Prepared By
Karen Roper
98 Randy RD
Madison Tenn
37115

AFFIDAVIT OF HEIRSHIP

As to Sara Helen Roper Word
(Name of Deceased)

Do not complete this form if the decedent left a will that was probated in court or if there has been a court administration of decedent's estate.

I, Karen ANNeHe Roper (affiant) being of lawful age, being first duly sworn, upon oath deposes and says:

That I was personally well acquainted with the above named decedent, during his/her lifetime, having known him (or her) for _____ years,

and that affiant bears the following relationship to said decedent, to-wit: _____

1. **Decedent died on:** 1-12-13

   Decedent's place of death: NASHVILLE (CITY) TENNESSEE (STATE) DAVIDSON (COUNTY)

   At the time of decedent's death, decedent's residence was: NASHVILLE (CITY) TENNESSEE (STATE) DAVIDSON (COUNTY)

2. **Provide the following information for the decedent's marital history:**
   (If never married, please state that below.)

NAME OF SPOUSE	DATE OF MARRIAGE	DATE OF DIVORCE	DATE OF SPOUSE'S DEATH
RUFUS Roper			12-23-61

3. **Did Decedent leave a will?** Yes (No)
   If yes, was Decedent's will probated? Yes / No
   If yes, what County & State _____

4. **Provide the following information for the deceased's natural born and adopted children:**
   (If there are none, please state "none" below. If additional space is needed, please provide information as an attachment.

NAME OF CHILD/ CURRENT ADDRESS	DATE OF BIRTH	NAME OF CHILD'S OTHER PARENT	DATE OF CHILD'S DEATH
Name of Child: JAMES DARRYL Roper Address:	8-25-67	JAMES Seward Baker	JAN. 10th 1996
Name of Child: Karen AnnetteRoper Address: 98 Randy Rd Apt 120	9-18-62	JamesSeward Baker	
Name of Child: SHARON Renee Roper Address: 108 Haynes Park Dr	6-20-61	RUFUS Roper	
Name of Child: Address:			
Name of Child: Address:			
Name of Child: Address:			
Name of Child: Address:			

BILL GARRETT, Davidson County
Trans:T20130065590 AFFIDAVIT
Recvd: 07/31/13 15:25 5 pgs
Fees:27.00 Taxes:0.00
20130731-0079967

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5. Provide the following information for all deceased children of decedent (if any):

Name of deceased child: JAMES DARRYL ROPER

Did he/she leave a will? Yes / (No) Was will probated? Yes / (No) If yes, what County & State _____

Name and address of deceased child's surviving spouse: NONE

Name & Address of Child(ren) of Deceased Child	Living?	Date of Birth	Date of Death	Name and Address of Surviving Spouse of Deceased Child
Name: _____ *Address:*				
Name: _____ *Address:*				
Name: _____ *Address:*				

Name of deceased child: _____

Did he/she leave a will? Yes / No Was will probated? Yes / No If yes, what County & State _____

Name and address of deceased child's surviving spouse: NONE

Name & Address of Child(ren) of Deceased Child	Living?	Date of Birth	Date of Death	Name and Address of Surviving Spouse of Deceased Child
Name: _____ *Address:*				
Name: _____ *Address:*				
Name: _____ *Address:*				

Name of deceased child: _____

Did he/she leave a will? Yes / No Was will probated? Yes / No If yes, what County & State _____

Name and address of deceased child's surviving spouse: NONE

Name & Address of Child(ren) of Deceased Child	Living?	Date of Birth	Date of Death	Name and Address of Surviving Spouse of Deceased Child
Name: _____ *Address:*				
Name: _____ *Address:*				
Name: _____ *Address:*				

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6. If the decedent never married and did not have any children, provide the following information for the decedent's parents:
(IF DECEDENT LEFT SURVIVING CHILDREN, QUESTIONS 6, 7 & 8 NEED NOT BE ANSWERED.)

DECEASED'S PARENTS	PARENT'S NAME/ CURRENT ADDRESS	PARENT'S DATE OF DEATH
MOTHER	Name: Address:	
FATHER	Name: Address:	

7. Provide the following information for the decedent's brothers and/or sisters:
(If there are none, please state "none" below.)
(IF DECEDENT LEFT SURVIVING CHILDREN, QUESTIONS 6, 7 & 8 NEED NOT BE ANSWERED.)

Name of Brother/Sister	Current Address	Date of Birth	Brother's or Sister's Date of Death

8. Provide the following information for the decedent's nieces and/or nephews born only to the deceased brothers/sisters listed in Item 6 above:
(If there are none, please state "none" below. If additional space is needed, please provide information as an attachment.)
(IF DECEDENT LEFT SURVIVING CHILDREN, QUESTIONS 6, 7 & 8 NEED NOT BE ANSWERED.)

Name of Niece or Nephew	Current Address	Date of Birth	Name of Niece or Nephew's Deceased Parent
Betty Sue Fletcher Blair	2315 Sycamore Cir.	2/15/54	Novie Blair

Signed this 31 day of July, 2013

Karen Roper
(SIGNATURE OF AFFIANT)

AFFIDAVIT OF HEIRSHIP

SUBSCRIBED AND SWORN to before me on this the 31 day of July, 2013.



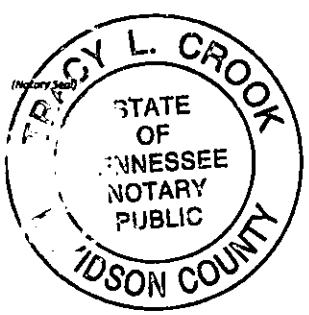
Tracy Crook
Notary Public

My commission expires: May 8, 2017.

STATE OF TN §
COUNTY OF Davidson §

BEFORE ME, the undersigned authority, on this day personally appeared Karen Roper, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE on this the 31 day of July, 2013.



Tracy Crook
Notary Public

My commission expires: May 8, 2017

AFFIDAVIT OF HEIRSHIP

CORROBORATING AFFIDAVIT

STATE OF TN §

COUNTY OF Davidson §

Thomas Barnes, of lawful age, being first duly sworn, upon his oath states: That the information given in the above and foregoing affidavit is true, and accurate, to the personal knowledge of this affiant.

Thomas Barnes

Signature of Corroborating Affiant

SUBSCRIBED AND SWORN to before me on this the 31 day of July, 2013.

(Notary Seal)

TRACY L. CROOK
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

Tracy Crook

Notary Public

My commission expires: May 8, 2017

NOTE: This form may be signed by a member of the family, as long as they are not an heir to the deceased, but the Corroborating Affidavit MUST be signed by a person that is not a member of the family.

This form must be notarized and recorded in county/parish records where lands are located and a recorded copy furnished to the company so requesting it.