This Instrument Prepared by:

The Law Offices of
LUVELL L. GLANTON
915 Jefferson Street
Nashville, TN 37208

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Mail Tax Statement to:
Nannie C. Adams
706 Lischey Ave.
Nashville, TN 37307

COMES now **NANNIE C. ADAMS,** wife and heir of **JAMES LEONARD ADAMS** in this cause, having been duly sworn, who would state to the oath as follows:

1. My name is **NANNIE C. ADAMS.** I currently reside at 706 Lischey Avenue, Nashville, Tennessee 37207. I am the widow of **JAMES LEONARD ADAMS.**

2. **JAMES LEONARD ADAMS** died intestate on the 10th day of February, 2012, at the age of 75 years old. A copy of his death certificate is attached as Exhibit A.

3. I am the sole surviving heir to the Estate of James Leonard Adams, and as such I am the rightful owner of the property described below:

   Land in Davidson County, Tennessee more fully described as follows:

   Being Lot No. 3 on the Map of a Resubdivision of Lots 14 and 15, East Nashville Land Co.'s Plan of Lots, as of record in Book 3500, Page 22, Register's Office for Davidson County, Tenessee.

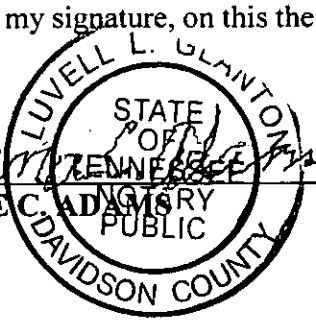
   Being the same property conveyed to James Leonard Adams and wife, Nannie C. Adams, by deed from Albert A. Polk and wife, Curley A. Polk, of record in Deed Book 5019, Page 901, Register's Office for Davidson County, Tennessee.

   This conveyance is made subject to restrictions of record in Book 3368, Page 23, Register's Office for Davidson County, Tennessee.

This is improved property known as 706 Lischey Avenue, Nashville, Tennessee 37207.

BILL GARRETT, Davidson County
Trans:T20130001217 AFFIDAVIT
Recvd: 01/04/13 14:30 3 pgs
Fees:17.00 Taxes:0.00
20130104-0001428

IN WITNESS WHEREOF, I have hereunto set my signature, on this the 19th day of December, 2012.



NANNIE C. ADAMS

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

On this the 19th day of December, 2012, before me personally appeared **NANNIE C. ADAMS**, 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.

NOTARY PUBLIC

My Commission Expires: 9/8/2013

STATE OF TENNESSEE
Office of Vital Records

1250923

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): James Leonard Adams
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): February 10, 2012
4. TIME OF DEATH (Approx.): 8:56 am
5a. AGE-Last Birthday (Years): 75
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): May 11, 1936
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee

TYPEPRINT 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): Baptist Medical Center
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS: [X] Married [ ] Married, but separated [ ] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Nannie Frazier
11a. DECEDENT'S USUAL OCCUPATION: Supervisor-Metro.
11b. KIND OF BUSINESS/INDUSTRY: Metro Water Works
12. SOCIAL SECURITY NUMBER: [redacted]7224
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 706 Lischey Ave.
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37207
14. WAS DECEDENT EVER IN US ARMED FORCES? [X] Yes [ ] No

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
[X] 9th – 12th grade; no diploma
[ ] High school graduate or GED completed
[ ] Some college credit, but no degree
[ ] 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): Thomas Herbert Adams
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Lena Epperson

DISPOSITION

20a. INFORMANT'S NAME: Nannie Adams
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 706 Lishey Ave. Nashville, Tennessee 37207
21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] 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
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: ▶ Tonya Y. Foreman
25. DATE FILED (Month, Day, Year): February 21 2012

CERTIFIER

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.

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

27a. SIGNATURE OF CERTIFIER: BMO MD
27b. LICENSE NUMBER: TN 36819
27c. DATE SIGNED (Month, Day, Year): 02/21/12
27d. NAME AND ADDRESS: Bryan Ward MD 2010 Church Suite 310 Nashville, TN 37203

MEDICAL CERTIFICATION

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.

Approximate interval: Onset to death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Aspiration Pneumonia
Due to (or as a consequence of)
b. Toxic - Metabolic Encephalopathy
Due to (or as a consequence of)
c. Malnutrition
Due to (or as a consequence of)
d. Chronic Alcohol Abuse

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

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
Alcoholic Cirrhosis

29a. WAS AN AUTOPSY PERFORMED? [ ] Yes [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [X] 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 [ ] No [X] Unknown
32. IF FEMALE: [ ] 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)

PH-1659 (Rev. 10/2011) RDA 1300

5078523

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

Date Issued: FEB 21 2012

GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH AGRICULTURE TENNESSEE

CERTIFICATION OF VITAL RECORD