Bill Garrett Davidson County
Batch# 54246 AFFIDAVITH
02/02/2018 01:49:06 PM 15 pgs
Fees: $77.00 Taxes: $0.00
20180202-0010928

AFFIDAVIT OF HEIRSHIP

State of NEW YORK

County of KINGS

Charles E. Jenkins, III., for his Affidavit of Heirship, hereby states:

1. Affiant is the surviving heir of the son of the Decedents, Charles E. Jenkins, Sr., and Lula Mae Jenkins. Charles E. Jenkins, Sr., passed away on December 15, 2007. Lula Mae Jenkins passed away on March 14, 2012. Copies of these death certificates are attached hereto as Exhibit A.

2. Affiant is aware that his deceased father, Charles E. Jenkins, II, has two living sisters, Mary Jenkins (residing at 2708 North Surrey Drive, Carrollton, TX 75006), and Charliese King, (residing at residing at 2708 North Surrey Drive, Carrollton, TX 75006), and one living brother, Frederick L. Jenkins, Sr. (residing at 806 Wynfair Court, Mt. Juliet, TN 37122)..

3. Affiant was aware that, prior to the death of Charles E. Jenkins, Sr., he owned real property at 206 Blue Hills Drive, Nashville, Tennessee, 37214 ("Real Property") with his daughter, Mary Jenkins, as tenants in common. A copy of such deed is hereby attached as Exhibit B. The deed to the Real Property is of record in Book 8359, Page, 741, 742, 743 or Instrument No. 425042 of the Register's Office for Davidson County, Tennessee. No prior instrument or Last Will and Testament grants any interest in the Real Property to Affiant.

4. Affiant was aware that Mr. Charles E. Jenkins, Sr., Last Will and Testament, dated May 4, 2000 (a copy of which is hereby attached as Exhibit C) attempted to leave Lula Mae Jenkins a life estate in the Real Property, with any and all interest arising out of his share of the Real Property to pass to Mary Jenkins upon the death of Lula Mae Jenkins.

5. Affiant, to the extent there is any question as to Mary Jenkins' sole claim to title of the Real Property, relinquishes any and all interest he has in the Real Property to Mary Jenkins.

Dated: 1/16/18

Charles E. Jenkins, III

STATE OF NEW YORK)
COUNTY OF KINGS)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, **Charles E. Jenkins, III,** 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.

Sworn to and subscribed before me on this 16th day of January, 2018

Notary Public: Ashley Renae Baedke

My commission expires: March 21, 2019

This Document Prepared By:
Taylor Pigue Marchetti & Blair, PLLC
2908 Poston Ave.
Nashville, TN 37203

ASHLEY RENAE BAEDKE
NOTARY PUBLIC-STATE OF NEW YORK
No. 01BA6237405
Qualified in Kings County
My Commission Expires March 21, 19

EXHIBIT A

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

STATE FILE NUMBER 220726

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Charles E Jenkins
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): December 15th, 2007
4. SOCIAL SECURITY NUMBER (of Deceased): 414-32-2200
5a. AGE-LAST BIRTHDAY (Years): 79
5b. UNDER 1 YEAR: MONTHS / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): August 24 1928
7. BIRTHPLACE (City and State or Foreign Country): Paris Tennessee
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 Residence 6 [X] Other (Specify)
9b. FACILITY NAME (If not Institution, give street and number): Alive Hospice @ Skyline Madison
9c. CITY, TOWN, OR LOCATION OF DEATH: Madison
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): married
11. SURVIVING SPOUSE (If wife, give maiden name): Lula Mae Reynolds
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Minister
12b. KIND OF BUSINESS/INDUSTRY: Clergy
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2060 Blue Hills Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37214
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Specify, if yes: 1 [ ] Yes 2 [X] No
15. RACE-American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): ; College (1-4 or 5+): 5+

NAME OF DECEDENT (Continued)

PARENTS

17. FATHERS NAME (First, Middle, Last): Charles Atkins Jenkins
18. MOTHERS NAME (First, Middle, Maiden Surname): Louise George

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Frederick Jenkins
19b. RELATIONSHIP TO DECEASED: son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 806 Wynfair Court Mt Juliet Tennessee

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Greenwood North Garden of Faith
20c. LOCATION-City or Town, State: Goodlettsville Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Melvin Hatwood
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3785
21c. SIGNATURE OF EMBALMER: Patricks Tucker
21d. LICENSE NUMBER OF EMBALMER: 5072
22a. NAME AND ADDRESS OF FUNERAL HOME: Grace Funeral Home 1012 Buchanan Street Nashville Tennessee
22b. LICENSE NUMBER OF FUNERAL HOME: 1068

