Affidavit of Heirship
(Decedent died Intestate)

BILL GARRETT, Davidson County
Trans:T20110040752 AFFIDAVIT
Recvd: 07/07/11 12:39 4 pgs
Fees:22.00 Taxes:0.00
20110707-0052038

State of Tennessee
County of Davidson

Cynthia Renee Rose, formerly known as Cynthia Renee Chunn, being first duly sworn, deposes and says that:

1. She is the daughter of the Decedent, Joe Louis Chunn, as evidenced in her original Certificate of Live Birth of which a copy is attached.

2. While living, the Decedent acquired title in fee simple absolute to the premises (referred to herein as the *Premises*), which lies within Davidson County, TN, that is more particularly described as follows:

   Address: 3234 Kings Lane
   Nashville, TN 37218

   Legal Description: Lot 164 Haynes Estates Sec 3 080X207XIR

3. As recorded in the original Certificate of Death of which a copy is attached, the Decedent died on February 1, 2011 while a resident of the County of Davidson, TN. Also, at the time of his death the Decedent had legal possession of the Premises and died intestate. No probate proceedings took place regarding the Estate of the Decedent, leaving surviving at the time of the Decedent's death, as Decedent's only lawful heirs-at-law, the following named persons:

Name	Address	Relationship to Decedent
Cynthia Renee Rose	1215 Bell Grimes Lane Nashville, TN 37207	Daughter
Toni L. Clark	166 Village Green Drive Nashville, TN 37217	Sister
William Smith	1307 N. 6th Street Nashville, TN 37207	Uncle

4. At the time of his death, the Decedent had no wife surviving, no child, no descendants of any deceased child, no descendants of any deceased adopted child, no father, no mother, no brother, no sister, no issue of any deceased brother or sister, no grandparents, no uncle, no aunt, and no issue of a deceased uncle or aunt other than those listed above named surviving at his death.

5. In accordance with the Tennessee Code Annotated ("T.C.A.") 31-2-103 to T.C.A. 104(b)(1), Cynthia Renee Rose, to the best of her knowledge after all reasonable diligence, being the only known issue and consequently the only surviving issue of the decedent, inherited the Premises in fee simple absolute immediately upon the death of the Decedent when her interest in the Premises vested.

6. All known creditors of the Decedent have been paid in full to the best of the knowledge of Cynthia Renee Rose; and after reasonable diligence to ascertain any knowledge of any existing creditors not known, no such parties were ascertained.

7. All of the persons above named are of full legal age.

8. All of the persons above named are of sound mind.

9. The Decedent was a citizen of the United States of America.

10. This Affidavit is made to induce TRAVELERS to issue its policy of homeowner insurance covering the Premises knowing that it relies upon the truth hereof.

Cynthia R. Rose
Signature of Affiant

Cynthia Renee Rose
Print or Type Name of Affiant

SWORN to and subscribed before, this the 6th day of July 2011.

Maria Martocci
NOTARY PUBLIC

My Commission Expires:

My Commission Expires
May 6, 2013

MARIA MARTOCCI
Notary Public
DAVIDSON COUNTY, TENNESSEE

This Instrument was prepared by:
Richard McDermott, Esq. BPR #028028

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TENNESSEE DEPARTMENT OF PUBLIC HEALTH
DIVISION OF VITAL STATISTICS

NO. 141- 66-047060

CERTIFICATE OF LIVE BIRTH

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

1. NAME OF CHILD — FIRST: Cynthia — MIDDLE: Renee — LAST: Chunn

2. SEX: Female

3A. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

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

4. DATE OF BIRTH — MONTH DAY YEAR: August 28, 1966

5. PLACE OF BIRTH
A. COUNTY: Davidson
B. CIVIL DISTRICT: 20
C. INSIDE CORPORATE LIMITS OF A CITY OR TOWN: YES [X] NO [ ]
IF YES, NAME OF CITY OR TOWN: Nashville
D. NAME OF HOSPITAL: Hubbard 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 [X] NO [ ]
IF YES, NAME OF CITY OR TOWN: Nashville
IF NO, GIVE CIVIL DISTRICT:

