THIS INSTRUMENT WAS PREPARED BY:

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BILL GARRETT, Davidson County
Trans:T20110022577 AFFIDAVIT
Recvd: 04/18/11 09:45 4 pgs
Fees:22.00 Taxes:0.00
20110418-0029562

NEW OWNER	SEND TAX BILLS TO:	MAP/PARCEL
Linus N. Johnson 593 Watsonwood Drive Nashville, TN 37211	Same	Map 147 140 Par 5800

AFFIDAVIT OF INHERITANCE OF REAL ESTATE

The undersigned, after being duly sworn, hereby makes this sworn affidavit as follows:

1. By deed of record in Book 7457, Page 516 in the Register's Office for Davidson County, Tennessee, Linus N. Johnson, by Quit Claim Deed, created a tenancy by the entirety with his wife Jean M. Johnson. Linus N. Johnson was the sole owner of the real property which is a certain improved tract or parcel of land in Davidson County, Tennessee at the time of his marriage to Jean M. Johnson because his previous wife, Mary Ann Johnson pre-deceased him and the said property is described as follows:

Being Lot No. 255 on the Plan of Whispering Hills, Section II-B, of record in Book 2331, Page 155, Register's Office for Davidson County, Tennessee.

Said Lot No. 255 fronts 187.9 feet on the southwesterly side of Watsonwood Drive and runs back 146.5 feet on the northwesterly line and 147 feet on the southeasterly line to a dead line on which it measures 180.7 feet.

Being the same property conveyed to Banner Construction Company, a Tennessee Corporation, by deed from Andrew Ewing, Trustee, of record in Book 2796, Page 597, Register's Office for said County.

Being the same property conveyed to Linus N. Johnson and wife, Mary Ann Johnson by deed dated November 20, 1958 and recorded in the Register's Office of Davidson County, TN on November 21, 1958 in Deed Book 2855 at page 447.

The conveyances were made subject to any and all zoning regulations, building restrictions and setback lines, if any, easements and rights-of-way for public utilities of record.

2. The said Linus N. Johnson and Jean M. Johnson (also known as Jean Craddock Johnson) married each other and she became known as Jean M. Johnson. Jean M. Johnson died in Davidson County, Tennessee, on March 27, 2011 as shown by the attached Certificate of Death from the State of Tennessee. At the time of her death the said Jean M. Johnson was still married to Linus N. Johnson.

3. Jean M. Johnson left no will disposing of her property. However, at the point of her death, all of the interest of Jean M. Johnson in the said real property descended to her husband, Linus N. Johnson, at the point of her death by intestate succession because the said real property was owned by them as tenancy by the entirety.

4. As a result of the foregoing, the real property as described in paragraph 1 hereof is now owned by Linus N. Johnson, the surviving husband.

Further, the affiant saith not.

WITNESS MY HAND this 17 day of April, 2011.

Linus N. Johnson

LINUS N. JOHNSON

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally, appeared before me, a Notary Public, LINUS N. JOHNSON, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence, and who acknowledged that he executed the within three-page instrument for the purposes therein contained.

WITNESS my hand, at office, this 17th day of April 2011.

Tom R. Smith
NOTARY PUBLIC

TOM R. SMITH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.

My Commission Expires: 11/07/12

STATE OF TENNESSEE
Office of Vital Records

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER 1101805

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Jean Craddock Johnson
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): March 27, 2011
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]9303
5a. AGE-LAST BIRTHDAY (Years): 83
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Sept. 28 1927
7. BIRTHPLACE (City and State or Foreign Country): Sterling, Scotland
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Nursing Home 5 [ ] Residence 6 [X] Other (Specify): Hospice Facility
9b. FACILITY NAME (If not institution, give street and number): Alive Hospice at Skyline
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Linus Johnson
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Kindergarten Teacher
12b. KIND OF BUSINESS/INDUSTRY: Education
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 593 Watsonwood Dr.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37211
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): 12th; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or institution — Johnson, Jean

PARENTS

17. FATHER'S NAME (First, Middle, Last): Donald Marshall
18. MOTHER'S NAME (First, Middle, Maiden Surname): Jean Campbell

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Marsha Cornish
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2114 London Ln. Greenbrier, TN. 37073

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): Nashville National Cemetery
20c. LOCATION-City or Town, State: Nashville, TN.
21a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4935
21c. SIGNATURE OF EMBALMER: [signature]
21d. LICENSE NUMBER OF EMBALMER: 4622

REGISTRAR

22a. NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Funeral Home, 2707 Gallatin Rd., Nashville, Tennessee 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 331
23. REGISTRAR'S SIGNATURE: [signature]
24. DATE FILED (Month, Day, Year): March 31, 2011

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 [ ] 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: [signature]
26b. LICENSE NUMBER: 44517
26c. DATE SIGNED (Month, Day, Year): March 28, 2011

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): Bridget B Eutenier, M.D.; 850 R.S. Gass Boulevard, Nashville, TN 37216; MEC11-0589

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. Complications of multiple blunt force injuries
DUE TO (OR AS A CONSEQUENCE OF):
b.
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

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 [ ] Natural 2 [X] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
31a. DATE OF INJURY (Month, Day, Year): February 10, 2011
31b. TIME OF INJURY: UNK M
31c. INJURY AT WORK? 1 [ ] Yes 2 [X] No
31d. DESCRIBE HOW INJURY OCCURRED: Fell
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify): Nursing Home/Long Term Care
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State): 4343 Lebanon Road, Hermitage, TN

PH-1639 (REV. 6/99)
BIRTH NO _____
RDA 135

4623897

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

[signature]
Local Registrar
Davidson County, Tennessee

MAR 31 2011
Date Issued

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796 36

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD