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

Davidson County AFFIDAVIT
Recvd: 06/09/11 14:39 6 pgs
Fees:32.00 Taxes:0.00
20110609-0044366

AFFIDAVIT OF HEIRSHIP

Comes now your Affiant, **Oscar Porter** after having first been duly sworn accordingly to law deposes and states as follows:

1. My name is **Oscar Porter,** and I am an adult citizen and resident of **Davidson** County, **Tennessee**, and a friend of the Hardison family.

2. Robert H. Hardison and Edna W. Hardison purchased 2309 Osage Street, Nashville, TN 37208 on January 5, 1954. The legal description of said property is:

> Being the easterly 55 feet of Lot No. 13 on the Map of Georgia Industrial Realty Company's Subdivision, of record in Book 421, page 188, Register's Office for said County.
>
> Said part of said Lot No. 13 fronts 55 feet on the southerly side of Osage Street and runs back between parallel lines 207.5 feet to a dead line.
>
> Being the same property conveyed to Robert H. Hardison and wife, Edna W. Hardison, by deed from Sam Garfinkle and wife, Eva R. Garfinkle, of record in Book 2244, page 626, Register's Office for Davidson County, Tennessee.

3. Robert H. Hardison died on June 22, 1988 at the age of seventy-seven (77) years, a resident of Davidson County, residing at 2309 Osage Street Nashville, Tennessee 37208. See, **Exhibit A** (*Certificate of Death.*)

4. Edna W. Hardison, died on August 23, 2006 at the age of eighty-two (82) years, a resident of Davidson County, residing at 2309 Osage Street Nashville, Tennessee 37208. See, **Exhibit B** (*Certificate of Death.*)

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 the deceased party:

Henry Wayne Hardison, adult son
2309 Osage Street Nashville, Tennessee 37208

Mickey Allen Hardison, adult son
2309 Osage Street Nashville, Tennessee 37208

Edward Lewis Hardison, adult son
722 Cherry Hill Drive, Birmingham, AL 37214

FURTHER AFFIANT SAYETH NOT.

ACKNOWLEDGEMENT

The undersigned **Oscar Porter** 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.

Oscar Porter 5-26-11

Oscar Porter DATE

State of Tennessee

County of Davidson

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

COREY D. JENKINS, SR. STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

Corey D. Jenkins Sr. May 26, 2011

Notary Public DATE

My Commission Expires: August 24, 2011

STATE OF TENNESSEE
Office of Vital Records

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

8803103

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

BIRTH NO.

STATE FILE NO.

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

1. DECEASED—NAME: ROBERT H HARDISON
2. DATE OF DEATH (MONTH, DAY, YEAR): June 22, 1988
3a. AGE—LAST BIRTHDAY (YEARS): 77
3b. UNDER 1 YEAR: MOS. / DAYS.
3c. UNDER 1 DAY: HOURS / MIN.
4. DATE OF BIRTH (MONTH, DAY, YEAR): Nov. 21, 1910
5a. RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY): Black
5b. ORIGIN OR DESCENT—ITALIAN, MEXICAN, GERMAN, ETC. (SPECIFY): American
6. SEX: Male
7a. COUNTY OF DEATH: Davidson
7b. CITY, TOWN OR LOCATION: Nashville
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.): VA Medical Center
7e. IF HOSP. OR INST., OUTPT. OR INPT. (SPECIFY): Inpatient
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Tennessee
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Edna White
12a. SOCIAL SECURITY NUMBER: [redacted]-6315
12b. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE): WW II
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Laborer
13b. KIND OF BUSINESS OR INDUSTRY:

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION:

14a. RESIDENCE—STATE: Tennessee
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: Nashville
14d. STREET AND NUMBER: 2309 Osage Street
14e. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
14f. CENSUS TRACT NO.:

PARENTS AND INFORMANT

15. FATHER—NAME: Lewis Hardison
16. MOTHER—MAIDEN NAME: Leia Reed
17. INFORMANT—NAME: VA Files
MAILING ADDRESS: Nashville, Tennessee

PERMIT REQUIRED PRIOR TO TRANSPORTATION OF BODY BY COMMON CARRIER OR REMOVAL FROM STATE.

DISPOSITION

18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial
18b. DATE (MONTH, DAY, YEAR): June 27, 1988
18c. CEMETERY OR CREMATORY—NAME: National Cemetery
18d. LOCATION—CITY OR TOWN, STATE: Madison, Tennessee
19a. FUNERAL DIRECTOR (SIGNATURE):
19b. LICENSE NO.:
19c. EMBALMER (SIGNATURE):
19d. LICENSE NO.:
20. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Lewis, Smith & Wright, Nashville, TN
21a. REGISTRAR—SIGNATURE: Mary C. Pentecost
21b. DATE RECEIVED BY LOCAL REGISTRAR: July 1, 1988

CERTIFIER

22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE:
DEGREE: MD
22b. DATE SIGNED (MONTH, DAY, YEAR):
22c. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. SIGNATURE
TITLE:
22d. DATE SIGNED (MONTH, DAY, YEAR):

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE. ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

23a. CERTIFIER—NAME (TYPE OR PRINT): Roger M. Des Prez, M.D.
23b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 1310 24th Ave.SO.,Nashville,TN 37212-2637

CAUSE

24. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a): Metastatic prostate cancer
DUE TO, OR AS A CONSEQUENCE OF (b):
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST — DUE TO, OR AS A CONSEQUENCE OF (c):
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)
25. AUTOPSY (YES OR NO): No

26. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):
27a. DATE OF INJURY (MONTH, DAY, YEAR):
27b. HOUR: M.
27c. DESCRIBE HOW INJURY OCCURRED:
27d. INJURY AT WORK (SPECIFY YES OR NO):
27e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY):
27f. LOCATION—STREET OR R.F.D. NO., CITY OR TOWN, STATE:
27g.

PH-1659
Rev. 9/81 CRG

EXHIBIT A

4637105

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

Tonya Y. Forman, Local Registrar
Davidson County, Tennessee

MAY 27 2011
Date Issued

CERTIFICATION OF VITAL RECORD

METROPOLITAN GOVERNMENT OF
NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0604878

EXHIBIT B

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): EDNA W. HARDISON
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): August 23, 2006
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-2074
5a. AGE-LAST BIRTHDAY (Years): 82
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): July 22, 1924
7. BIRTHPLACE (City and State or Foreign Country): PULASKI, TN
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): ST. THOMAS ALIVE HOSPICE
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):
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: TENN.
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 2309 OSAGE ST.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37203
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 [ ] Yes 2 [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): 8; College (1-4 or 5+):

NAME OF DECEDENT (Persons by physician or institution)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Unknown
18. MOTHER'S NAME (First, Middle, Maiden Surname): BETTY SUE WHITE

INFORMANT

19a. INFORMANT'S NAME (Type/Print): EDDIE HARDISON
19b. RELATIONSHIP TO DECEASED: SON
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 722 CHERRY HILL BIRMINGHAM ALB.

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): Det. Cemetary Gallatin
20c. LOCATION-City or Town, State: Nash Tn
21a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2161
21c. SIGNATURE OF EMBALMER: Tonya Hayes
21d. LICENSE NUMBER OF EMBALMER: 5682
22a. NAME AND ADDRESS OF FUNERAL HOME: SMITH BROTHERS FUNERAL HOME 706 MONROE STREET NASHVILLE TENN. 37208
22b. LICENSE NUMBER OF FUNERAL HOME:

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda R. Bowers
24. DATE FILED (Month, Day, Year): September 1, 2006

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 [X] SIGNATURE AND TITLE OF PHYSICIAN: [signature] MD
25b. LICENSE NUMBER: 40370
25c. DATE SIGNED (Month, Day, Year): Sept 1, 2006
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):

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): James Meadows MD 4220 Harding Rd #3-B Nashville, TN 37205

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)

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Breast Cancer
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.

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 [X] 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. IN 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)

RH-1859 (REV. 6/99)
BIRTH NO:
RDA 1389

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 Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

SEP 01 2006

Tonya Y. Ruttlen
Tonya Y. Ruttlen
Local Registrar

Date Issued

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

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 his 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, S. S. Cambridge, 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.

S. S. Cambridge
Notary Signature

S. S. CAMBRIDGE
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.

MY COMMISSION EXPIRES:

My Commission Expires MAY 8, 2012