FATHER OF CHILD

7. FULL NAME — FIRST: Joe — MIDDLE: Louis — LAST: Chunn
8. COLOR OR RACE: Negro
9. AGE (At time of this birth): 27 YEARS
10. BIRTHPLACE (State or Foreign Country): Tennessee
11A. USUAL OCCUPATION: Technician
11B. KIND OF BUSINESS OR INDUSTRY: Vanderbilt

MOTHER OF CHILD

12. FULL MAIDEN NAME — FIRST: Juanita — MIDDLE: Inez — LAST: Seats
13. COLOR OR RACE: Negro
14. AGE (At time of this birth): 21 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): 0
A. HOW MANY OTHER CHILDREN ARE NOW LIVING? 0
B. HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? 0
C. HOW MANY FETAL DEATHS? (BORN DEAD AFTER 20 WEEKS OF PREGNANCY): 0

18. MOTHER'S NAME AND MAILING ADDRESS
A. NAME: Mrs. Joe Louis Chunn
B. RFD OR ST.: 953-37th Avenue North
C. CITY: Nashville
D. STATE: Tennessee

19. SIGNATURE
A. I HEREBY CERTIFY THAT THIS CHILD WAS BORN ALIVE ON DATE STATED ABOVE
NAME: Carr A. Treherne M.D. [X] D.O. [ ] MID-WIFE [ ] OTHER (SPECIFY)
B. ADDRESS: George W. Hubbard Hospital
C. DATE SIGNED: August 29, 1966

20A. REGISTRATION DISTRICT NO.: 21901
20B. DATE RECEIVED BY LOCAL REGISTRAR: 9-12-66
20C. REGISTRAR'S SIGNATURE: Geo. F. Beatty

STATE OF TENNESSEE
Office of Vital Records

1100483

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): Joe Louis Chunn
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): February 1, 2011
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-7302
5a. AGE-LAST BIRTHDAY (Years): 71
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): July 12 1939
7. BIRTHPLACE (City and State or Foreign Country): Bell Buckle, TN.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Nursing Home 5 [ ] Residence 6 [X] Other (Specify): Alive Hospice
9b. FACILITY NAME (If not inpatient, give street and number): Alive Hospice 1718 Patterson Street
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Divorced
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.): L.P.N.
12b. KIND OF BUSINESS/INDUSTRY: Hospital
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 3234 King Lane
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37218
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
15. RACE-American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): +2; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or medical examiner

PARENTS

17. FATHER'S NAME (First, Middle, Last): William E. Chunn
18. MOTHER'S NAME (First, Middle, Maiden Surname): Katherine Smith

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Cynthia Rose
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1215 Grimes Lane Nashville. Tennessee 37207

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Spring Hill Cemetery
20c. LOCATION-City or Town, State: Madison Tenn.
21a. SIGNATURE OF FUNERAL DIRECTOR: Ronald C. Smith Sr.
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4563
21c. SIGNATURE OF EMBALMER: Ronald Stewart
21d. LICENSE NUMBER OF EMBALMER: 3732
22a. NAME AND ADDRESS OF FUNERAL HOME: Holmes Funeral Home 1408 Jo-Johnston Ave. Nashville, Tennessee
22b. LICENSE NUMBER OF FUNERAL HOME: 340

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda L. Barbee
24. DATE FILED (Month, Day, Year): February 2, 2011

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
25b. LICENSE NUMBER: 44186
25c. DATE SIGNED (Month, Day, Year): 2-01-2011
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): David Tribble, M.D 1718 Patterson Street Nashville, TN 37203

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.

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	Septicemia	
DUE TO (OR AS A CONSEQUENCE OF): b.	Aspiration and Infected Anesthesia Sleep	
DUE TO (OR AS A CONSEQUENCE OF): c.	Severe Peripheral Vascular Disease	
DUE TO (OR AS A CONSEQUENCE OF): d.	Diabetes	

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

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 [X] 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-1658 (REV. 6/99)

BIRTH NO

RDA 1339

4632724

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

Tonya Y. Forman, Local Registrar
Davidson County, Tennessee

FEB 01 2011
Date Issued

CERTIFICATION OF VITAL RECORD