Prepared by and Return to:
Gerald A. Smith, Jr., Esq.
5120 Virginia Way, Suite B-11
Brentwood, TN 37027
(615) 915-3130

BILL GARRETT, Davidson County
Trans:T20120062684 AFFIDAVIT
Recvd: 08/22/12 10:02 5 pgs
Fees:27.00 Taxes:0.00
20120822-0075330

AFFIDAVIT OF HEIRSHIP

Affiant, Barbara J. Allison, after first being duly sworn, states that she is an adult citizen and resident of Nashville, Davidson County, Tennessee, being fifty-nine (59) years of age, having been born on September 6, 1952. She further states that she is the only surviving child born of the marriage of her father, Harvey Herbert James Jacobsen, who died on August 23, 1986, and her mother, Betty Jane Jacobsen, who died on November 3, 2009. She further states that her only sibling, William Harvey Jacobsen, was born on August 6, 1949 and died on March 19, 1994.

Affiant, Haney A. Long, Jr., after first being duly sworn, states that he is an adult citizen and resident of Mt. Juliet, Wilson County, Tennessee. He further states that he is married to Marguerite Ann Long, the cousin of Barbara J. Allison; thus, has personal knowledge of the fact that Barbara J. Allison is the sole surviving child and heir of Betty Jane Jacobsen.

The Affiants further state as follows:

1. Betty Jane Jacobsen died on November 3, 2009 in Davidson County, Tennessee. A true and correct copy of her "Certificate Of Death" is attached hereto and incorporated herein as Exhibit A.

2. Betty Jane Jacobsen left a "Last Will and Testament," dated November 20, 2003, a true and correct copy of which is attached hereto and incorporated herein as Exhibit B, whereby she willed and bequeathed all of her property, real and personal, to her only surviving child, Barbara J. Allison. In her will, Mrs. Jacobsen also nominated and appointed her daughter, Barbara J. Allison, as her Executrix.

3. Due to the very limited size of the estate, Mrs. Jacobsen's will has not been probated but all known and valid creditors have been paid or will be paid from her fifty percent (50%) share of the proceeds generated by the of the sale of real property located at 8500 Novak Lane, Nashville, Davidson County, Tennessee.

4. This Affidavit of Heirship is freely given pursuant to Section 30-2-712, *et seq.*, Tenn. Code Ann., to help establish and reflect the heirship with respect to any real or personal property owned by Betty Jane Jacobsen in Davidson County, Tennessee, or elsewhere.

Further affiant saith not.

Barbara J. Allison

Haney A. Long Jr.

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named Barbara J. Allison, the bargainor(s), with whom I am personally acquainted or proved to me on the basis of satisfactory evidence and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Brentwood, Tennessee, this 6th day of August, 2012.

Notary Public

My Commission expires 1-15-14

GERALD A. SMITH JR. STATE OF TENNESSEE NOTARY PUBLIC WILLIAMSON COUNTY

STATE OF TENNESSEE
COUNTY OF WILSON

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named Haney A. Long, Jr., the bargainor(s), with whom I am personally acquainted or proved to me on the basis of satisfactory evidence and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Brentwood, Tennessee, this 6th day of August, 2012.

Notary Public

My Commission expires 1-15-14

GERALD A. SMITH JR. STATE OF TENNESSEE NOTARY PUBLIC WILLIAMSON COUNTY

STATE OF TENNESSEE
Office of Vital Records

0906357

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): Betty Jane Hall Jacobsen
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): November 03, 2009
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-5953
5a. AGE-LAST BIRTHDAY (Years): 83
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Dec.13,1925
7. BIRTHPLACE (City and State or Foreign Country): Sarasota, Florida
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 8500 Novak Lane
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): N/A
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Secretary
12b. KIND OF BUSINESS/INDUSTRY: Real Estate
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 8500 Novak Lane
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37211
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
Specify, if yes:
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):
NAME OF DECEDENT (If other than person in Item 1)

PARENTS

17. FATHER'S NAME (First, Middle, Last): John Samuel Hall
18. MOTHER'S NAME (First, Middle, Maiden Surname): Maude I. Williams

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Barbara Allison
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 8500 Novak Lane, Nashville, TN 37211

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [X] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Sarasota Memorial Park
20c. LOCATION-City or Town, State: Sarasota, Florida
21a. SIGNATURE OF FUNERAL DIRECTOR: John A. Pavlek
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5755
21c. SIGNATURE OF EMBALMER: Todd Lee Yates
21d. LICENSE NUMBER OF EMBALMER: 4558
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn-Roesch-Patton Funeral Home and Memorial Park 660 Thompson Lane, Nashville, TN 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda L. Bowers, DR
24. DATE FILED (Month, Day, Year): November 11, 2009

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: 24706
25c. DATE SIGNED (Month, Day, Year): 11/11/09
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.David Heusinkveld, 4300 Harding Road, Ste 530, 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.
Immediate Cause (Final disease or condition resulting in death): a. Respiratory Arrest — 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. Senile dimtia
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.
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)

PH-1659 (REV. 6/99)
BIRTH NO
RDA 1339

3567852

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.

Sharon M. Leinbach
STATE REGISTRAR

Tonya Y. Foreman
Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

Date Issued

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

DEPARTMENT OF HEALTH XVI STATE OF TENNESSEE

CERTIFICATION OF VITAL RECORD

TOP

8/06/17)

806478

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

DISTRICT EIGHT

SARASOTA COUNTY PUBLIC HEALTH UNIT

RECORDER'S MEMO: Legibility of writing, typing or printing for reproductive purpose may be unsatisfactory in this document when received.

O.R. 1978 PG 2688

CERTIFICATE OF DEATH
FLORIDA

TYPE OR PRINT PERMANENT BLACK INK SEE HANDBOOK FOR INSTRUCTIONS

LOCAL FILE NO. 202

DECEDENT

1. DECEDENT—NAME: FIRST HARVEY; MIDDLE H.; LAST JACOBSEN
2. SEX: male
3. DATE OF DEATH (Mo., Day, Yr.): Aug. 23, 1986
4. RACE—e.g., White, Black Am. Indian, etc. (Specify): white
5a. AGE—Last Birthday (Yrs.): 67
5b. UNDER 1 YEAR: MOS.; DAYS
5c. UNDER 1 DAY: HOURS; MINS.
6. DATE OF BIRTH (Mo., Day, Yr.): Feb. 20, 1919
7a. COUNTY OF DEATH: Sarasota
7b. CITY, TOWN OR LOCATION OF DEATH: Sarasota
7c. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number): Sarasota Memorial Hospital
7d. IF HOSP. OR INST. (Indicate DOA OP/Emer. Rm., Inpatient (Specify): inpatient
8. STATE OF BIRTH (If not in U.S.A., name country): New York
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
11. SURVIVING SPOUSE (If wife, give maiden name): Betty Hall
12. SOCIAL SECURITY NUMBER: [redacted]-5790
13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret/Supervisor
13b. KIND OF BUSINESS OR INDUSTRY: Construction

PARENTS

14a. RESIDENCE—STATE: Florida
14b. COUNTY: Sarasota
14c. CITY, TOWN OR LOCATION: Sarasota
14d. STREET AND NUMBER: 3610 Naranja Way
14e. INSIDE CITY LIMITS (Specify Yes or No): yes
15. FATHER—NAME: FIRST John; MIDDLE P.; LAST Jacobsen
16. MOTHER—MAIDEN NAME: FIRST Marie; MIDDLE; LAST Sherman

DISPOSITION

17a. INFORMANT—NAME (Type or Print): Betty Jane Jacobsen
17b. MAILING ADDRESS: STREET OR R.F.D. NO. 3610 Naranja Way; CITY OR TOWN Sarasota, Fl.; STATE; ZIP 33582
18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation
18b. CEMETERY OR CREMATORY—NAME: Sarasota Crematory
18c. LOCATION: CITY OR TOWN Sarasota, Fl.; STATE
19a. FUNERAL DIRECTOR (Signature): Hubert Roberts
19b. FUNERAL HOME: Robarts Funeral Home; ADDRESS 22 S. Links Ave. Sarasota, Fl. 33577

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN Only

20a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title): Phyllis Stephenson MD
20b. DATE SIGNED (Mo., Day, Yr.): Aug 25, 1986
20c. HOUR OF DEATH: 5:30 P M
20d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

To be Completed by MEDICAL EXAMINER

21a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title):
21b. DATE SIGNED (Mo., Day, Yr.):
21c. HOUR OF DEATH: M
21d. PRONOUNCED DEAD (Mo., Day, Yr.) ON:
21e. PRONOUNCED DEAD (Hour) AT: M

22. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or print): DR PHYLLIS A. STEPHENSON 3663 BEE RIDGE ROAD SARASOTA FL 33583

23a. REGISTRAR (Signature): Dolores Mercer-Deputy
23b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): August 25 1986

CAUSE OF DEATH

24. IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]
PART I (a): Adenocarcinoma of Lung metastatic to Brain Bone + Liver — Interval between onset and death: 2 months
DUE TO, OR AS A CONSEQUENCE OF: (Condition(s) which gave rise to cause (a) — List underlying cause last)
(b): — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c): — Interval between onset and death:
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a):
PART III IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? Yes ☐ No ☐
25. AUTOPSY (Yes or No): no
26. CASE REFERRED TO MEDICAL EXAMINER (Specify yes or no): no
27a. (Probably) ACCIDENT, SUICIDE or HOMICIDE; or UNDETERMINED (Specify):
27b. DATE OF INJURY (Mo., Day, Yr.):
27c. HOUR OF INJURY: M
27d. DESCRIBE HOW INJURY OCCURRED:
27e. INJURY AT WORK (Specify Yes or No):
27f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):
27g. LOCATION: STREET OR R.F.D. NO.; CITY OR TOWN; STATE

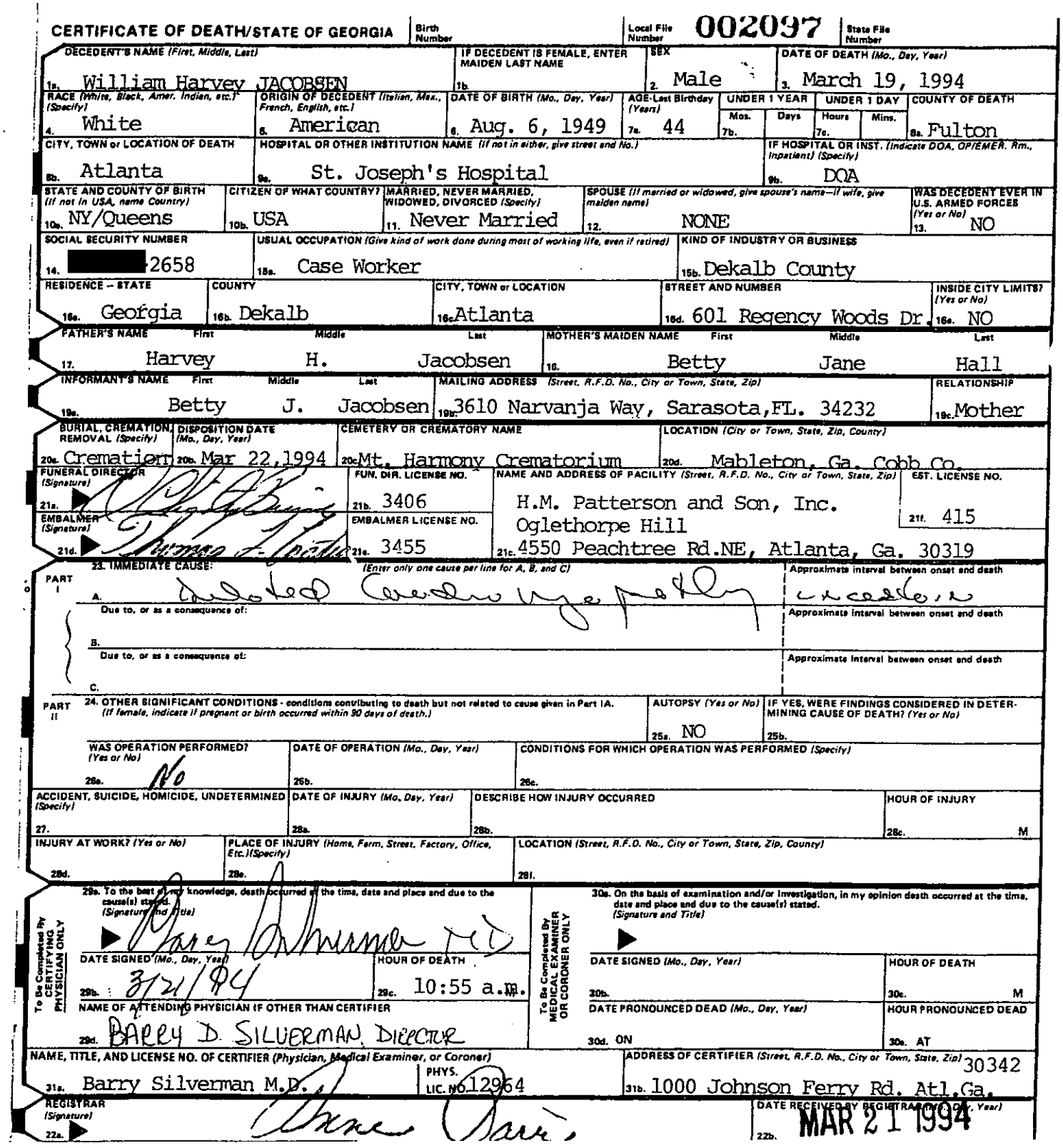
HRS Form 512, ful 84 (Obsoletes previous editions as of 12-31-84

THIS IS A CERTIFIED COPY OF A RECORD ON FILE IN THE OFFICE OF THE LOCAL REGISTRAR OF VITAL STATISTICS, SARASOTA, FLORIDA.
(Not valid unless the embossed Seal of the Registrar of Vital Statistics is affixed)

DATE September 16, 1986

Dolores Mercer
DEPUTY REGISTRAR

LV RASMUSEN, M.D.
P. O. BOX 15604
SARASOTA, FL 34277-15



CERTIFICATE OF DEATH/STATE OF GEORGIA

Birth Number

Local File Number 002097

State File Number

1a. DECEDENT'S NAME (First, Middle, Last): William Harvey JACOBSEN

1b. IF DECEDENT IS FEMALE, ENTER MAIDEN LAST NAME:

2. SEX: Male

3. DATE OF DEATH (Mo., Day, Year): March 19, 1994

4. RACE (White, Black, Amer. Indian, etc.) (Specify): White

5. ORIGIN OF DECEDENT (Italian, Mex., French, English, etc.): American

6. DATE OF BIRTH (Mo., Day, Year): Aug. 6, 1949

7a. AGE-Last Birthday (Years): 44

7b. UNDER 1 YEAR: Mos. / Days

7c. UNDER 1 DAY: Hours / Mins.

8a. COUNTY OF DEATH: Fulton

8b. CITY, TOWN or LOCATION OF DEATH: Atlanta

9a. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and No.): St. Joseph's Hospital

9b. IF HOSPITAL OR INST. (Indicate DOA, OP/EMER. Rm., Inpatient) (Specify): DOA

10a. STATE AND COUNTY OF BIRTH (If not in USA, name Country): NY/Queens

10b. CITIZEN OF WHAT COUNTRY?: USA

11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

12. SPOUSE (If married or widowed, give spouse's name—if wife, give maiden name): NONE

13. WAS DECEDENT EVER IN U.S. ARMED FORCES (Yes or No): NO

14. SOCIAL SECURITY NUMBER: [redacted]2658

15a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Case Worker

15b. KIND OF INDUSTRY OR BUSINESS: Dekalb County

16a. RESIDENCE – STATE: Georgia

16b. COUNTY: Dekalb

16c. CITY, TOWN or LOCATION: Atlanta

16d. STREET AND NUMBER: 601 Regency Woods Dr.

