Prepared by Kathy Beers
Nashville TN 37210

BILL GARRETT, Davidson County
Trans:T20110049582 AFFIDAVIT
Recvd: 08/12/11 14:15 5 pgs
Fees:27.00 Taxes:0.00
20110812-0062428

AFFIDAVIT OF HEIRSHIP

Comes now the undersigned Affiants, and being first duly sworn, make oath with the express intention of complying with the provisions of Tennessee Code Annotated Sec. 30-2-712 "Affidavits; Heirship", and hereby state the following:

1. That the undersigned Affiants are not related to Sarah N. Humphrey, deceased and formerly of Nashville, Tennessee, and are familiar with her family history for purposes of making this affidavit.

2. That said Sarah N. Humphrey was the owner of the real property known as 203 Scalf Dr., Nashville, TN and described in the instrument attached hereto and incorporated herein by reference.

3. That the place of Sarah N. Humphrey's residence at the time of her death was Nashville, Davidson County, Tennessee.

4. That Sarah N. Humphrey died in the month of August, 2009, and that she was not married at the time of her death. That the place of her residence at the time of her death was Nashville, Tennessee. Said Sarah N. Humphrey died intestate.

5. That said Sarah N. Humphrey was survived by the following children, who are her sole issue and heirs at law:

NAME	RELATIONSHIP
Anita Humphrey	Daughter
Sue Mangeri	Daughter

6. That all the persons listed in Paragraph 5 above were over the age of eighteen (18) years at the death of said Sarah N. Humphrey.

7. That to the best of our knowledge said Sarah N. Humphrey had no other issue, or adopted children, or descendants of deceased issue or adopted children, surviving at her death.

8. That the deceased was not a participant in the TennCare Program, and the Program and/or the State of Tennessee have no right or claim relative to the real property previously owner by the deceased.

Executed this 11 day of August, 2011.

Bryan Porter
Bryan Porter

Charles E. Duncan
Charles E. Duncan

Executed and Sworn to before me this 11 day of August, 2011.

Ann Marie Johnson
Notary Public
My Commission Expires: MY COMMISSION EXPIRES: 11-04-13

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public of said County and State, the within and named Bryan Porter and Charles E. Duncan, named bargainors, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged that they executed the within instrument for the purposes therein contained.

WITNESS my hand, at office, this 11 day of August, 2011.

Ann Marie Johnson
Notary Public
My Commission Expires: MY COMMISSION EXPIRES: 11-04-13

Exhibit "A"

BOOK 9448 PAGE 947

THIS INSTRUMENT PREPARED BY: Bob Lynch, Jr., Esq.
Suite 316, Washington Square
222 Second Avenue, North
Nashville, Tennessee 37201

QUITCLAIM DEED

Address New Owner(s)	Send Tax Bills To	Map-Parcel
Ms. Sarah N. Humphrey	Same	Map 043-10-0
P. O. Box 140732		Par. 027.00
Nashville, TN 37214		

For and in consideration of the sum of Ten Dollars ($10.00), cash in hand paid by the hereinafter named Grantee, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, James E. Humphrey, hereinafter called the Grantor, by these presents does quitclaim and convey unto Sarah N. Humphrey, hereinafter called the Grantee, and her heirs and assigns, all of his right, title, and interest in and to a certain tract or parcel of land located in Davidson County, State of Tennessee, described as follows:

> Land in Davidson County, Tennessee, being Lots No. 3 on the unrecorded Map showing the subdivision of Tract 14, Anderson Estates, a plan of said Anderson Estates being of record in Book 1130, page 37, Register's Office for said County, and said Lot 3 being described together according to a survey made by Harvey Gee, dated December 29, 1947, as follows:
>
> Beginning at a point in the west margin of Scalf Drive at the corner of Lots 2 and 3, said point being 258.8 feet north of a concrete monument in the margin of Scalf Drive, opposite a turn in DuPont Avenue; thence with the line between Lots 2 and 3, westerly 175 feet to a point; thence northerly 115 feet to a corner of Lot 4; thence with the line between Lots 3 and 4 easterly 175 feet to a point in the westerly margin of Scalf Drive; thence with the margin of the same, southerly 115 feet to the point of beginning.
>
> Being a part of the same property conveyed to James Elton Humphrey, Jr. by deed from Ermine E. White and wife, Reva P. White, of record in Book 5082, page 493, Register's Office for Davidson County, Tennessee.

The legal description contained herein is the same as that contained in the previous deed of record.

Said property is conveyed subject to such limitations, restrictions, and encumbrances as may affect the premises.

This is improved property known as 203 Scalf Drive, Madison, Tennessee 37115.

Witness my hand this the 18th day of July, 1994.

PICK-UP

JAMES E. HUMPHREY, Grantor

85680
IDENTIF. & REFERENCE

94 AUG 29 PM 1:44
REGISTER
DAVIDSON CO. TN.

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Personally appeared before me, L. R. DeMarco, a Notary Public in and for said county and state, the within named JAMES E. HUMPHREY, the bargainor, with whom I am personally acquainted, and who acknowledged that he executed the within instrument for the purposes contained therein.

Witness my hand and official seal at Nashville, Tennessee, this 18th day of July, 1994.

L. R. DeMarco
NOTARY PUBLIC

My Commission expires: 5-25-96

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

The actual consideration or value, whichever is greater, for this transfer is -0- ($0.00).

James Humphrey
AFFIANT

Sworn to and subscribed before me this 18th day of July, 1994.

L. R. DeMarco
NOTARY PUBLIC

My Commission expires: 5-25-96

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Copy

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT: Sarah Novella Humphrey
For use by physician or institution

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED
2009 AUG 13 AM 9:47
RICHARD R. ROOKER
DAVIDSON CO. CLERK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Sarah Novella Humphrey
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): August 10, 2009
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]
5a. AGE-LAST BIRTHDAY (Years): 62
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): May 6 1947
7. BIRTHPLACE (City and State or Foreign Country): 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/Long Term Care (Residential) 5 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 201 Scalf Ave
9c. CITY, TOWN, OR LOCATION OF DEATH: Madison
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.): Homemaker
12b. KIND OF BUSINESS/INDUSTRY: Domestic
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Madison
13d. STREET AND NUMBER OR RURAL LOCATION: 201 Scalf Avenue
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37115
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): Clinton Earl Buttrey
18. MOTHER'S NAME (First, Middle, Maiden Surname): Sadie Susie Adams

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Anita Humphrey
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 700 Patricia Drive A3 Nashville, TN 37217

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):
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ [signature]
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4249
21c. SIGNATURE OF EMBALMER: ▶ Reid Y. VanNess
21d. LICENSE NUMBER OF EMBALMER: 4275
22a. NAME AND ADDRESS OF FUNERAL HOME: Gardner Memorial Chapel, 2302 Buchanan Street, Nashville, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 1036

REGISTRAR

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

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 [ ] SIGNATURE AND TITLE OF PHYSICIAN ▶
25b. LICENSE NUMBER:
25c. DATE SIGNED (Month, Day, Year):

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 [X] SIGNATURE AND TITLE OF MEDICAL EXAMINER ▶ [signature]
26b. LICENSE NUMBER: 34634
26c. DATE SIGNED (Month, Day, Year): August 11, 2009

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): Adele Lewis, M.D.; 850 R.S. Gass Boulevard, Nashville, TN 37216; MEC09-1541

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. Pending further studies	
	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.

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 [ ] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [X] 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)

BRTH NO _____

RDA 135