Owner: **Vinson, Charles Etux**
Send tax notice to: **Lurried Vinson**
2929 Brantley Drive
Antioch, TN 37013

Map & Parcel No. **081 16 0 328.00**

BILL GARRETT, Davidson County
Trans:T20110033464 AFFIDAVIT
Recvd: 06/03/11 15:07 4 pgs
Fees:22.00 Taxes:0.00
20110603-0042874

AFFIDAVIT OF INHERITANCE (REAL ESTATE)

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The undersigned, being duly sworn, deposes and says:

Charles Vinson and Christine Vinson, residents of Davidson County, State of Tennessee, who died February 20, 1967 and September 23, 1993 respectively as evidenced by a copy of the death certificates attached as **Exhibit A and B**, held a tenants by the entirety interest in the following described real estate:

Description:

Land in Davidson County, Tennessee, being the southeast part of Lot No. 39 on the Map of McGavock's Plan of Lots.

Said part of said lot fronts 34 feet on the northerly side of the first alley south of Scovel Street, formerly Madison Street, and runs back between parallel lines, parallel to and 25 feed east of 14th Avenue North, 45 feet to a dead line.

Location: 14th Avenue North

SUBJECT TO Governmental zoning and subdivision ordinances or regulations in effect thereon.

REFERENCE is made to prior title recorded in Book 82, Page 228 in the Register's Office of Davidson County, Tennessee.

The undersigned received 100% interest in the real estate described above by virtue of being the recipient of the real estate under the provisions of Christine Adkisson Vinson's Will, probated in the Probate Court of Davidson County, State of Tennessee, Case No.93P-1660; and, by virtue of being the recipient of the real estate under the provisions of Alvin Phillip Adkisson's Will, probated in the Probate Court of Hickman County, State of Tennessee, Case No.06-367P.

There are no debts or encumbrances remaining that are or might become a lien on the interest in the described real estate.

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, the affidavit being used to evidence transfer of title to the property to a beneficiary.

FURTHER AFFIANT SAITH NOT.

LURRIED VINSON, SR

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared **Lurried Vinson, Sr.**, 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 20th day of May, 2011.

Notary Public

My Commission Expires: 3-4-13

TRACY L. LOVE
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

Prepared by:
Gonzalez, Saggio + Harlan
1720 West End Ave., Ste 640
Nashville, TN 37203

STATE OF TENNESSEE
Office of Vital Records

[redacted]

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
DIVISION OF VITAL STATISTICS

FILE NO

CERTIFICATE OF DEATH

BIRTH NO.

2-28-47

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND WILL BE PLACED IN PERMANENT FILE.

869

TYPE OR WRITE PLAINLY. USE ONLY PERMANENT BLUE OR BLACK INK ACCEPTABLE. SIGNATURE MUST BE IN PERMANENT BLUE OR BLACK INK.

52-4010

PHYSICIAN WHO ATTENDED DECEASED DURING LAST ILLNESS MUST GIVE WELL-DEFINED CAUSE OF DEATH AND SIGN MEDICAL CERTIFICATION; IF ANY PHYSICIAN, COUNTY HEALTH OFFICER, OR CORONER EXECUTING CERTIFICATE) MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 72 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

CAUSE OF DEATH: DO NOT GIVE MODES OF DYING SUCH AS HEART FAILURE, ASTHENIA, ETC. BUT GIVE THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.

PERSONAL DIRECTOR OR PERSON DISPOSING OF BODY MUST FILE CERTIFICATE WITH LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH AND PRIOR TO TRANSPORTATION OR REMOVAL FROM STATE.

5-5-72

ALL ITEMS ARE TO BE COMPLETED AND ACCURATELY AS POSSIBLE.

4-20-72

PUBLIC HEALTH SERVICE — DEPARTMENT OF HEALTH, EDUCATION AND WELFARE

1. NAME	Charles (FIRST)	Edward (MIDDLE)	Vinson (LAST)			2. DATE OF DEATH (MONTH) 2 (DAY) 20 (YEAR) 67		
3. COLOR OR RACE	4. SEX	5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY)	6. DATE OF BIRTH (MONTH DAY YEAR)	7. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YR. MONTHS	DATE	IF UNDER 24 HRS. HOURS	MINS.
W	M	married	6-20-14	52				

8. PLACE OF DEATH
A. COUNTY: Davidson — B. CIVIL DISTRICT: 1st
C. CITY OR TOWN: Nashville — D. LENGTH OF STAY IN THIS PLACE: 31 years
E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address or Location): Hubbard Hospital DOA — F. INSIDE CITY LIMITS? YES [X] NO [ ]