REGISTRAR

23. REGISTRAR'S SIGNATURE: Donna S. Starkey DR
24. DATE FILED (Month, Day, Year): December 28, 2007

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: Wendy Mercer
25b. LICENSE NUMBER: 1758
25c. DATE SIGNED (Month, Day, Year): December 20, 2007
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): Wendy Mercer DO, 500 Hospital Dr. 2nd Floor, Madison, TN 37115

SEE INSTRUCTIONS ON OTHER SIDE

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. Cerebrovascular Accident
DUE TO (OR AS A CONSEQUENCE OF): b. Vascular Dementia
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
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: Quadruplegia since 2/07, sepsis, diabetes, respiratory failure
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 5 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide
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-1059 (REV. 6/99) BIRTH NO. RDA 1399

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 Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

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

[redacted]
Local Registrar

Tonya Y Foreman
Local Registrar

DEC 28 2007
Date Issued

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

12 12154

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Lula Mae Jenkins
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): March 14, 2012
4. TIME OF DEATH (Approx.):
5a. AGE-Last Birthday (Years): 85
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): November 17, 1926
7. BIRTHPLACE (City and State or Foreign Country): Ruryear, TN

TYPE/PRINT IN PERMANENT BLACK INK

NAME OF DECEDENT (To be completed by Physician or Institution)

8p. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: ☐ 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): 206 Blue Hills Drive
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: ☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: Homemaker
11b. KIND OF BUSINESS/INDUSTRY: Domestic

12. SOCIAL SECURITY NUMBER: 414-13-6770
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 206 Blue Hills Drive
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 37214
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ 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
☐ 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)
☒ 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
☒ 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): Louis Reynolds
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Mary Gillespie

DISPOSITION

20a. INFORMANT'S NAME: Charliese King
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 3650 Nazareth Pk., #199 Bethlehem, PA 18020

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Greenwood Cemetery North
21c. LOCATION - City or Town and State: Nashville, TN

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Richard A. Lewis
22b. LICENSE NUMBER: 3633
22c. SIGNATURE OF EMBALMER: ▶ Delmas Bogus
22d. LICENSE NUMBER: 3687
23a. NAME AND ADDRESS OF FUNERAL HOME: Lewis & Wright Funeral Directors 2500 Clarksville Pk., Nashville, TN 37208
23b. LICENSE NUMBER OF FUNERAL HOME: 0812

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Teresa S. Hendricks, DR
25. DATE FILED (Month, Day, Year): April 13, 2012

CERTIFIER

26. CERTIFIER (Check only one):
26a. ☐ 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: ▶
27b. LICENSE NUMBER: 34753
27c. DATE SIGNED (Month, Day, Year): 4/13/12
27d. NAME AND ADDRESS

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. Rick's disease
Due to (or as a consequence of)
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
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? ☐ Yes ☒ No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

30. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☐ 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-1839 (Rev. 10/2011) RDA 1389

5286696

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

Tina K. Farahani, Local Registrar
Davidson County, Tennessee

4/27/2012
Date Issued

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

EXHIBIT B

BOOK 8359 PAGE 741

STATE OF TENNESSEE
COUNTY OF DAVIDSON
THE ACTUAL CONSIDERATION OR VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS $ 85,000.00

Affiant

SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE 21st DAY OF MAY 19 91

Notary Public

MY COMMISSION EXPIRES 7/2/94
(AFFIX SEAL)

Return To: THIS INSTRUMENT WAS PREPARED BY

Greater Nashville Title & Closing Company 223 Madison St., S. 106 Madison, TN 37115

WARRANTY DEED

ADDRESS NEW OWNER(S) AS FOLLOWS:	SEND TAX BILLS TO	MAP-PARCEL NUMBERS
MARY L. JENKINS AND	MAINSTREET MORTGAGE COMPANY, INC.	Map 95-3
CHARLES E. (NAME) JENKINS, SR	(NAME)	
206 Blue Hills Drive	181 GAllatin Rd., Suite 1	Parcel 30
(ADDRESS)	(ADDRESS)	
Nashville, TN 37214	Hendersonville, TN 37075	3DZ-5165
(CITY) (STATE) (ZIP)	(CITY) (STATE) (ZIP)	

FOR AND CONSIDERATION OF THE SUM OF TEN DOLLARS, CASH IN HAND PAID BY THE HEREINAFTER NAMED GRANTEES, AND OTHER GOOD AND VALUABLE CONSIDERATIONS, THE RECEIPT OF WHICH IS HEREBY ACKNOWLEDGED, WE, HOWARD L. CAUGHRON AND WIFE, MARGUERITE CAUGHRON

