BILL GARRETT, Davidson County
Trans:T20110051567 AFFIDAVIT
Recvd: 08/22/11 13:03 4 pgs
Fees:22.00 Taxes:0.00
20110822-0064791

Prepared By/ Return To:
Rose Law Firm, PA
1701 Jones Franklin Road
Raleigh, NC 27606

STATE OF TENNESSEE

COUNTY OF DAVIDSON

TENNESSEE AFFIDAVIT OF HEIRSHIP

Re: Mary Gillespie Brown
3124 Kincross Avenue Nashville, TN 37211
Property Map & Parcel # 13302016500

I, James W. Knight, hereinafter referred to as Affiant, being first duly sworn, makes oath as follows:

1) That Affiant presently resides at the following address:
5026 Tenbrook Drive Franklin, TN 37069

2) That Affiant personally knew Mary Gillespie Brown, deceased, hereinafter referred to as Decedent, for over Thirty (30) years, and has personal knowledge of the family of the Decedent; and,

3) That Affiant, James W. Knight, knew that at the date of death of said Decedent, Mary Gillespie Brown, she owned an interest in the following described real estate in Davidson County, Tennessee:

3124 Kincross Avenue Nashville, TN 37211
Property Map & Parcel # 13302016500
Lots 1 & 2, Section B, Airdrie Subdivision

4) That Decedent died on April 11, 2001 (see Tennessee Department of Health Certificate of Death, attached as Exhibit A), and was at the time a resident of Davidson County, Tennessee; and,

5) That Decedent's will (copy attached as Exhibit B) was never probated in Davidson County; and,

6) That Decedent, Mary Gillespie Brown, was not married at the time of her death; and,

7) That the following persons are all of the children of the Decedent, natural born or adopted, living or deceased:

   a) Peggy Brown Johnson
   b) Charles Rex Brown

FURTHER THE AFFIANT SAITH NOT.

James W. Knight (Seal)

James W. Knight

STATE OF Tennessee

COUNTY OF Williamson

I, Laura German, a Notary Public for said County and State, do hereby certify that James W. Knight personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the 15 day of August, 2011.

Laura German
Notary Public

My commission expires: 01/21/2013

LAURA GERMAN
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY, TN

Exhibit A

Metropolitan Government of Nashville and Davidson County

Bill Purcell, 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.

APR 18 2001

John P. Dunn
LOCAL REGISTRAR

0102043

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): MARY GILLESPIE BROWN
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): APRIL 11, 2001
4. SOCIAL SECURITY NUMBER: [redacted]-6252
5. AGE-Last Birthday: 85
6. DATE OF BIRTH (Month, Day, Year): OCT 19 1915
7. BIRTHPLACE (City and State or Foreign Country): MAURY COUNTY, TENNESSEE
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 XX No
9. PLACE OF DEATH (Check only one): 1 XX Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
9a. FACILITY NAME (If not institution, give street and number): SOUTHERN HILL MEDICAL CENTER
9b. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
9c. 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): HOMEMAKER
12b. KIND OF BUSINESS/INDUSTRY: HOME
13a. RESIDENCE STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 3124 KINROSS AVENUE
CENSUS TRACT
13e. INSIDE CITY LIMITS? XX Yes No
13f. ZIP CODE: 37211
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No; if yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes XX No
15. RACE-American Indian, Black, White, etc. (Specify): WHITE
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): N/A; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): LAURISTON A. GILLESPIE
18. MOTHER'S NAME (First, Middle, Maiden Surname): EVA LILLIAN GRAY

INFORMANT

19a. INFORMANT'S NAME (Type/Print): LOUISE GILLESPIE
19b. RELATIONSHIP TO DECEASED: SISTER
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3124 KINROSS AVENUE NASHVILLE, TENNESSEE 37211

DISPOSITION

20a. METHOD OF DISPOSITION: 1 XX Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): WOODLAWN MEMORIAL PARK
20c. LOCATION (City or Town, State): NASHVILLE, TENNESSEE
21a. SIGNATURE OF FUNERAL DIRECTOR: JUSTIN WILLIS
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5306
21c. SIGNATURE OF EMBALMER: ROBERT BACON
21d. LICENSE NUMBER OF EMBALMER: 3808
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODLAWN FUNERAL HOME, 660 THOMPSON LANE NASHVILLE, TENNESSEE 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

23. REGISTRAR'S SIGNATURE: John P. Dunn
24. DATE FILED (Month, Day, Year): April 18, 2001

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 XX SIGNATURE AND TITLE OF PHYSICIAN: [illegible] MD
25b. LICENSE NUMBER: 25524
25c. DATE SIGNED (Month, Day, Year): 4 17 01
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): DR. JEFFREY F. PATTON, 397 WALLACE ROAD #201, NASHVILLE, TENNESSEE 37211

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. multiple myeloma — 30 months
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: renal failure
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)

BIRTH NO.

PH 1629 (REV. 6/99)
RDA 1390

Exhibit B

I, Mary Gillespie Brown, do make this my last will as follows:

All my estate, both real and personal, which I have I devise and bequeath to my two children, Peggy Brown Johnson and Charles Ray Brown to be divided equally between them. I appoint my sister, Louise Gillespie, without bond to be my executrix with full power to sell, mortgage, lease, or in other manner to deal with or dispose of the whole or any part of my estate.

Executed at Nashville, Tennessee August 4, 1978.

Mary Gillespie Brown

Witnesses:

Martha Tillman
208 Eldon St. Nashville 3721

Jessie Lee
311 Miles Manor apts. Nash. Tn. 37219

Nancy W. Bailey
179 Ashwick Pk. 37211