16e. INSIDE CITY LIMITS? (Yes or No): NO

17. FATHER'S NAME First Middle Last: Harvey H. Jacobsen

18. MOTHER'S MAIDEN NAME First Middle Last: Betty Jane Hall

19a. INFORMANT'S NAME First Middle Last: Betty J. Jacobsen

19b. MAILING ADDRESS (Street, R.F.D. No., City or Town, State, Zip): 3610 Narvanja Way, Sarasota, FL. 34232

19c. RELATIONSHIP: Mother

20a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

20b. DISPOSITION DATE (Mo., Day, Year): Mar 22, 1994

20c. CEMETERY OR CREMATORY NAME: Mt. Harmony Crematorium

20d. LOCATION (City or Town, State, Zip, County): Mableton, Ga. Cobb Co.

21a. FUNERAL DIRECTOR (Signature):

21b. FUN. DIR. LICENSE NO.: 3406

21c. NAME AND ADDRESS OF FACILITY (Street, R.F.D. No., City or Town, State, Zip): H.M. Patterson and Son, Inc. Oglethorpe Hill 4550 Peachtree Rd.NE, Atlanta, Ga. 30319

21f. EST. LICENSE NO.: 415

21d. EMBALMER (Signature):

21e. EMBALMER LICENSE NO.: 3455

22. IMMEDIATE CAUSE (Enter only one cause per line for A, B, and C)

PART I

A. Undetermined Cardiac Arrhythmia — Approximate interval between onset and death: Unknown

Due to, or as a consequence of:

B. — Approximate interval between onset and death:

Due to, or as a consequence of:

C. — Approximate interval between onset and death:

PART II

24. OTHER SIGNIFICANT CONDITIONS - conditions contributing to death but not related to cause given in Part I A. (If female, indicate if pregnant or birth occurred within 90 days of death.)

25a. AUTOPSY (Yes or No): NO

25b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (Yes or No)

26a. WAS OPERATION PERFORMED? (Yes or No): No

26b. DATE OF OPERATION (Mo., Day, Year)

26c. CONDITIONS FOR WHICH OPERATION WAS PERFORMED (Specify)

27. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify)

28a. DATE OF INJURY (Mo., Day, Year)

28b. DESCRIBE HOW INJURY OCCURRED

28c. HOUR OF INJURY

28d. INJURY AT WORK? (Yes or No)

28e. PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify)

28f. LOCATION (Street, R.F.D. No., City or Town, State, Zip, County)

To Be Completed By CERTIFYING PHYSICIAN ONLY

29a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title): Barry Silverman M.D.

29b. DATE SIGNED (Mo., Day, Year): 3/21/94

29c. HOUR OF DEATH: 10:55 a.m.

29d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: BARRY D. SILVERMAN, DIRECTOR

To Be Completed By MEDICAL EXAMINER OR CORONER ONLY

30a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)

30b. DATE SIGNED (Mo., Day, Year)

30c. HOUR OF DEATH

30d. DATE PRONOUNCED DEAD (Mo., Day, Year): ON

30e. HOUR PRONOUNCED DEAD: AT

31a. NAME, TITLE, AND LICENSE NO. OF CERTIFIER (Physician, Medical Examiner, or Coroner): Barry Silverman M.D. PHYS. LIC. NO. 12964

31b. ADDRESS OF CERTIFIER (Street, R.F.D. No., City or Town, State, Zip): 1000 Johnson Ferry Rd. Atl.Ga. 30342

22a. REGISTRAR (Signature):

22b. DATE RECEIVED BY REGISTRAR (Mo., Day, Year): MAR 21 1994

"CERTIFICATE OF RECORD"

THIS IS AN EXACT COPY OF THE DEATH CERTIFICATE RECEIVED FOR FILING IN FULTON COUNTY, GEORGIA.

SIGNED BY: [signature]
LOCAL CUSTODIAN
COUNTY OF FULTON, ATLANTA, GEORGIA

DATE: 3-21-94