HEREINAFTER CALLED THE GRANTORS, HAVE BARGAINED AND SOLD, AND BY THESE PRESENTS DO TRANSFER AND CONVEY UNTO MARY L. JENKINS AND CHARLES E. JENKINS, SR AS TENANTS IN COMMON

HEREINAFTER CALLED THE GRANTEES, THEIR HEIRS AND ASSIGNS, A CERTAIN TRACT OR PARCEL OF LAND IN DAVIDSON COUNTY, STATE OF TENNESSEE, DESCRIBED AS FOLLOWS, TO-WIT:

Land in Davidson County, Tennessee, being Lot No. 109 on the Plan of Merry Oaks Subdivision as of record in Book 1835, Pages 67 and 68, Register's Office for Davidson County, Tennessee to which plan reference is here made for a complete description thereof.

Being the same property conveyed to Howard L. Caughron and wife, Marguerite Caughron by deed from Associates Financial Services Company of Tennessee, Inc. of record in Book 8043, Page 446, Register's Office for Davidson County, Tennessee.

17.20 6.

IDENTIFICATION

Mar 28 9 45 AM '91

This is ( ) unimproved ( ) property, known as (X) improved 206 Blue Hills Drive, Nashville, TN 37214
(House Number) (Street) (P.O. Address) (City or Town) (Postal Zip)

TO HAVE AND TO HOLD the said tract or parcel of land, with the appurtenances, estate, title and interest thereto belonging to the said GRANTEES, their heirs and assigns forever; and we do covenant with the said GRANTEES that we are lawfully seized and possessed of said land in fee simple, have a good right to convey it and the same is unencumbered, unless otherwise herein set out, and we do further covenant and bind ourselves, our heirs and representatives, to warrant and forever defend the title to the said land to the said GRANTEES, their heirs and assigns, against the lawful claims of all persons whomsoever. Wherever used, the singular number shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders

Witness our hand s this 21st day of MAY 19 91

Howard L. Caughron

Marguerite Caughron

STATE OF TENNESSEE
COUNTY OF DAVIDSON

BOOK 8359 PAGE 742

Personally appeared before me, the undersigned authority, a Notary Public in and for said County and State, the within named Howard L. Caughron and wife, Marguerite Caughron

the bargainor S, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence, and who acknowledged that they executed the within instrument for the purposes therein contained. Witness my hand and official seal at

Madison, Tennessee, this 21st day of MAY, 1991

Commission expires 7/23/94

Diane F. Gregory
Notary Public

STATE OF TENNESSEE
COUNTY OF

Before me, _____ a Notary Public within and for the State and County aforesaid, personally appeared _____ and _____ with whom I am personally acquainted and who upon _____ oath(s) acknowledged _____ to be the _____ and _____ respectively of the _____ the within named bargainor, and corporation, and that _____ as such _____ and _____ being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing the name of the corporation, by the said _____ as such _____, and attesting the same by the said _____ as such _____.

Witness my hand and official seal at office at _____ on this the _____ day of _____ 19_____.

My commission expires _____

Notary Public

Page 2 of 2

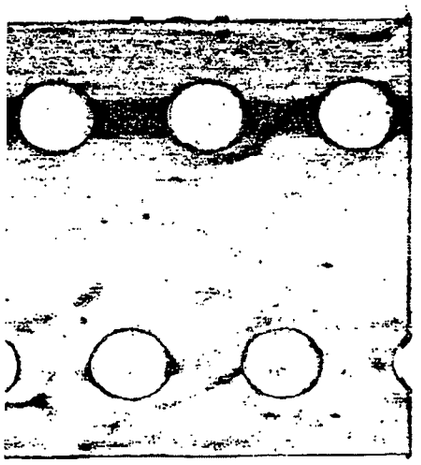
Greater Nashville Title and Closing Company
223 Madison St., Suite 106
Madison, TN 37115
(615) 865-1470

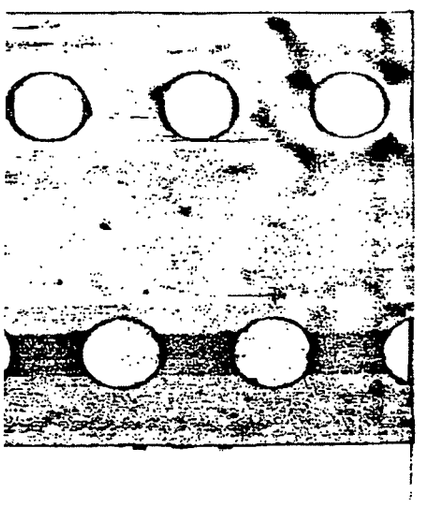
WARRANTY DEED

FROM:
HOWARD L. CAUGHRON AND
WIFE, MARGUERITE CAUGHRON

TO:
MARY L. JENKINS AND
CHARLES E. JENKINS

5481 05/28 0101 03CHECK 287.50





OFFICIAL RECEIPT
FELIX Z. WILSON, II
REGISTER OF DAVIDSON COUNTY
NASHVILLE, TENNESSEE

RECEIVED OF _____

FOR _____

BOOK 8359 PAGE 743

CO - CONVEYANCE	CC - CERTIFIED COPY	MISC - MISCELLANEOUS
MO - MORTGAGE	REL - RELEASE	CO TAX - STATE TAX CONVEY
WD - WARRANTY DEED	UCC - UNIFORM COMMERCIAL CODE	MO TAX - STATE TAX MORT
TD - TRUST DEED		PRFEE - PROBATE FEE

DATE	SYMBOL	VALUATION	TAX AND FEES	TOTAL

CAMT 85000.00
CON TX 280.50
PRFEE 1.00
WDEED 6.00
TOTAL 287.50
CHECK 287.50

RECEIPT IS NOT VALID UNTIL CHECK IS PAID BY BANK

05/28/91 01 09:47 0001 5481

17206

IDENTIFICATION

Mar 28 9 46 AM '91

No. 425042

EXHIBIT C

LAST WILL AND TESTAMENT OF REV. CHARLES E JENKINS, SR.

I, Rev. Charles E Jenkins, Sr., of Nashville, Tennessee, revoke my former Wills and Codicils and declare this to be my Last Will and Testament.

ARTICLE I
IDENTIFICATION OF FAMILY

I am married to Lula Mae Jenkins and all references in this Will to "my spouse" are references to Lula Mae Jenkins.

The names of my children are Charliese Lunell, Mary Louise, Charles Jr., , and Frederick Lavon. All references in this Will to "my children" are references to the above-named children.

ARTICLE II
PAYMENTS OF DEBTS AND EXPENSES

I direct that my just debts, funeral expenses, and expenses of last illness be first paid from my estate.

ARTICLE III
DISPOSITION OF PROPERTY

A. Specific Bequests. I direct that the following specific bequests be made from my estate.

1. Two Thousand ($2,000.00) Dollars shall be distributed to Charliese Lunell. If this beneficiary does not survive me, this bequest shall be distributed with my residuary estate.

2. Two Thousand ($2,000.00) Dollars shall be distributed to Mary Louise. If this beneficiary does not survive me, this bequest shall be distributed with my residuary estate.

3. Two Thousand ($2,000.00) Dollars shall be distributed to Charles Jr.,. If this beneficiary does not survive me, this bequest shall be distributed with my residuary estate.

4. Two Thousand ($2,000.00) Dollars shall be distributed to Frederick Lavon. If this beneficiary does not survive me, this bequest shall be distributed with my residuary estate.

5. Ministerial Library shall be distributed to Charliese Lunell, Mary Louise, Charles Jr., and Frederick Lavon. If this beneficiary does not survive me, this bequest shall be distributed with my residuary estate.

6. Interest in residence which I am a joint tenant with daughter Mary Louise at 206 Blue Hills Drive, Nashville, Tennessee and that she has shared equally in the monthy payments, I direct a lifetime interest for the remainder of her natural life, shall be distributed to Wife, Lula Mae Jenkins. In the event of my wife's death, my interest in this real property shall be distributed solely to my daughter Mary Louise. If this beneficiary does not survive me, this bequest shall be distributed with my residuary estate.

B. Residuary Estate. I direct that my residuary estate be distributed to my spouse, Lula Mae Jenkins. If my spouse does not survive me, my residuary estate shall be distributed to my child(ren) in equal shares. If a child of mine does not survive me, such deceased child's share shall be distributed in equal shares to the children of such deceased child who survive me, by right of representation. If a child of mine does not survive me and has no children who survive me, such deceased child's share shall be distributed in equal shares to my other children, if any, or to their respective children by right of representation. If no child of mine survives me, and if none of my deceased children are survived by children, my residuary estate shall be distributed to my heirs-at-law, their identities and respective shares to be determined under the laws of the State of Tennessee, then in effect, as if I had died intestate at the time fixed for distribution under this provision.

ARTICLE IV
NOMINATION OF EXECUTOR

I nominate Lula Mae Jenkins, of Nashville, Tennessee, as the Executor,without bond or security. If such person or entity does not serve for any reason, I nominate Mary Louise, of Nashville, Tennessee, and Frederick Lavon, of Nashville, Tennessee, as Co-Executors (the "Executor"), without bond or security.

ARTICLE V
EXECUTOR POWERS

My Executor, in addition to other powers and authority granted by law or necessary or appropriate for proper administration, shall have the right and power to lease, sell, mortgage, or otherwise encumber any real or personal property that may be included in my estate, without order of court and without notice to anyone.

My Executor shall have the right to administer my estate using "informal", "unsupervised", or "independent" probate or equivalent legislation designed to operate without unnecessary intervention by the probate court.

ARTICLE VI
MISCELLANEOUS PROVISIONS

A. Paragraph Titles and Gender. The titles given to the paragraphs of this Will are inserted for reference purposes only and are not to be considered as forming a part of this Will in interpreting its provisions. All words used in this Will in any gender shall extend to and include all genders, and any singular words shall include the plural expression, and vice versa, specifically including "child" and "children", when the context or facts so require, and any pronouns shall be taken to refer to the person or persons intended regardless of gender or number.

B. Liability of Fiduciary. No fiduciary who is a natural person shall, in the absence of fraudulent conduct or bad faith, be liable individually to any beneficiary of my estate, and my estate shall indemnify such natural person from any and all claims or expenses in connection with or arising out of that fiduciary's good faith actions or nonactions as the fiduciary, except for such actions or nonactions which constitute fraudulent conduct or bad faith.

C. Beneficiary Disputes. If any bequest requires that the bequest be distributed between or among two or more beneficiaries, the specific items of property comprising the respective shares shall be determined by such beneficiaries if they can agree, and if not, by my Executor.

IN WITNESS WHEREOF, I have subscribed my name below, this 4th day of May, 2000.

Testator Signature: Rev. Charles E Jenkins, Sr.
Rev. Charles E Jenkins, Sr.

We, the undersigned, hereby certify that the above instrument, which consists of 4 pages, including the page(s) which contain the witness signatures, was signed in our sight and presence by Rev. Charles E Jenkins, Sr. (the "Testator"), who declared this instrument to be his/her Last Will and Testament and we, at the Testator's request and in the Testator's sight and presence, and in the sight and presence of each other, do hereby subscribe our names as witnesses on the date shown above.

Witness Signature: Stephanie Williams
Name: Stephanie Williams
City: Nashville
State: Tennessee

Witness Signature: Teresa Chadwick
Name: Teresa Chadwick
City: Nashville
State: Tennessee

Witness Signature: India Dorsey
Name: India Dorsey
City: Nashville
State: Tennessee

AFFIDAVIT

I, Rev. Charles E Jenkins, Sr., the Testator, sign my name to this instrument this 4th day of May, 2000 and being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as my Will and that I sign it willingly, in the presence of the undersigned witnesses, that I execute it as my free and voluntary act for the purposes expressed in the Will, and that I am eighteen years of age or older, of sound mind, and under no constraint or undue influence.

Testator Signature: Rev. Charles E Jenkins, Sr.

Rev. Charles E Jenkins, Sr.

We, Stephanie Williams and Teresa Chadwick and India Dorsey, the witnesses, sign our names to this instrument, being first duly sworn, and do hereby declare to the undersigned authority that the Testator signs and executes this instrument as the Testator's will and that the Testator signs it willingly in our presence, and that the Testator executes it as the Testator's free and voluntary act for the purposes expressed in the will, and that each of us, in the presence and hearing of the Testator, at the Testator's request, and in the presence of each other, hereby signs this will, on the date of the instrument, as witness to the Testator's signing, and that to the best of our knowledge the Testator is eighteen years of age or older, of sound mind and memory, and under no constraint or undue influence, and the witnesses are of adult age and otherwise competent to be witnesses.

Witness Signature: Stephanie Williams

Name: Stephanie Williams
City: Nashville
State: Tennessee

Witness Signature: Teresa Chadwick

Name: Teresa Chadwick
City: Nashville
State: Tennessee

Witness Signature: India Dorsey

Name: India Dorsey
City: Nashville
State: Tennessee

STATE OF TENNESSEE
COUNTY OF Davidson

Subscribed, sworn to and acknowledged before me by Rev. Charles E Jenkins, Sr., the Testator; and subscribed and sworn to before me by Stephanie Williams and Teresa Chadwick and India Dorsey,witnesses, this 4th day of May, 2000.

Notary public, or other officer
authorized to take and certify
acknowledgments and administer oaths

RICHARD MANSON
NOTARY PUBLIC AT LARGE
DAVIDSON COUNTY, TENN.

My Commission Expires MAY 28, 2003