BILL GARRETT, Davidson County
Trans:T20120020986 AFFIDAVIT
Recvd: 03/22/12 16:11 4 pgs
Fees:22.00 Taxes:0.00
20120322-0024612

AFFIDAVIT OF HEIRSHIP

ADDRESS OF NEW OWNERS:	SEND TAX BILL TO:	TAX IDENTIFICATION NO:
932 W. Eastland Avenue Nashville, TN 37206	New owners	Parcel ID 081 03 0 321.00

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

COMES NOW the Affiant, Rose Robinson, being first duly sworn according to law, and being of lawful age and a resident of the City of Nashville, County of Davidson and State of Tennessee, hereby swears to the following of her own free will and based upon her personal knowledge and familiarity:

(1) Mattie E. Jones (hereinafter "Decedent"), a resident of the City of Nashville, County of Davidson and State of Tennessee, who died on January 5, 2012, as evidenced by a copy of the death certificate attached to this Affidavit, held a fee simple interest in the following described real estate as the surviving tenant by the entirety between herself and her husband Dudley W. Jones, who preceded the Decedent in death on April 12, 2008, as evidenced by a copy of his death certificate also attached hereto, TO WIT:

Land in Davidson County, Tennessee, being Lot No. 7 on the Plan of Riverview Gardens, as of record in Book 3600, page 46, Register's Office for Davidson County, Tennessee.

SAID Lot No. 7 fronts 50 feet on the west side of 14th Avenue North and extends back 145.2 feet on the north line and 75.7 feet on the south line to a line in the rear, on which it measures 85.1 feet.

BEING the same property conveyed to Dudley W. Jones, et ux, Mattie E. Jones, by Warranty Deed of record in Book 3810, Page 618, Register's Office for Davidson County, Tennessee.

(2) The Decedent died without a surviving spouse. The Decedent was married once during her lifetime to Dudley W. Jones. The Decedent's marriage to Dudley W. Jones ended upon his passing.

(3) The Decedent died leaving five (5) living children and heirs at law: Rose M. Robinson, Priscilla Miller, Dudley Jones, Jr., Antonio Jones and Debra Vannoy. The Decedent never adopted any children.

(4) The above-described real property is improved property, commonly known as 2403 14th Avenue North, Nashville, Tennessee 37212.

THIS INSTRUMENT WAS PREPARED BY:
Ralph Carter, Attorney at Law with MERRITT, WEBB, WILSON & CARUSO PLLC
215 Centerview Drive, Suite 263, Brentwood, Tennessee 37027

(5) The source of the Decedent's ownership in said property is a warranty deed located in Book 3810, Page 618, Register's Office for Davidson County, Tennessee.

(6) This Affidavit will confirm the vesting of title to the real property located at 2403 14th Avenue North, Nashville, Tennessee 37212, in fee simple and in equal shares to the five (5) children listed in the foregoing after the death of their parents, Dudley W. Jones and Mattie E. Jones.

Further, Affiant saith not.

Witness my hand this 20th day of March, 2012.

Rose M. Robinson

Rose M. Robinson, Affiant

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the Affiant, Rose M. Robinson, to me known, or proven by satisfactory evidence, to be the person described in and who executed the foregoing instrument, and acknowledged that she executed the same as her free act and deed.

JEANEAN WEST STATE OF TENNESSEE NOTARY PUBLIC COUNTY OF SUMNER

Witness my hand and official seal, this 20th day of, March, 2012.

Jeanean West

Notary Public
My commission expires : 7.23.2013

THIS AFFIDAVIT OF HEIRSHIP WAS PREPARED FROM INFORMATION SUPPLIED BY THE PARTIES. THE DRAFTER OF THIS DOCUMENT MAKES NO WARRANTY AS TO THE VERACITY OF THE INFORMATION CONTAINED HEREIN AND ASSUMES NO LIABILITY FOR ANY INACCURACIES IN THE INFORMATION SO PROVIDED.

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 as this Affidavit being used to evidence transfer of title to the property to a beneficiary.

THIS INSTRUMENT WAS PREPARED BY:
Ralph Carter, Attorney at Law with MERRITT, WEBB, WILSON & CARUSO PLLC
215 Centerview Drive, Suite 263, Brentwood, Tennessee 37027

1200051

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Mattie Elizabeth Jones
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): January 5, 2012
4. TIME OF DEATH (Military): 5:15 pm
5a. AGE-Last Birthday (Years): 79
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): May 11, 1932
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee

IMPRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: [ ] Hospice facility [ ] Nursing home/Long term care facility [ ] Decedent's home [ ] Other residence [ ] Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): Centennial Medical Center
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: [ ] Married [ ] Married, but separated [ ] Widowed [X] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: Nurse
11b. KIND OF BUSINESS/INDUSTRY: Health Center
12. SOCIAL SECURITY NUMBER: [redacted]-3222
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
RESIDENCE-STREET AND NUMBER: 2403 14th Ave. North
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37208
14. WAS DECEDENT EVER IN US ARMED FORCES? [ ] Yes [X] No

NAME OF DECEDENT (For use by Physician or Institution)

