BILL GARRETT, Davidson County
Trans:T20110053515 AFFIDAVIT
Recvd: 08/30/11 11:42 3 pgs
Fees:17.00 Taxes:0.00
20110830-0067114

THIS INSTRUMENT WAS PREPARED BY:

Tom R. Smith, Attorney
100 Thompson Lane
Nashville, TN 37211
(615) 333-0099

NEW OWNER	SEND TAX BILLS TO:	MAP/PARCEL
William B. Heinen 4104 Park Trail Point Antioch, TN 37013	Same	Map 164 Par 191

AFFIDAVIT OF INHERITANCE OF REAL ESTATE

The undersigned, after being duly sworn, hereby makes this sworn affidavit as follows:

1. By Warranty Deed of record by instrument number 20060608-0068345 in the Register's Office for Davidson County, Tennessee, William B. Heinen and wife, Tammie Renee Heinen, were conveyed a certain tract or parcel of land in Davidson County, Tennessee, from Jerry Butler Builders, LLC more particularly described as follows:

Being Lot No 188, Hallmark, a Cluster Lot Subdivision, Final Plat Section One, of in Instrument No. 20050315-0028142, Register's Office for Davidson County, Tennessee, to which plat reference is hereby made for a more complete and accurate legal description.

Being a portion of the same property conveyed to Jerry Butler Builders, LLC by Warranty Deed from Gail P. Pigg, Trustee of record in Instrument No. 20011231-0144900, Register's Office for Davidson County, Tennessee.

Subject to all matters of record in Plan in Instrument No. 20050315-0028142, Register's Office for Davidson County, Tennessee.

Subject to Restrictions of Record in Instrument No. 200511160138367, Register's Office for Davidson County, Tennessee.

Subject to Road Agreement and Sewer Easement of record in Instrument No. 20040416-0043248, Register's Office for Davidson County, Tennessee.

Ingress and Egress Easement of record in Book 4706, page 227, Register's Office for Davidson County, Tennessee.

Storms Water Detention Agreement of record in Instrument No. 20030519-0067720, Register's Office for Davidson County, Tennessee.

Subject to any easements and/or restrictions of record in the Register's Office for Davidson County, Tennessee.

2. The said Tammie Renee Heinen died in Davidson County, Tennessee, on February 8, 2011 domiciled at 4104 Park Trail Point, Antioch, Davidson County, Tennessee 37013 as evidenced by the copy of her death certificate attached hereto as an exhibit. At the time of her death the said Tammie Renee Heinen was still married to William B. Heinen. William B. Heinen remains unmarried since the death of Tammie Renee Heinen.

3. Tammie Renee Heinen left no will disposing of her real property, all of which descended to her husband, William B. Heinen, at the point of her death by intestate succession because the said real property was owned by them as tenancy by the entirety. Further, this case has been filed and opened at the Davidson County Probate Clerk's Office under Docket Number 11P-370 and all of the assets of Tammie Renee Heinen descended to her husband, William B. Heinen, by intestate succession because of the absence of any will; and at the point of her death, the interest of Tammie Renee Heinen in the said real property descended to her husband, William B. Heinen.

4. As a result of the foregoing, the real property as described in paragraph 1 hereof is owned by William B. Heinen.

Further, this affiant saith not.

WITNESS MY HAND this 20th day of August, 2011.

William B. Heinen
William B. Heinen

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally, appeared before me, a Notary Public, WILLIAM B. HEINEN, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence, and who executed the within instrument for the purposes therein contained.

WITNESS my hand, at office, this 20th day of August 2011.

NOTARY PUBLIC

My Commission Expires: 12/07/11

TOM R. SMITH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.

STATE OF TENNESSEE
Office of Vital Records

COPY

110067 8

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

2011 MAR -8 PM 4:12

RICHARD R ROOKER, CLERK

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

Heinen, Tammie

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): TAMMIE RENEE HEINEN
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): February 08, 2011
4. SOCIAL SECURITY NUMBER: [redacted]-9530
5a. AGE-LAST BIRTHDAY (Years): 50
5b. UNDER 1 YEAR: Mos. / Days
5c. UNDER 1 DAY: Hours / Min.
6. DATE OF BIRTH (Month, Day, Year): Feb 08, 1961
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
ARMED FORCES? 1 Yes 2 X No
8a. PLACE OF DEATH (Check only one): HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 X Residence 6 Other (Specify) OTHER:
9b. FACILITY NAME (If not institution, give street and number): 4104 Park Trail Point
9c. CITY, TOWN, OR LOCATION OF DEATH: Antioch
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): William B. Heinen, Jr.
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: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Antioch
13d. STREET AND NUMBER OR RURAL LOCATION: 4104 Park Trail Point
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37013
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes 0 X No
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 4 College (1-4 or 5+):
NAME OF DECEDENT. For use by physician or medical examiner

PARENTS

17. FATHER'S NAME (First, Middle, Last): Thomas Lanham
18. MOTHER'S NAME (First, Middle, Maiden Surname): Sandra Carr

INFORMANT

19a. INFORMANT'S NAME (Type/Print): William B. Heinen, Jr.
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4104 Park Trail Point Antioch, Tennessee 37013

DISPOSITION

20a. METHOD OF DISPOSITION: 1 Burial 2 X Cremation 3 Removal from State 4 Donation 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Crawford Mortuary & Crematory
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Hoda B. Crawford
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4114
21c. SIGNATURE OF EMBALMER
21d. LICENSE NUMBER OF EMBALMER
22a. NAME AND ADDRESS OF FUNERAL HOME: Crawford Mortuary and Crematory 2714 Grandview Avenue Nashville, Tennessee 37211
22b. LICENSE NUMBER OF FUNERAL HOME: #713

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda L. Bowers, DO
24. DATE FILED (Month, Day, Year): February 11, 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 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
26b. LICENSE NUMBER: 34634
26c. DATE SIGNED (Month, Day, Year): February 09, 2011
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; MEC11-0266

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.
SEE INSTRUCTIONS ON OTHER SIDE
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 X Yes 2 No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 X 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)

BIRTH NO.

PH-1639 (REV. 6/99)

RDA 135

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.

46335538

Tonya Y. Foreman

Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

Teresa S. Hendricks
STATE REGISTRAR

Date Issued

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

CERTIFICATION OF VITAL RECORD