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IDENTIF. & REFERENCE

94 SEP -9 AM 10:36

FELIX Z. ... II REGISTER
DAVIDSON COUNTY, TN.

AFFIDAVIT OF HEIRSHIP

BOOK 9460 PAGE 749

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned authority, a Notary Public in and for said County and State, duly commissioned and qualified, the within named Affiants, jointly and severally, **Joseph Edward Brimm, by and through his lawful attorney-in-fact, Judith G. Brimm, Linda Brimm Kincaid, Sandra Brimm Hudson Maples, Jeffery Harris Brimm, and Jerry Wayne Brimm**, who being first duly sworn, did depose and say:

1. I, **Joseph Edward Brimm, by and through my lawful attorney-in-fact, Judith G. Brimm** declare that I am a resident of the County of Wilson, State of Tennessee, and that I am an heir-at-law of **Elizabeth C. Brimm, being one and the same person as Jennie Elizabeth Brimm** and have personal knowledge of the heirs-at-law of **Elizabeth C. Brimm**, who died testate on February 18, 1994, at the age of 70, a resident of Hermitage, Davidson County, Tennessee.

2. I, **Linda Brimm Kincaid** declare that I am a resident of the County of Davidson, State of Tennessee, and that I am an heir-at-law of **Elizabeth C. Brimm, being one and the same person as Jennie Elizabeth Brimm** and have personal knowledge of the heirs-at-law of **Elizabeth C. Brimm**, who died testate on February 18, 1994, at the age of 70, a resident of Hermitage, Davidson County, Tennessee.

3. I, **Sandra Brimm Hudson Maples** declare that I am a resident of the County of Davidson, State of Tennessee, and that I am an heir-at-law of **Elizabeth C. Brimm, being one and the same person as Jennie Elizabeth Brimm** and have personal knowledge of the heirs-at-law of **Elizabeth C. Brimm**, who died testate on February 18, 1994, at the age of 70, a resident of Hermitage, Davidson County, Tennessee.

4. I, **Jeffery Harris Brimm** declare that I am a resident of the County of Davidson, State of Tennessee, and that I am an heir-at-law of **Elizabeth C. Brimm, being one and the same person as Jennie Elizabeth Brimm** and have personal knowledge of the heirs-at-law of **Elizabeth C. Brimm**, who died testate on February 18, 1994, at the age of 70, a resident of Hermitage, Davidson County, Tennessee.

5. I, **Jerry Wayne Brimm** declare that I am a resident of the County of Wilson, State of Tennessee, and that I am an heir-at-law of **Elizabeth C. Brimm, being one and the same person as Jennie Elizabeth Brimm** and have personal knowledge of the heirs-at-law of **Elizabeth C. Brimm**, who died testate on February 18, 1994, at the age of 70, a resident of Hermitage, Davidson County, Tennessee.

6. That Edward H. Brimm predeceased his wife, Elizabeth C. Brimm, on or about November 18, 1985.

7. That at the time of Elizabeth C. Brimm's death, she owned certain real property, to wit:

SEE EXHIBIT A ATTACHED HERETO AND MADE A PART HEREOF.

8. That at the time of Elizabeth C. Brimm's death, she left surviving her the following persons and only heirs-at-law having an estate of inheritance in her land, to wit:

1) Joseph Edward Brimm, her son
2) Linda Brimm Kincaid, her daughter
3) Sandra Brimm Hudson Maples, her daughter
4) Jeffery Harris Brimm, her son
5) Jerry Wayne Brimm, her son

A copy of the death certificate of Jennie Elizabeth Brimm, being one and the same person as Elizabeth C. Brimm, is attached to this Affidavit as Exhibit "B", and a copy of the Last Will and Testament of Jennie Elizabeth Brimm, being one and the same person as Elizabeth C. Brimm, is attached to this Affidavit as Exhibit "C".

If any provision of this Affidavit is found to be invalid, then it shall not affect the validity of the other provisions contained herein. To that end, the provisions of this Affidavit are deemed to be severable.

IN TESTIMONY WHEREOF, We hereunto subscribe our names this 6th day of September, 1994.

Joseph Edward Brimm, Affiant

Linda Brimm Kincaid, Affiant

BY: Judith G. Brimm
Attorney-in-Fact

Sandra Brimm Hudson Maples

Jeffery Harris Brimm

Jerry Wayne Brimm

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned authority, a Notary Public in and for said County and State, the within named **Linda Brimm Kincaid, Sandra Brimm Hudson Maples, Jeffery Harris Brimm, and Jerry Wayne Brimm**, 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 Nashville, Tennessee, this 6th day of September, 1994.

Notary Public
My Commission Expires: 5/23/98

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned authority, a notary public in and for said county and state, the within named **Judith G. Brimm**, with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence), and who acknowledged that she executed the foregoing (AFFIDAVIT OF HEIRSHIP) instrument as the free act and deed of the said **Joseph Edward Brimm**, for the purposes therein contained by virtue of a Power of Attorney duly executed by the said **Joseph Edward Brimm**, appearing of record in Book 9452, Page 964, said Register's Office.

WITNESS MY HAND AND OFFICIAL SEAL, on this the 6th day of September, 1994.

NOTARY PUBLIC

My commission expires: 5/23/98

PREPARED BY: Cindy S. Smith, Attorney-at-Law, 2605 Elm Hill Pike, Suite C, Nashville, Tennessee, from information furnished by the parties. (Box 27-B)

EXHIBIT A

Land in Davidson County, Tennessee, being Lot No. 653 on the Plan of Hermitage Hills, Section 7, as of record in Book 3300, Pages 62 and 63, Register's Office for Davidson County, Tennessee.

Said Lot No. 653 fronts 85.0 feet on the westerly side of Bonnafair Drive and extends back between lines, 150.0 feet on the northerly line and 150.0 feet on the southerly line, to a dead line measuring 85.0 feet.

BEING the same property conveyed to Edward H. Brimm and wife, Elizabeth C. Brimm by deed from Robert J. Nelson and wife, Billie Faye Nelson of record in Book 4032, Page 568, Register's Office, Davidson County, Tennessee. The said Edward H. Brimm predeceased his wife leaving Elizabeth C. Brimm as the surviving tenant by the entirety. The said Elizabeth C. Brimm died testate on February 18, 1994, and by Last Will and Testament devised said property to the following sole surviving heirs-at-law: Joseph Edward Brimm, Linda Brimm Kincaid, Sandra Brimm Hudson, Jeffery Harris Brimm and Jerry Wayne Brimm.

This is property with a common address of 7025 Bonnafair Drive, Hermitage, TN 37076.

Metropolitan Government of Nashville and Davidson County

EXHIBIT "B"

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

FEB 28 1994

BOOK 9460 PAGE 752

Sheila S. Wadley, M.D.

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

9400920

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): JENNIE ELIZABETH BRIMM
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): FEBRUARY 18, 1994
4. SOCIAL SECURITY NUMBER: [redacted]-8045
5a. AGE – LAST BIRTHDAY (Years): 70
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): 1-19-1924
7. BIRTHPLACE (City and State or Foreign Country): MURFREESBORO, TN.
8. EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): Hospital: 1 [X] Inpatient 2 ER/Outpatient 3 DOA; Other: 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): DONELSON HOSPITAL
9c. CITY, TOWN, OR LOCATION OF DEATH: DONELSON
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): WIDOWED
11. SURVIVING SPOUSE (If wife, give maiden name): NONE
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): HOMEMAKER
12b. KIND OF BUSINESS/INDUSTRY: OWN HOME
13a. RESIDENCE – STATE: TN.
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: HERMITAGE
13d. STREET AND NUMBER OR RURAL LOCATION: 7025 BONNAFAIR

CENSUS TRACT

13e. INSIDE CITY LIMITS? 1 [X] Yes 2 No
13f. ZIP CODE: 37076
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes No [X]
Specify, if yes:
15. RACE – American Indian, Black, White, etc. (Specify): WHITE
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 10; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): EDWARD ACTON CARVER
18. MOTHER'S NAME (First, Middle, Maiden Surname): CORA MAYS

INFORMANT

19a. INFORMANT'S NAME (Type/Print): LINDA KINCAID
19b. RELATIONSHIP TO DECEASED: DAUGHTER
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 7025 BONNAFAIR, HERMITAGE, TN. 37076

NAME OF DECEDENT: For use by Physician or Institution

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): EVERGREEN CEMETERY
20c. LOCATION – City or Town, State: MURFREESBORO, TN.
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ JERRY O. LOWERY
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2712
21c. SIGNATURE OF EMBALMER: ▶ RONNIE L. GANDY
21d. LICENSE NUMBER OF EMBALMER: 3871
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODFIN FUNERAL CHAPELS, INC. P.O. BOX 636, MURFREESBORO, TN. 37133
22b. LICENSE NUMBER OF FUNERAL HOME: 179

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Patricia Sawyer
24. DATE FILED (Month, Day, Year): February 28, 1994

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: ▶ Jerry M. Sellers, Jr. (Jerry M. Sellers, Jr.) MD
25b. LICENSE NUMBER: MD 011346
25c. DATE SIGNED (Month, Day, Year): 2/23/94
25d. 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: ▶
25e. LICENSE NUMBER:
25f. DATE SIGNED (Month, Day, Year):
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print):

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

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

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Respiratory Failure
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.
b. Respiration - Insufficiency
DUE TO (OR AS A CONSEQUENCE OF):
c. COPD / emphysema
DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Imparolary Or Prefrontal Lesion (R) Cerebellar R.L. pneumonia / atelectasis

29a. WAS AN AUTOPSY PERFORMED? 1 Yes 2 No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No

30. MANNER OF DEATH: 1 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: M
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):

BIRTH NO.

PH-1655 REV 1/89

RECORDERS MEMO
LEGIBILITY OF WRITING, TYPING OR PRINTING IN THIS DOCUMENT UNSATISFACTORY WHEN RECEIVED

LAST WILL AND TESTAMENT

EXHIBIT "C"

of

JENNIE ELIZABETH BRIMM

BOOK 9460 PAGE 753

I, **JENNIE ELIZABETH BRIMM**, a citizen and resident of Hermitage, Davidson County, Tennessee, being of sound mind and disposing memory, do hereby make, publish, and declare this to be my Last Will and Testament and hereby revoke any and all wills and codicils which may have heretofore been executed by me.

I.

I direct that my daughter, **LINDA BRIMM KINCAID**, serve as the Executrix of this Will, and that no bond or other security shall be required of her for the faithful performance of her duties. She is hereby vested with all the powers and discretion with respect to my estate during administration granted by law, as well as the power set forth in Section 35-50-110, Tennessee Code Annotated, as the same may be amended from time to time, all to be exercised without order. If she is unwilling or unable to serve, I hereby direct that my son, **JOSEPH EDWARD BRIMM**, to serve as my Executor and he is likewise vested with all the rights, powers, and authority as hereinabove set forth, and no bond or other security shall be required of him for the faithful discharge of his duties.

II.

I direct my Executrix to pay, out of my estate, any and all lawfully enforceable debts, funeral expenses, expenses of administration of my estate, and any inheritance or like taxes that may be imposed by reason of my death.

III.

After payments for debt and taxes as hereinbefore set out, I hereby give, devise and bequeath equally all my property, real, personal, or mixed, to my children, **JOSEPH EDWARD BRIMM, LINDA BRIMM KINCAID, SANDRA BRIMM HUDSON, JEFFERY HARRIS BRIMM** and **JERRY WAYNE BRIMM**, share and share alike, to have

and to hold forever, and the same is theirs to spend, invest, sell, consume, or dispose of in any manner which they see fit.

IV.

It is my intention that my entire estate pass under the terms of this Will.

IN WITNESS WHEREOF, I have hereunto set my hand this 26 day of July, 1993, and do publish and declare this as my Last Will and Testament, consisting of three (3) pages, in the presence of each other and all of the subscribing witnesses whom I have requested to act as such by signing their names as attesting witnesses in my presence and in the presence of each other, and by signing the affidavit below pursuant to the provisions of Tennessee Code Annotated, Section 32-3-110.

Jennie Elizabeth Brimm

JENNIE ELIZABETH BRIMM

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

BOOK 9460 PAGE 755

_____ and _____, after being duly sworn according to law, depose and say:

1. That they are adult citizens of Davidson County, Tennessee.

2. That they witnessed the execution of the Last Will and Testament of **JENNIE ELIZABETH BRIMM**, dated _____, 1993, to which this Affidavit is attached, and that this Affidavit is being made at the request of the Testatrix and in accordance with Tennessee Code Annotated Section 32-2-110.

3. That their signatures are affixed to said Last Will and Testament, and they signed or affixed the same at the instance and at the request of the Testatrix and in her presence and in the presence of each other, at the place and on the date recited in said Last Will and Testament.

4. That the Testatrix signed said paper writing as and for her Last Will and Testament in their sight and presence.

5. That at the time they witnessed said Will, the Testatrix was, in their opinion, of sound mind.

Betty Wilburn
WITNESS

82 Honolulu Rd.
Antioch Tn. 37013
ADDRESS

Kathy Robinson
WITNESS

3512 Earhart Rd
Mt. Juliet TN 37122
ADDRESS

Sworn to and subscribed before me
this 27th day of July, 1993.

Vincent N. Lloyd
NOTARY PUBLIC
My Commission Expires: 3-23-96

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