THIS INSTRUMENT WAS PREPARED BY:
Umeka Foreman, Esq.
SMITH & HIRSCH, PLC
3250 Dickerson Pike, Suite 121
Nashville, TN 37207

BILL GARRETT, Davidson County
Trans:T20110073443 AFFIDAVIT
Recvd: 11/21/11 09:20 3 pgs
Fees:17.00 Taxes:0.00
20111121-0090806

Owner: Brenda G. Campbell
1422 Doubletree Lane
Nashville, TN 37217

Send tax notice to: same

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The undersigned, being duly sworn, deposes and says, Florence Jean Coleman, a resident of Nashville, Davidson County, State of Tennessee, who died August 22, 2011 as evidenced by a copy of the death certificate attached as Exhibit A, held a fee simple interest in the following described real estate: 255 Riverside Drive, Nashville, Tennessee 37206

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

REFERENCE is made to prior title recorded in instrument number 20021017-0127547 in the Register's Office of Davidson County, Tennessee.

The undersigned received One Hundred Percent (100%) interest in the real estate described above by virtue of the laws of descent and distribution, being the decedent's only heir at law.

There is no Tennessee Inheritance Tax due.

There are no debts or encumbrances remaining that are or might become a lien on the interest in the described real estate except for a mortgage and deed of trust of which Peoples

Home Equity Inc. is the lender and Legacy Title and Escrow, LLC as trustee of which said mortgage has been assigned and transferred to Bank of America as lender.

FURTHER AFFIANT SAITH NOT.

BRENDA G. CAMPBELL

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared **BRENDA G. CAMPBELL**, 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 **BRENDA G. CAMPBELL** executed the foregoing instrument for the purposes therein contained as **BRENDA G. CAMPBELL's** 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 16 day of **November, 2011**.

JACQUELINE ORR WIGGINS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.

Notary Public
My Commission Expires: 01/09/2012

EXHIBIT "A"

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1105111 — STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Florence Jean Coleman
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): August 22, 2011
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]7788
5a. AGE - LAST BIRTHDAY (Years): 72
5b. UNDER 1 YEAR (Months / Days) 5c. UNDER 1 DAY (Hours / Min.)
6. DATE OF BIRTH (Month, Day, Year): April 29, 1939
7. BIRTHPLACE (City and State or Foreign Country): Nashville, 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): 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)
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Special Education Teacher
12b. KIND OF BUSINESS/INDUSTRY: Metropolitan School System
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 255 Riverside Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37206
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [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): 12th; College (1-4 or 5+): 2

PARENTS

17. FATHER'S NAME (First, Middle, Last): Unknown
18. MOTHER'S NAME (First, Middle, Maiden Surname): Bettie L. Neal

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Brenda G. Campbell
19b. RELATIONSHIP TO DECEASED: Sister
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1422 Doubletree Lane, Nashville, TN 37217

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [X] Other (Specify): Entombment
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Greenwood Cemetery- West
20c. LOCATION - City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Melvin J. Smith
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4502
21c. SIGNATURE OF EMBALMER: ▶ Reid Y. VanNess
21d. LICENSE NUMBER OF EMBALMER: 4275
22a. NAME AND ADDRESS OF FUNERAL HOME: Smith Brothers Funeral Directors, Inc., 706 Monroe Street, Nashville, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 809

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Audrey Bowles, DR
24. DATE FILED (Month, Day, Year): Sept 7, 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 [X] SIGNATURE AND TITLE OF PHYSICIAN: ▶ Arnold G. A. Gehrmann
25b. LICENSE NUMBER: MD 7072
25c. DATE SIGNED (Month, Day, Year): 9-6-11
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)
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS

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. Small bowel Ischemia with Sepsis
DUE TO (OR AS A CONSEQUENCE OF)
b. Small bowel obstruction
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
DUE TO (OR AS A CONSEQUENCE OF)
c. post operative adhesion
DUE TO (OR AS A CONSEQUENCE OF)
d. Moderate Dehydration

SEE INSTRUCTIONS ON OTHER SIDE

PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Dementia, Hypertension, Cirrhosis, Renal failure, Hypothyroidism, Urinary tract infection
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: 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-1659 (REV. 6/99)

BIRTH NO

RDA 1398

4895468

Tonya Y. Forman

Tonya Y. Forman, Local Registrar
Davidson County, Tennessee