at Law with MERRITT, FLEBOTTE, WILSON, WEBB & CARUSO PLLC
7101 Executive Center Drive, Suite 250, Brentwood, Tennessee 37027

Witness my hand this 15 day of February, 20 11.

Annie Burrows Rucker
Annie Burrows Rucker, Affiant

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, Annie Burrows Rucker, to me known to be the person described in and who executed the foregoing instrument, and acknowledged that she executed the same as her free act and deed.

Witness my hand and official seal this 15 day of February, 20 11.

OCTAVIA L BROOKS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires May 6, 2013

Octavia L Brooks
Notary Public
My commission expires : May 6, 2013

This Affidavit of Heirship was prepared from information supplied by the parties. 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 as this Affidavit being used to evidence transfer of title to the property to a beneficiary.

THIS INSTRUMENT WAS PREPARED BY:
Ralph Carter, Attorney at Law with MERRITT, FLEBOTTE, WILSON, WEBB & CARUSO PLLC
7101 Executive Center Drive, Suite 250, Brentwood, Tennessee 37027

STATE OF TENNESSEE
Office of Vital Records

98022S3

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 98 017640

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Ara B. Jones
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): 4-7-98
4. SOCIAL SECURITY NUMBER: [redacted]-5198
5a. AGE—LAST BIRTHDAY (Years): 88
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): 6-14-09
7. BIRTHPLACE (City and State or Foreign Country): Vanleer, Tn.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): 1 [X] Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 [X] Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Centennial Medical Center 093
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): W 3
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: Tn.
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1424 Pennock Ave.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37207
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No
Specify, if yes
15. RACE—American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0–12): Secondary 12; College (1–4 or 5+):
17. FATHER'S NAME (First, Middle, Last): Robert Bomer
18. MOTHER'S NAME (First, Middle, Maiden Surname): Elnora Bomer (Street)

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Mrs. Annie Burrows Rucker
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1332 Stainback Ave., Nashville, Tn. 37207

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): "Garden of Hope" Greenwood Cemetery
20c. LOCATION—City or Town, State: Nashville, Tn.
21a. SIGNATURE OF FUNERAL DIRECTOR: Ronald C. Smith, Sr.
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4563
21c. SIGNATURE OF EMBALMER: Ronald Stewart
21d. LICENSE NUMBER OF EMBALMER: 3732
22a. NAME AND ADDRESS OF FUNERAL HOME: Holmes Funeral Home 1408 JoJohnston Ave., Nashville
22b. LICENSE NUMBER OF FUNERAL HOME: 340

REGISTRAR

23. REGISTRAR'S SIGNATURE: Britty Carol Boorman
24. DATE FILED (Month, Day, Year): May 4, 1998

CERTIFIER

25a. PHYSICIAN – To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 [ ] SIGNATURE AND TITLE OF PHYSICIAN: Leslie Lynn Chumley
25b. LICENSE NUMBER: 025944
25c. DATE SIGNED (Month, Day, Year): 4/29/98
26a. MEDICAL EXAMINER – On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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 CERTIF.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print):

4708184

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 Feb-08-2011

CERTIFICATION OF VITAL RECORD