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
[ ] 8th grade or less
[ ] 9th – 12th grade; no diploma
[ ] High school graduate or GED completed
[ ] Some college credit, but no degree
[X] Associate degree (e.g., AA, AS)
[ ] Bachelor's degree (e.g., BA, AB, BS)
[ ] Master's degree (e.g.,MA,MS,MEng,MEd,MSW,MBA)
[ ] Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
[ ] Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
[X] No, not Spanish/Hispanic/Latino
[ ] Yes, Mexican, Mexican American, Chicano
[ ] Yes, Puerto Rican
[ ] Yes, Cuban
[ ] Yes, other Spanish/Hispanic/Latino (Specify)
[ ] Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
[ ] White
[X] Black or African American
[ ] American Indian or Alaska Native (Name of the enrolled or principal tribe)
[ ] Asian Indian
[ ] Chinese
[ ] Filipino
[ ] Japanese
[ ] Korean
[ ] Vietnamese
[ ] Other Asian (Specify)
[ ] Native Hawaiian
[ ] Guamanian or Chamorro
[ ] Samoan
[ ] Other Pacific Islander (Specify)
[ ] Other (Specify)
[ ] Unknown

PARENTS

18. FATHER'S NAME (First, Middle, Last): William S. Green
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Rose (Unknown)

INFORMANT

20a. INFORMANT'S NAME: Priscilla Miller
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 321 Walton Lane-Madison, TN 37115

DISPOSITION

21a. METHOD OF DISPOSITION: [ ] Donation [ ] Entombment [ ] Removal from State [X] Burial [ ] Cremation [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Middle Tennessee State Veterans
21c. LOCATION - City or Town and State: Nashville, Tennessee

FUNERAL DIRECTOR

22a. SIGNATURE OF FUNERAL DIRECTOR: William Taylor
22b. LICENSE NUMBER: 3285
22c. SIGNATURE OF EMBALMER: Patrick Tucker
22d. LICENSE NUMBER: 5072
23a. NAME AND ADDRESS OF FUNERAL HOME: J.W. Adkins Funeral Home, 2510 12th Ave. So. Nashville, Tennessee 37204
23b. LICENSE NUMBER OF FUNERAL HOME: 0705

REGISTRAR

24. REGISTRAR'S SIGNATURE: Linda R. Barnes, RR
25. DATE FILED (Month, Day, Year): Jan 9, 2012

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS

26. CERTIFIER (Check only one)
26a. [X] PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.
26b. [ ] 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 stated.
27a. SIGNATURE OF CERTIFIER
27b. LICENSE NUMBER: TN37904
27c. DATE SIGNED (Month, Day, Year): 1/9/12
27d. NAME AND ADDRESS

MEDICAL INFORMATION

28. PART I. Enter the chain of events (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Cardiac Arrest
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST:
b. Respiratory Failure Due to (or as a consequence of):
c. Pulmonary Fibrosis Due to (or as a consequence of):
d. Suicide Due to (or as a consequence of):
Approximate interval: Onset to death: Minutes / Hours / Years / Years

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
28a. WAS AN AUTOPSY PERFORMED? [ ] Yes [X] No
28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [ ] No

30. MANNER OF DEATH: [X] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [X] No [ ] Unknown
32. IF FEMALE: [X] Not pregnant within past year [ ] Pregnant at time of death [ ] Not pregnant, but pregnant within 42 days of death [ ] Not pregnant, but pregnant 43 days to 1 year before death [ ] Unknown if pregnant within the past year

33. IF TRANSPORTATION INJURY, SPECIFY: [ ] Driver/Operator [ ] Passenger [ ] Pedestrian [ ] Other (Specify)
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? [ ] Yes [ ] No
34d. PLACE OF INJURY - at home, farm, street, factory, office, building, etc. (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

FH-1659 (Rev. 10/2011)

RDA 1389

5082255

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

[illegible]
Local Registrar
Davidson County, Tennessee

JAN 09 2012
Date Issued

CERTIFICATION OF VITAL RECORD

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

08-02539

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Dudley Wardell Jones
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): April 12, 2008
4. SOCIAL SECURITY NUMBER: [redacted]3724
5a. AGE-LAST BIRTHDAY (Years): 83
5b. UNDER 1 YEAR: MONTHS / DAYS
5c. UNDER 1 DAY: HOURS / MINUTES
6. DATE OF BIRTH (Month, Day, Year): Oct 12 1924
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN
8. RESIDENCE-EVER IN U.S.: 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [X] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Metro General Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Divorced
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.): Laborer
12b. KIND OF BUSINESS/INDUSTRY: Factory
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2403 14th Ave. No.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37208
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): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8th; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Oliver Jones
18. MOTHER'S NAME (First, Middle, Maiden Surname): Nannie Crockett

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Antonio Jones
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2403 14th Ave. So. Nashville, TN 37208

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): Middle TN State Veterans
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: William Taylor
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3285
21c. SIGNATURE OF EMBALMER: Patrick Tucker
21d. LICENSE NUMBER OF EMBALMER: 5070
22a. NAME AND ADDRESS OF FUNERAL HOME: J.W. Adkins Funeral Home 2510 12th Ave. So. Nashville, Tennessee 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 0705

REGISTRAR

23. REGISTRAR'S SIGNATURE: [signature] DR
24. DATE FILED (Month, Day, Year): May 1, 2008

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 of 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
26b. LICENSE NUMBER: 29160
26c. DATE SIGNED (Month, Day, Year): 04/13/2008

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): Bruce P. Levy, M.D.; 850 R.S. Gass Blvd., Nashville, TN 37216; MEC08-1359

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.

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Atherosclerotic cardiovascular disease — Approximate Interval Between Onset and Death:
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: Chronic alcohol abuse
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 5 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide
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):

PH-1659 (REV. 6/99)

BATH NO.

RDA 1399

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

[redacted]

Tonya Y. Foreman
Local Registrar

MAY 01 2008
Date Issued

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

CERTIFICATION OF VITAL RECORD