AFFIDAVIT OF INHERITANCE FOR REAL ESTATE
PURSUANT TO T.C.A. § 30-2-712

OWNERS: George Williams Map & Parcel No.: 082-08-0 242.00

Send Tax Notice To: George Williams
3321 Grass Hill Terrace
Falls Church, VA 22024

BILL GARRETT, Davidson County
Trans:T20110019630 AFFIDAVIT
Recvd: 04/04/11 15:08 3 pgs
Fees:17.00 Taxes:0.00
20110404-0025819

STATE OF VIRGINIA)
COUNTY OF_____)

The undersigned, being duly sworn, deposes and say as follows:

Gerald Gilbert Randolph, a resident of Davidson County, State of Tennessee, who died March 16, 2010 as evidenced by a copy of the Death Certificate attached as Exhibit A held a fee simple interest in the following described real estate:

> Being Lot No. 15 on the Plan of John W. Hart's Addition to East Nashville, as of record in Book 57, Page 129, Register's Office for said county.
>
> Said Lot No. 15 fronts 55 feet on the easterly side of Hart Avenue and runs back between parallel lines; 150 feet to an alley.
>
> Being part of the same property conveyed to George S. Williams and wife, Dorothy W. Williams of Record in Book 2538, Page 460, Register's Office for Davidson County, Tennessee.
>
> Being the same property conveyed by Quitclaim Deed from George R. Williams and Vivian Cox to Gerald Randolph in Book 10650. Page 195, Register's Office for Davidson County, Tennessee.
>
> This is improved property known as 725 Hart Avenue, Nashville, Tennessee 37206.
>
> Subject to governmental zoning and subdivision ordinances regulation in affect thereon.

The undersigned received twenty five percent (25%) interest in the real estate described above by virtue of the laws of descent and distribution, being one of decedent's heirs-at-law.

There are no debts or encumbrances remaining that are or might become a lien on the interest in the above-described real estate. T.C.A. §67-4-409(a)(3)(D) exempts this instrument from tax and T.C.A. §77-4-409(a)(5) further provides that the valuation oath is unnecessary, the affidavit being used to evidence transfer of title to a beneficiary.

Signature

3/12/2011
Date

STATE OF VIRGINIA)
COUNTY OF _____)

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared George Williams, 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 he executed the foregoing instrument for the purposes therein contained as his free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said County, on this 12 day of March, 2011.

My Commission Expires:
07/31/2013

Notary Public

MELVIN JONATHAN REYES
NOTARY PUBLIC
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES JULY 31, 2013
COMMISSION # 7275817

STATE OF TENNESSEE
Office of Vital Records

T001819

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

RANDOLPH, Gerald

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Gerald Gilbert Randolph
2. SEX: male
3. DATE OF DEATH (Month, Day, Year): March 16, 2010
4. SOCIAL SECURITY NUMBER: [redacted]-8035
5a. AGE-LAST BIRTHDAY (Years): 59
5b. UNDER 1 YEAR (Months): 5c. UNDER 1 DAY (Hours / Days):
6. DATE OF BIRTH (Month, Day, Year): 01/01/1951
7. BIRTHPLACE (City and State or Foreign Country): Chattanooga, Tn.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9. 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): Skyline Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Never Married
11. SURVIVING SPOUSE (If wife, give maiden name): N/A
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Janitor
12b. KIND OF BUSINESS/INDUSTRY: Self Employed
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 725 Hart Avenue
CENSUS TRACT
13e. INSIDE CITY LIMITS? [X] Yes [ ] No
13f. ZIP CODE: 37206
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): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): College (1-4 or 5+): 2years

PARENTS

17. FATHER'S NAME (First, Middle, Last): David Randolph
18. MOTHER'S NAME (First, Middle, Maiden Surname): Dorothy Louise Walker

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Vivian B. Cox
19b. RELATIONSHIP TO DECEASED: Sister
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1980 South Ocean Drive Hallendale Beach, FL.

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [X] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Nashville Cremation Service
20c. LOCATION-City or Town, State: Nashville, Tn. 33009
21a. SIGNATURE OF FUNERAL DIRECTOR: A. Brandon Straks
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4453
21c. SIGNATURE OF EMBALMER: Ronald M. Stewart
21d. LICENSE NUMBER OF EMBALMER: 3732
22a. NAME AND ADDRESS OF FUNERAL HOME: Scales Funeral Home, 1412 Jefferson St. Nashville, Tn. 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 786

REGISTRAR

23. REGISTRAR'S SIGNATURE: Marsha L. Straks DR
24. DATE FILED (Month, Day, Year): March 19, 2010

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date, time, place, and due to the cause(s) and manner as stated.
1 [ ] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER
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 [X] SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER: 34173
26c. DATE SIGNED (Month, Day, Year): March 17, 2010

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): Peng Li, M.D., J.D., Ph.D.; 850 R.S. Gass Boulevard, Nashville, TN 37216; MEC10-0512

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. Pending
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.

Approximate Interval Between Onset and Death

SEE INSTRUCTIONS ON OTHER SIDE.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

29. WAS AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] No
29a. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [ ] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [X] Pending Investigation 6 [ ] Could not be Determined
31a. DATE OF INJURY (Month, Day, Year):
31b. TIME OF INJURY: M
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-1539 (REV. 5/99)

STATE NO.

3790570

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, Local Registrar
Davidson County, Tennessee

MAR 19 2010
Date Issued

EXHIBIT
tabbies
A

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD