BILL GARRETT, Davidson County
Trans:T20100042083 AFFIDAVIT
Recvd: 07/09/10 11:03 4 pgs
Fees:22.00 Taxes:0.00
20100709-0053817

July 9, 2010

Register of Deeds, Davidson County
501 Broadway
Nashville, TN 37203

Gentlemen/Ladies

Property on Acklen Park Dr, Nashville – Joseph A Benedict Jr – Affidavit of Inheritance
Map/Par: 10401043300; Lot 7, West End Park Terrace
Map/Par: 10401037100; Lots 8 & 9, West End Park Terrace

I request to have the subject property deeds changed as follows:

Change From:
Lot 7 – Benedict, Joe A. ETUX
Lots 8 & 9 – Benedict, J.A. ETUX
408 Acklen Park Dr
Nashville, TN 37205

PREPARED BY:

Change To:
Joseph A. Benedict Jr.
9500 Goldsboro Cir
Knoxville, TN 37922

This request is based on the fact that both of my parents are now deceased and I am the only child of their marriage and the sole inheritor. Copies of their death certificates are attached along with a copy of the last will – that of my mother who passed away in November, 2009. Also attached is an Affidavit of Inheritance noting that I am the sole inheritor of their properties.

Sincerely,

Joseph A. Benedict Jr

Joseph A. Benedict Jr.
9500 Goldsboro Cir
Nashville, TN 37922

Home – 865.690.7502
Cell – 865.607.7502

June 28, 2010
State of Tennessee
County of Knox

To Whom It May Concern:

I, Joseph Aste Benedict Jr, have prepared a sworn statement that both of my parents are deceased:

- Joseph Aste Benedict Sr. (1910-1994)
- Louise Schmid Benedict (1913-2009)
- See attached Death Certificates

I am the only child from their marriage and there are no children outside of their marriage. Furthermore, my parents prepared wills naming me as the Executor of their Wills and the inheritor of their possessions. ~~See attachment~~.

Signed:

Joseph A Benedict Jr

This statement was sworn to before me on

State of Tennessee, County of Knox

Sworn to and subscribed before me this

28 day of June, 2010

Elizabeth Y Hooks 3-3-2014

Notary's Signature and Seal My commission expires

ELIZABETH Y. HOOKS
STATE OF TENNESSEE NOTARY PUBLIC
KNOX COUNTY

Metropolitan Government of Nashville and Davidson County

Philip Boedesen, Mayor

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

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.

JUN 21 1994

Linda L Wadley, MD

9403115

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT: For use by physician or institution

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): JOSEPH BENEDICT
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): June 14, 1994
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]3803
5a. AGE – LAST BIRTHDAY (Years): 83
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): DEC 25, 1910
7. BIRTHPLACE (City and State or Foreign Country): MEMPHIS, TENNESSEE
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
8a. 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): ST. THOMAS
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): LOUISE SCHMID
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): LOAN OFFICER
12b. KIND OF BUSINESS/INDUSTRY: VETERANS ADMINISTRATION
13a. RESIDENCE – STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 408 ACKLEN PARK DR
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37204
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No
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): 12; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): JOE BENEDICT
18. MOTHER'S NAME (First, Middle, Maiden Surname): MARY ASTE

INFORMANT

19a. INFORMANT'S NAME (Type/Print): LOUISE BENEDICT
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 408 ACKLEN PARK DR, NASHVILLE, TN 37205

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): CALVARY
20c. LOCATION – City or Town, State: NASHVILLE, TN.
21a. SIGNATURE OF FUNERAL DIRECTOR: J Brewer
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2153
21c. SIGNATURE OF EMBALMER: J Brewer
21d. LICENSE NUMBER OF EMBALMER: 2969
22a. NAME AND ADDRESS OF FUNERAL HOME: MARSHALL-DONNELLY-COMBS, 201 25TH AVE. N. NASHVILLE, TN. 37203
22b. LICENSE NUMBER OF FUNERAL HOME: 40

REGISTRAR

23. REGISTRAR'S SIGNATURE: Patricia Gann
24. DATE FILED (Month, Day, Year): June 21, 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 [ ] SIGNATURE AND TITLE OF PHYSICIAN: Ralph N. Massie MD
25b. LICENSE NUMBER: TN 1809
25c. DATE SIGNED (Month, Day, Year): 6/21/94
26a. 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
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):

CAUSE OF DEATH

SEE INSTRUCTIONS ON OTHER SIDE

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. Severe Anemia 2° Myeloproliferative disease of Bone Marrow
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.
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: Stricture of Esophagus 2° acid Peptic Disease
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-1659
REV 1/89

STATE OF TENNESSEE
Office of Vital Records

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): Louise Schmid Benedict
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): November 22, 2009
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]8935
5a. AGE - LAST BIRTHDAY (Years): 96
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): July 29, 1913
7. BIRTHPLACE (City and State or Foreign Country): Franklin, Kentucky
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [xx] No
9a. PLACE OF DEATH (Check only one): 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Nursing Home 5 [ ] Residence 6 [xx] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Shannondale Health Care Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Knoxville
9d. COUNTY OF DEATH: Knox
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Widowed
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.): Home Maker
12b. KIND OF BUSINESS/INDUSTRY: Own Home
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Knox
13c. CITY, TOWN OR LOCATION: Knoxville
13d. STREET AND NUMBER OR RURAL LOCATION: 9500 Goldsboro Circle
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [ ] Yes 2 [xx] No
13f. ZIP CODE: 37922
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 [ ] Yes 2 [xx] No
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): 12; College (1-4 or 5+):

NAME OF DECEDENT If was by person in institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Joseph Schmid
18. MOTHER'S NAME (First, Middle, Maiden Surname): Katherine Schmid

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Joe Benedict
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 9500 Goldsboro Circle, Knoxville, Tennessee 37922

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [xx] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Calvary Cemetery
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Linda L. Parton
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 6067
21c. SIGNATURE OF EMBALMER: James S. Johnson
21d. LICENSE NUMBER OF EMBALMER: 3712
22a. NAME AND ADDRESS OF FUNERAL HOME: Click Funeral Home Farragut Chapel, 11915 Kingston Pike, Farragut, TN, 37934
22b. LICENSE NUMBER OF FUNERAL HOME: 1079

REGISTRAR

23. REGISTRAR'S SIGNATURE:
24. DATE FILED (Month, Day, Year): Nov. 24 2009

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 [ ] SIGNATURE AND TITLE OF PHYSICIAN:
25b. LICENSE NUMBER: 20856
25c. DATE SIGNED (Month, Day, Year): 11/24/09
26a. MEDICAL EXAMINER – On the basis of examination and/or investigation, in my opinion, death occured at the time, 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):
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Dr. David Hancock, 801 Vanosdale Road, Knoxville, TN 37909

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

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. Failure to Thrive — Months
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. Senile Dementia — Years
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 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] 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: 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):

PH-1659 (REV. 6/99) RDA 1399

3672628

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.

Sharon M. Leinbach
STATE REGISTRAR

Mark E. Jones
Director and Local Registrar
Knox County Health Department

NOV 24 2009
Date Issued

THE STATE OF TENNESSEE AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD