This Instrument Prepared By:
Krista Kreuger
PO Box 1695
Mount Juliet, TN 37121

BILL GARRETT, Davidson County
Trans:T20150040176 AFFIDAVITH
Recvd: 05/22/15 14:54 10 pgs
Fees:52.00 Taxes:0.00
20150522-0047632

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE
COUNTY OF Wilson

COMES the affiant, **KRISTA KREUGER, ESQ.** being first duly sworn according to law, and licensed to practice law in the State of Tennessee, and pursuant to Section 30-2-712 of the Tennessee Code Annotated, hereby swears to the following of her own free will and based upon her personal knowledge, familiarity of the law, and review of the documents:

1. JOHN GRIMES FERGUSON, SR- Date of Death: March 10, 1999 and

PEARL ROLAND FERGUSON- Date of Death: march 13, 1980

Were the parents of JOHN GRIMES FERGUSON, JR. Date of Death: May 26, 2002; ROBERT HOUSTON FERGUSON Date of Death: September 7, 2007; JAMES ROLAND FERGUSON, October 2, 2003 and CLYDE NELSON FERGUSON Date of Death: March 21, 1996.

2. Decedent, John Grimes Ferguson Sr., died having a Last Will and Testament dated March 5, 1996. He was preceded in death by his spouse, Pearl Roland Ferguson. Decedent left all of his estate, real, personal and mixed, of whatever kind and nature to his four sons. Said Last Will and Testament was not probated in any Court. (see attached, Exhibit A)

3. At the time of his death, decedent John Grimes Ferguson, Sr., owned a house and lot located at 2207 Burbank Avenue, Nashville, Davidson County, Tennessee, parcel identification number 119 01 0 186.00 and legal reference number 00001151-0000442, being more particularly described in deed of record at the Register's Office for Davidson County, Tennessee, to which reference is hereby made for a more complete description.

4. Decedent's son, Clyde Nelson Ferguson died sixteen (16) days after his father's will was executed. This would have divested his share of his father's estate into the remaining three (3) brothers.

5. Decedent's son, John Grimes Ferguson, Jr. died in 2002, his residence at the time of his death was 2207 Burbank Avenue, Nashville, Davidson County, Tennessee. The same property owned by John Grimes Ferguson, Sr., and inherited by his sons upon his death. John Grimes Ferguson, Jr. was not married and never had or adopted any children. (see attached, Exhibit B)

6. Decedent's son, James Roland Ferguson died in 2003, his residence at the time of his death was 2207 Burbank Avenue, Nashville, Davidson County, Tennessee. The same property

PICK-UP

T.A.I.

owned by John Grimes Ferguson, Sr., and inherited by his sons upon his death. James Roland Ferguson was not married and never had or adopted any children. James Roland Ferguson died having a Last Will and Testament probated in Davidson County Probate Court in 2004. (see attached, Exhibit C)

7. Decedent's son, Robert Houston Ferguson, was the only living heir to the Estate of John Grimes Ferguson, Sr.

8. ROBERT HOUSTON FERGUSON-Date of Death: September 7, 2007 and

EVELYN MARIE ELEY-Date of Death: April 14, 2005

Were the parents of GARY W. FERGUSON, Date of Death April 22, 2006, and KAREN ELAINE WALKER, living. (see attached, Exhibit D)

9. Robert Houston Ferguson died September 7, 2007 having a Last Will and Testament currently being probated in Davidson County, Tennesee. He was preceded in death by his spouse, Evelyn Marie Eley Ferguson, and son, Gary W. Ferguson.

10. Decedent, Robert Houston Ferguson, the only heir to the Estate of John Grimes Ferguson, Sr. left the house and property at 2207 Burbank Avenue, Nashville, Tennessee, 37210, to his daughter and only living heir, Karen Elaine Ferguson. (see attached Exhibit E)

11. Karen Elaine Ferguson is the only surviving heir in the Ferguson line.

Further, affiant saith not.

Dated this day of 20th May 2015.

KRISTA KRUEGER, ESQ.
P.O. Box 1695
Mount Juliet, TN 37122
615.925.0026

I, KRISTA KREUGER, Attorney and Notary Public in the State of Tennessee, certify that I have read the records in this matter, have prepared the statements contained in this Affidavit, and that the statements are true and exact to the best of my knowledge.

Notary Public/Attorney Krista Krueger

Commission expires: 11/27/17

KRISTA J. KRUEGER
STATE OF TENNESSEE
NOTARY PUBLIC
WILSON COUNTY

Last Will and Testament

I, John Grimes Ferguson of the Nashville City of, County of Davidson and State of Tennessee, being of sound and disposing mind, memory and understanding, do hereby make, publish and declare this as and for my last Will and Testament, hereby revoking and annulling any and all Wills by me at any time heretofore made.

First. I order and direct all my just debts, funeral expenses as well as the cost of administration and settlement of my estate to be paid by my Robert Houston Ferguson Son Executor-Executrix hereafter named, as soon after my decease as conveniently may be.

Second. All of my estate, real, personal and mixed, of whatever kind and nature and wheresoever situate, remaining after payment of my debts and funeral expenses, I give, devise and bequeath unto my 4 Sons, John Grimes Ferguson Jr, Robert Houston Ferguson, James Roland Ferguson, Clyde Nelson Ferguson His ~~or Her~~ heirs and assigns, absolutely and in fee.

Third. I hereby nominate, constitute and appoint Robert Houston Ferguson Son ~~Wife or Husband's Name~~ to be the sole Executor Executor-Executrix of this last Will and Testament and I direct that He ~~She~~ shall not be obligated to file any bond, inventory or appraisement or accounting in any public office or tribunal whatsoever, and further I hereby give and grant unto my said Son ~~Wife-Husband~~ full power and authority at any time to sell any real estate which may at any time form part of my estate, for such price, upon such terms, in such way and manner as may be deemed wise, and to make good and sufficient deeds to the purchaser or purchasers thereof without any obligation on the latter to see to or be responsible for the application of the purchase price.

In Witness Whereof, I, the said John Grimes Ferguson Your Name have hereunto set my hand and seal this 5th day of March A. D. 1996.

John Grimes Ferguson (SEAL)

Signed, Sealed, Published and Declared by the above named testator, JOHN GRIMES FERGUSON Your Name as and for his His, Her last Will and Testament in the presence of us who have at his His-Her request and in his His-Her presence and in the presence of each other hereunto subscribed our names as witnesses hereto.

Witness Teresa Gibbs — Address 645 Thompson Lane Nash
My Commission Expires March 22, 1997

Witness Sharon L Nicks — Address 645 Thompson Lane Nash Tn

Exhibit A

STATE OF TENNESSEE
Office of Vital Records

0203388

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

2002025248

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1 DECEDENT'S NAME (First, Middle, Last)	2 SEX	3 DATE OF DEATH
John G Ferguson	Male	May 26, 2002

4 SOCIAL SECURITY NUMBER	5a AGE-LAST BIRTHDAY (Years)	5b UNDER 1 YEAR MOS / DAYS	5c UNDER 1 DAY HOURS / MIN	6 DATE OF BIRTH (Month, Day, Year)	7 BIRTHPLACE (City and State or Foreign Country)
[redacted]-3144	75			Sept 5, 1926	Nashville, TN

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)	9c CITY TOWN OR LOCATION OF DEATH	9d COUNTY OF DEATH
2207 Burbank 910	Nashville 094	Davidson 19

10 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify)	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)	12b KIND OF BUSINESS/INDUSTRY
Never Married		Clerk	

13a RESIDENCE—STATE	13b COUNTY	13c CITY TOWN OR LOCATION	13d STREET AND NUMBER OR RURAL LOCATION
TN	Davidson	Nashville	2207 Burbank

CENSUS TRACT	13e INSIDE CITY LIMITS?	13f ZIP CODE	14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.)	15 RACE—American Indian, Black, White, etc. (Specify)	16 DECEDENT'S EDUCATION (Specify only highest grade completed)	
	1 [X] Yes 2 [ ] No	37210	[ ] Yes 0 [X] No	White	Elementary/Secondary (0-12) 12	College (1-4 or 5+)

NAME OF DECEDENT For use by physician or institution

PARENTS

17 FATHER'S NAME (First, Middle, Last)	18 MOTHER'S NAME (First, Middle, Maiden Surname)
John G. Ferguson	Pearl Roland

INFORMANT

19a INFORMANT'S NAME (Type/Print)	19b RELATIONSHIP TO DECEASED	19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
James Ferguson	Brother	2207 Burbank, Nashville, TN 3721

DISPOSITION

20a METHOD OF DISPOSITION	20b PLACE OF DISPOSITION (Name of cemetery, crematory or other place)	20c LOCATION—City or Town, State
1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)	WOODLAWN MEMORIAL PARK	Nashville TN

21a SIGNATURE OF FUNERAL DIRECTOR	21b LICENSE NUMBER OF FUNERAL DIRECTOR	21c SIGNATURE OF EMBALMER	21d LICENSE NUMBER OF EMBALMER
▶ Imogene Green	4367	▶ Scotty Brewer	4687

22a NAME AND ADDRESS OF FUNERAL HOME	22b LICENSE NUMBER OF FUNERAL HOME
Ellis Funeral Home 2627 Nolensville Road, Nashville, TN 37211-	775

REGISTRAR

23 REGISTRAR'S SIGNATURE	24 DATE FILED (Month, Day, Year)
▶ [signature]	June 20, 2002

CERTIFIER

25a PHYSICIAN — To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and manner as stated
1 [X] SIGNATURE AND TITLE OF PHYSICIAN ▶ [signature]
25b LICENSE NUMBER 35424
25c DATE SIGNED (Month, Day, Year)

28a MEDICAL EXAMINER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated
2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER ▶
28b LICENSE NUMBER
28c DATE SIGNED (Month, Day, Year)

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATE

27 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)

Exhibit 3

7913809

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977

7913809

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued Feb-24-2015

CERTIFICATION OF VITAL RECORD

COPYRIGHT CAUTION / ANTI-FRAUD PROTECTION

SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE

LETTERS TESTAMENTARY

04P1062

To ROBERT H FERGUSON :

It appearing to the Court that JAMES R FERGUSON has died leaving a written will, in which you are appointed Executor, which has been duly approved in open Court; and you having been qualified according to law, and it having been ordered by said Court that Letters Testamentary issue to you.

These are, therefore, to empower you, the said ROBERT H FERGUSON to enter upon the execution of said will, and take into your possession all of the property, and to make, within sixty days from this date, a perfect inventory thereof, and make due collection for all debts, and after paying all the just demands against the Testator, and settling up the business according to law, you will pay over and deliver the property and effects that may remain in your hands, and do all other things that may be required, according to the provisions of the said will and the laws of the land.

Witness, Richard R. Rooker, Clerk of the Probate Court, at office, this June 22, 2004 and 225th year of American Independence.

Richard R. Rooker, Clerk

Sandra Lee D.C.

RICHARD R. ROOKER CIRCUIT COURT CLERK

STATE OF TENNESSEE
DAVIDSON COUNTY

I do solemnly swear that I will honestly and faithfully discharge the duties of Executor of the last will and testament of JAMES R FERGUSON lately deceased, in accordance with its terms and provisions, to the best of my knowledge and ability, so help me God.

Sworn to and subscribed to before me June 22, 2004 .

Richard R. Rooker, Clerk

_____D.C.

STATE OF TENNESSEE
DAVIDSON COUNTY

I, Richard R. Rooker, Clerk of the Probate Court of said County, do hereby certify that the foregoing is a true and perfect copy of LETTERS TESTAMENTARY, issued to
ROBERT H FERGUSON, Executor
of the estate of JAMES R FERGUSON deceased, and I do further certify that ROBERT H FERGUSON is still acting Executor of the estate of JAMES R FERGUSON, and acts as such are entitled to full faith and credit, as appears from the records in my office at Nashville, Tennessee.

Witness my hand and official seal, at this office, this the _____ day of _____, 20___.

Richard R. Rooker, Clerk

_____ D.C.

Exhibit C

In the Seventh Circuit Court of Davidson County, Tennessee
(Probate Division)

NO. 04P1062

IN THE ESTATE OF:

JAMES R. FERGUSON

Deceased

PERSONAL REPRESENTATIVE OATH

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

I, Robert H. Ferguson,

do hereby solemnly swear or affirm that I will honestly and faithfully perform the duties as Personal Representative in the above referenced estate to the best of my ability and knowledge.

X Signature of Affiant: Robert H. Ferguson

Address of Affiant: 524 Southcrest Dr.
Nashville, TN 37211

Sworn to and subscribed to, before me, this 21st day of JUNE, 2004.

M. NORRIS JENKINS NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TENN.

Notary Public/~~Deputy Clerk~~

My commission expires: 3-26-04

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
DIVISION OF VITAL STATISTICS

No. 141-579852

CERTIFICATE OF LIVE BIRTH

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND WILL BE PLACED IN PERMANENT FILE.

TYPE OR WRITE PLAINLY. ONLY PERMANENT BLUE OR BLACK INK ACCEPTABLE. SIGNATURE MUST BE IN PERMANENT BLUE OR BLACK INK.

PREPARE SEPARATE FORM FOR EACH CHILD OF MULTIPLE BIRTH.

ANT MUST WER OF SIG- CANNOT BE D.

T MUST FILE IFICATE WITH L REGISTRAR D DAYS AFTER

GIVE MOTHER'S MAILING ADDRESS. A FREE PHOTOSTATIC COPY OF THIS CERTIFICATE WILL BE SENT TO HER.

ITEMS 21-23 ARE FOR MEDICAL AND HEALTH USE ONLY AND WILL NOT APPEAR ON COPIES.

ALL ITEMS ARE TO BE

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE – PUBLIC HEALTH SERVICE

1. NAME OF CHILD: Karen (First) Elaine (Middle) Ferguson (Last)

2. SEX: Female

3A. THIS BIRTH: SINGLE ☐ TWIN ☐ TRIPLET ☐

3B. IF TWIN OR TRIPLET, THIS CHILD BORN: 1ST ☐ 2ND ☐ 3RD ☐

4. DATE OF BIRTH (Month, Day, Year): December 7, 1965

5. PLACE OF BIRTH
A. COUNTY: Davidson
B. CIVIL DISTRICT:
C. INSIDE CORPORATE LIMITS OF A CITY OR TOWN: YES ☐ NO ☐
IF YES, NAME OF CITY OR TOWN: Nashville
D. NAME OF HOSPITAL:
IF OTHER, SPECIFY AS HOME, DOCTOR'S OFFICE, OTHER PLACE:

6. PLACE MOTHER LIVES
A. STATE: Tennessee
B. COUNTY: Davidson
C. INSIDE CORPORATE LIMITS OF CITY OR TOWN: YES ☐ NO ☐
IF YES, NAME OF CITY OR TOWN: Nashville
IF NO, GIVE CIVIL DISTRICT:

FATHER OF CHILD

7. FULL NAME: Robert (First) Houston (Middle) Ferguson (Last)
8. COLOR OR RACE: White
9. AGE (At time of this birth): 37 YEARS
10. BIRTHPLACE (State or Foreign Country): Tennessee
11A. USUAL OCCUPATION: Commercial Artist
11B. KIND OF BUSINESS OR INDUSTRY: Printing

MOTHER OF CHILD

12. FULL MAIDEN NAME: Evelyn (First) Marie (Middle) Eley (Last)
13. COLOR OR RACE: White
14. AGE (At time of this birth): 37 YEARS
15. BIRTHPLACE (State or Foreign Country): Tennessee
16A. USUAL OCCUPATION: Housewife
16B. KIND OF BUSINESS OR INDUSTRY:
17. PREVIOUS DELIVERIES TO THIS MOTHER (DO NOT INCLUDE THIS CHILD)
A. HOW MANY OTHER CHILDREN ARE NOW LIVING?
B. HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD?
C. HOW MANY FETAL DEATHS? (BORN DEAD AFTER 20 WEEKS OF PREGNANCY)
18. MOTHER'S NAME AND MAILING ADDRESS
A. NAME
B. RFD OR ST.
C. CITY
D. STATE

19. SIGNATURE
A. I HEREBY CERTIFY THAT THIS CHILD WAS BORN ALIVE ON DATE STATED ABOVE
NAME: Mary L Baird M.D. ☐ D.O. ☐ MID-WIFE ☐ OTHER (SPECIFY) ☐
B. ADDRESS
C. DATE SIGNED

20A. REGISTRATION DISTRICT NO.
20B. DATE RECEIVED BY LOCAL REGISTRAR: January 5, 1966
20C. REGISTRAR'S SIGNATURE: Mary L Baird

FOR MEDICAL AND HEALTH USE ONLY

Exhibit D

7913811

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

7913811

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued: Feb-24-2015

CERTIFICATION OF VITAL RECORD

Will of Robert Houston Ferguson

I, Robert Houston Ferguson, a resident of Davidson (county), State of Tennessee, declare that this is my will.

1. Revocation. I revoke all wills that I have previously made.

2. Marital Status. I am single.

3. Children. I have the following natural and legally adopted child(ren):

Name	**Date of Birth**
Karen Elaine Ferguson Bessire	12/07/1965

4. Specific Gifts. I make the following specific gifts:

I leave all my furniture and the house and property at 2207 Burbank Avenue, Nashville, TN 37210 to Karen Elaine Ferguson Bessire.

5. Residuary Estate. I leave my residuary estate, that is, the rest of my property not otherwise specifically and validly disposed of by this will including lapsed or failed gifts, to Karen Elaine Ferguson Bessire .

6. Beneficiary Provisions. The following terms and conditions apply to the beneficiary clauses of this will.

A. 45-Day Survivorship Period. As used in this will, the phrase "survive me" means to be alive or in existence as an organization on the 45th day after my death. Any beneficiary, except any alternate residuary beneficiary, must survive me to take property under this will.

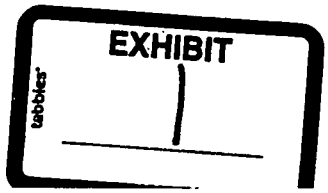
B. Shared Gifts. If I leave property to be shared by two or more beneficiaries, it shall be shared equally by them unless this will provides otherwise.

If any beneficiary of a shared specific gift left in a single paragraph of the Specific Gifts clause, above, does not survive me, the gift shall be given to the surviving beneficiaries in equal shares.

If any beneficiary of a shared residuary gift does not survive me, the residue shall be given to the surviving residuary beneficiaries in equal shares.

C. Encumbrances. All property that I leave by this will shall pass subject to any encumbrances or liens on the property.

Exhibit E



7. Executor. I name Karen Elaine Ferguson Bessire as executor, to serve without bond. I direct that my executor take all actions legally permissible to probate this will, including filing a petition in the appropriate court for the independent administration of my estate.

I grant to my executor the following powers, to be exercised as the executor deems to be in the best interests of my estate:

A. To retain property, without liability for loss or depreciation resulting from such retention.

B. To sell, lease, or exchange property and to receive or administer the proceeds as a part of my estate.

C. To vote stock; convert bonds, notes, stocks, or other securities belonging to my estate into other securities; and to exercise all other rights and privileges of a person owning similar property.

D. To deal with and settle claims in favor of or against my estate.

E. To continue, maintain, operate, or participate in any business which is a part of my estate, and to incorporate, dissolve, or otherwise change the form of organization of the business.

F. To pay all debts and taxes that may be assessed against my estate, as provided under state law.

G. To do all other acts which in the executor's judgment may be necessary or appropriate for the proper and advantageous management, investment, and distribution of my estate. These powers, authority, and discretion are in addition to the powers, authority, and discretion vested in an executor by operation of law and may be exercised as often as deemed necessary, without approval by any court in any jurisdiction.

Signature

I subscribe my name to this will this 19th day of October, 2006, at 2:00 pm, Wilson (county), State of Tennessee. I declare that it is my will, that I sign it willingly, that I execute it as my free and voluntary act for the purposes expressed, and that I am of the age of majority or otherwise legally empowered to make a will and under no constraint or undue influence.

Signature Robert K Ferguson

Witnesses

On this 19th day of October, 2006, the testator, Robert H. Ferguson, declared to us, the undersigned, that this instrument was his will and requested us to act as witnesses to it. The testator signed this will in our presence, all of us being present at the same time. We now, at the testator's request, in the testator's presence and in the presence of each other, subscribe our names as witnesses and each declare that we are of sound mind and of proper age to witness a will. We further declare that we understand this to be the testator's will and that to the best of our knowledge the testator is of the age of majority, or is otherwise legally empowered to make a will, and appears to be of sound mind under no constraint or undue influence.

We declare under penalty of perjury that the foregoing is true and correct, this 19th day of October, 2006, at Wilson (county), State of Tennessee.

Witness 1

Scott W Walker

Signature

Scott W Walker

Typed or printed name

210 Main St

Residing at

Smyrna TN 37167

City, State, zip

Witness 2

Clyde D. Smith

Signature

Clyde D. Smith

Typed or printed name

504 Elba Dr

Residing at

Goodlettsville, TN 37072

City, State, zip

Sworn to and subscribed to, before me, this 19th day of Octobr, 2006

My commission expires: 6-21-08

Notary Public

Dorothy Elizabeth Hall

WILSON COUNTY * DOROTHY ELIZABETH HALL * STATE OF TENNESSEE NOTARY PUBLIC