9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission)
A. STATE: Tenn. — B. COUNTY: Davidson — C. CIVIL DISTRICT: 1st
D. CITY OR TOWN: Nashville — E. INSIDE CITY LIMITS? YES [X] NO [ ]
F. STREET ADDRESS OR LOCATION: 733 Ringgold Dr. — G. IS RESIDENCE ON A FARM? YES [ ] NO [X]

10a. USUAL OCCUPATION (Kind of Work Done During Most of Working Life, Even If Retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. SOCIAL SECURITY NUMBER	12. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN)	IF YES, GIVE WAR OR DATES OF SERVICE
contractor	brick mason		no	

13. BIRTHPLACE (State or Foreign Country)	14. CITIZEN OF WHAT COUNTRY?	15. NAME OF HUSBAND OR WIFE
Tennessee	USA	Mrs. Christina Vinson

16. FATHER'S NAME	17. MOTHER'S MAIDEN NAME	18. INFORMANT — ADDRESS
Louis Vinson	Susie Spicer	Mrs. Christina Vinson 733 Ringgold Dr.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — Enter only one cause per line for (a), (b), (c).

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: short

Conditions, if any, which gave rise to above cause (a); stating the underlying cause last.
DUE TO (b):
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a).

20. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE	21b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 19)
21c. TIME OF INJURY: HOUR A.M. P.M. MO. DAY YR.	
21d. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21e. PLACE OF INJURY (In or about Home, Farm, Factory, Street, Office Building, etc.)
21f. PLACE OF INJURY — CITY, TOWN OR RURAL	COUNTY
	STATE

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE.
(E) SIGNATURE: [signature] — MD [X] DO [ ] CORONER [ ] OTHER (SPECIFY) [ ] — ADDRESS: [signature] — DATE: 2-25-67

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE OF BURIAL, CREMATION, OR REMOVAL	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION — CITY, TOWN OR COUNTY — STATE
Burial	2-28-67	Hills of Calvary	Nashville, Tennessee

24. FUNERAL DIRECTOR — ADDRESS — 25. REGISTRATION DISTRICT NO. — 26. DATE SIGNED BY — 27. REGISTRAR'S SIGNATURE

4635949

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. Forman

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Forman, Local Registrar
Davidson County, Tennessee

MAY 17 2011
Date Issued

CERTIFICATION OF VITAL RECORD

EXHIBIT A

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

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 affixed.

OCT 4 1993

Linda S. Woolley, M.D.

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER 93049939

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT: For use by physician or institution

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Christine Adkisson Vinson
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): Sept 23, 1993
4. SOCIAL SECURITY NUMBER: [redacted]-0444
5a. AGE – LAST BIRTHDAY (Years): 75
6. DATE OF BIRTH: 7/9/1918
7. BIRTHPLACE (City and State or Foreign Country): Bell Town Tennessee
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): Baptist Hospital
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): Metro Teacher
12b. KIND OF BUSINESS/INDUSTRY: None
13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 733 Ringgold Dr.
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
15. RACE – American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): X; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Phillip Jeremiah Adkisson
18. MOTHER'S NAME (First, Middle, Maiden Surname): Effie Ann Robertson

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Alvin Adkisson
19b. RELATIONSHIP TO DECEASED: Brother
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 733 Ringgold Dr. Nashville, Tenn

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): Hills of Calvary
20c. LOCATION – City or Town, State: Nashville, Tenn
21a. SIGNATURE OF FUNERAL DIRECTOR: W. R. Davis
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2907
21c. SIGNATURE OF EMBALMER: James Studdard
21d. LICENSE NUMBER OF EMBALMER: 4070
22a. NAME AND ADDRESS OF FUNERAL HOME: Davis-Campbell-McClain 1404 Jefferson St. Nashville, Tenn
22b. LICENSE NUMBER OF FUNERAL HOME: 403

REGISTRAR

23. REGISTRAR'S SIGNATURE: Janet Swack
24. DATE FILED (Month, Day, Year): Oct 4, 1993

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 X SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER: 1224
25c. DATE SIGNED (Month, Day, Year): 10/4/93
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 CERTIFICATION WITHIN 48 HOURS.

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

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. Cardiac arrest — 3 minutes
DUE TO (OR AS A CONSEQUENCE OF):
b. Metabolic changes - extensive — 6 weeks
DUE TO (OR AS A CONSEQUENCE OF):
c. Metastatic carcinoma to liver —
DUE TO (OR AS A CONSEQUENCE OF):
d. No Bx of origin demonstrated — 1 year

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 No
29b. 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 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)

FH-1059 REV. 1/88

EXHIBIT B