AFFIDAVIT OF HEIRSHIP

BILL GARRETT, Davidson County
Trans:T20130033865 AFFIDAVIT
Recvd: 04/25/13 09:09 3 pgs
Fees:17.00 Taxes:0.00
20130425-0040961

STATE OF TENNESSEE }
COUNTY OF DAVIDSON}

The undersigned, being duly sworn, deposes and says:

1. My full name is Yolanda S. Robinson, hereinafter "Affiant," residing at 870 West Sharpe Avenue, Davidson County, Tennessee , 37206;
over years eighteen (18) years of age, and have personal knowledge of the matters herein stated.

2. On July 6, 2010, James Berry Robinson, III, hereinafter "Decedent," died and resided at 870 West Shapre Avenue, Nashville, Davidson County, Tennessee, 37206. A copy of the Death Certificate is attached hereto.

3. Affiant further states that the Decedent did leave a will and is attached hereto.

4. The real property transferred and to which the Affiant of Heirship applies is located at 870 West Sharpe Avenue, Nashville, Davidson County, Tennessee, 37206 and being more particularly described in deed of record in Book Instrument Number: 20020724-0088967 , Register's Office for Davidson County, Tennessee, to which reference is hereby made for a more complete description.

   Being Lot Not 87and the easterly 16 feet of Lot Number 88 on Map of Thornby Place, as of record in Book No. 332 Page 3, Register's Office for said County; said Lot No. 87 and part of Lot No. 88 from together 66 feet on the southerly side of West Sharpe Avenue formerly Osage Street, and runs back between parallel lines 147 feet more or less to an alley.

   Being the same property conveyed to James Berry Robinson from Ida Robinson Black, Breta Robinson Stewart and Belva Robinson Casson, by quitclaim deed of record in Book Instrument Number: 20020724-0088967.

   This property is commonly known as 870 West Sharpe Avenue, Nashville, Tennessee 37206

5. Affiant further states that said Decedent left surviving the following persons, as heirs or person otherwise in the estate,
   a. Jeremy Keith Robinson, Adult Son
      870 West Sharpe Avenue
      Nashville, Tennessee 37206

6. Affiant further states that said Decedent left no minor children or adopted minor children or decedents of deceased children or adopted children, as heirs or persons otherwise interested in the estate,

7. The above named heirs at law are legally entitled to said real property pursuant Tenn. Code Ann 31-2-101 *et. al.*, intestate succession law for the State of Tennessee, having the real property vest to the heir at law immediately upon the Decedent's death, in equal shares of one-third (1/3).

8. Affiant further states that no administration of the Decedent's intestate estate has been filed.

Further, Affiant saith not.

Yolanda S. Robinson

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, A. Brandon Starks, the undersigned, a Notary Public in and for said county and State, duly commissioned and qualified, the within named affiant, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who acknowledged that he executed the foregoing instrument for the purposes therein contained,

Witness by my hand this 22nd day of April, 2013.

A. Brandon Starks, *Notary Public*

My Commission Expires: Oct. 18, 2016

A. BRANDON STARKS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

Prepared by: Yolanda S. Robinson
870 W. Sharpe Avenue
Nashville, TN 37206

STATE OF TENNESSEE
Office of Vital Records

1000865

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): James Berry Robinson III
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): July 6, 2010
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]4268
5a. AGE-LAST BIRTHDAY: 64
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): October 15, 1945
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tenn
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 870 West Sharpe Ave.
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Esther Handy
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Sales
12b. KIND OF BUSINESS/INDUSTRY: None
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 870 West Sharpe Ave.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37205
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) Specify, if yes: [ ] Yes 0 [X] No
15. RACE-American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): [illegible]; College (1-4 or 5+): 1

PARENTS

17. FATHER'S NAME (First, Middle, Last): James Berry Robinson Jr.
18. MOTHER'S NAME (First, Middle, Maiden Surname): Sarah Mai Jackson

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Ida R. Black
19b. RELATIONSHIP TO DECEASED: Sister
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 624 Malta Dr. Nashville, Tenn

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [X] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Music City Crematory
20c. LOCATION-City or Town, State: Nashville, Tenn
21a. SIGNATURE OF FUNERAL DIRECTOR: W. R. [illegible]
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2907
21c. SIGNATURE OF EMBALMER:
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: Davis Campbell McClain 1404 Jefferson St. Nashville, Tenn
22b. LICENSE NUMBER OF FUNERAL HOME: 403

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda R. Bowman MD
24. DATE FILED (Month, Day, Year): July 7, 2010

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: [signature]
25b. LICENSE NUMBER: 44186
25c. DATE SIGNED (Month, Day, Year): 7.06.2010
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): David Tribble, MD 1718 Patterson Street Nashville, TN 37203

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. Squamous Cell Carcinoma of the Lung
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that started 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.
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 [X] 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
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)

TH-1650 (REV. 6/99)
4358980

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] Registrar
Tennessee

JUL 07 2010
Date Issued

CERTIFICATION OF VITAL RECORD