BILL GARRETT, Davidson County
Trans:T20110082710 AFFIDAVIT
Recvd: 12/30/11 10:15 3 pgs
Fees:17.00 Taxes:0.00
20111230-0102131

AFFIDAVIT OF HEIRSHIP

ADDRESS OF NEW OWNER(S):	**SEND TAX BILL TO:**	**TAX IDENTIFICATION NO:**
2531 Allenwood Drive Nashville, TN 37207	New owner(s)	Map and Parcel: 61-13-16 016.00

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

COMES NOW the Affiant Johnny L. Brown, Sr., being first duly sworn according to law, and being of lawful age and a resident of the City of Nashville, County of Davidson and State of Tennessee, and hereby swears to the following of his own free will and based upon his personal knowledge and familiarity:

(1) My wife, Ruby Almattie Brown (hereinafter "Decedent"), a resident of the City of Nashville, County of Davidson and State of Tennessee, who died on October 2, 2011, as evidenced by a copy of her death certificate attached to this Affidavit, held a fee simple interest in the following described real estate:

> Being Lot Number 128 on the Plan of a Re-subdivision of lots 127 and 128 of Sherpardwood Subdivision, Section 2, as of record in Book 4660, Page 84, Register's Office for Davidson County Tennessee, to which Plan reference is here made for a more complete description.
>
> Being the same property conveyed to Ruby Brown by Quitclaim Deed on file with the Register's Office of Davidson County Tennessee in Book 8678, Page 567.

(2) The Decedent died with a surviving spouse, the Affiant, Johnny L. Brown, Sr.

(3) The Decedent died leaving one (1) living child: Johnny Brown, Jr. The Decedent never adopted any children.

(4) The above-described real property is improved property commonly known as 2629 Bethwood Drive, Nashville, Tennessee.

(5) The source of the Decedent's ownership in said property is a warranty deed located in Book 8678, Page 567, Register's Office for Davidson County, Tennessee.

(6) This Affidavit will confirm the vesting of title to the real property located at 2629 Bethwood Drive, Nashville, Tennessee in fee simple and in equal shares to Johnny L. Brown, Sr. and Johnny Brown, Jr., after the death of Ruby Almattie Brown.

Further, the Affiant saith not.

THIS INSTRUMENT WAS PREPARED BY:
Ralph Carter, Attorney-at-Law with MERRITT, WEBB, WILSON & CARUSO PLLC
215 Centerview Drive, Suite 263, Brentwood, Tennessee 37027

Witness my hand this 30 day of Dec, 2011.

Johnny L. Brown, Sr.

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, [illegible], the undersigned Notary Public in and for said County and State, the within named Grantor, Johnny L. Brown, Sr., with whom I am personally acquainted (or proved to be on the basis of satisfactory evidence), and who acknowledged executing the within instrument for the purpose therein contained.

Witness my hand and official seal, this 30 day of, Dec, 2011.

TOYA GARNER
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

Notary Public
My commission expires : 01/06/2014

This Affidavit of Heirship was prepared from information supplied by the parties. T.C.A. § 67-4-409(a)(3)(D) exempts this instrument from recordation tax and T.C.A. § 67-4-409(a)(5) further provides the valuation oath is unnecessary as this Affidavit being used to evidence transfer of title to the property to a decedent's heirs at law.

THIS INSTRUMENT WAS PREPARED BY:
Ralph Carter, Attorney-at-Law with MERRITT, WEBB, WILSON & CARUSO PLLC
215 Centerview Drive, Suite 263, Brentwood, Tennessee 37027

STATE OF TENNESSEE
Office of Vital Records

1135802

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): Ruby Almattie Brown
2. SEX: female
3. DATE OF DEATH (Month, Day, Year): October 2, 2011
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]9366
5a. AGE-LAST BIRTHDAY (Years): 76
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): June 5, 1935
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 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 2531 Allenwood Drive
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): Johnny L. Brown, Sr.
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Clerk
12b. KIND OF BUSINESS/INDUSTRY: Healthcare
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2531 Allenwood Dr.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37207
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): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 11; College (1-4 or 5+):

NAME OF DECEDENT - For use by physician or medical examiner

PARENTS

17. FATHER'S NAME (First, Middle, Last): Tommy Brooks
18. MOTHER'S NAME (First, Middle, Maiden Surname): Annie Mai Perkins

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Johnny L. Brown, Sr.
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2511 Allenwood Drive Nashville, TN 37207

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): Greenwood Cemetery
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Richard A. Lewis
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3633
21c. SIGNATURE OF EMBALMER: ▶ Delmas Bogus
21d. LICENSE NUMBER OF EMBALMER: 3687
22a. NAME AND ADDRESS OF FUNERAL HOME: Lewis & Wright Funeral Directors 2500 Clarksville Hwy., Nsshville, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 0812

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Linda L. Bowers, DR
24. DATE FILED (Month, Day, Year): October 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 [X] SIGNATURE AND TITLE OF PHYSICIAN ▶ NGWYEN
25b. LICENSE NUMBER: 45672
25c. DATE SIGNED (Month, Day, Year): 10/11/2011
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)

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. NON SMALL CELL LUNG CA
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.: Acute Renal Failure
29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes [X] 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): N/A
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-1858 (REV. 6/99) RDA 1369

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.

4903658

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Tonya Y. Forman, Local Registrar
Davidson County, Tennessee

Teresa S. Hendricks
STATE REGISTRAR

OCT 11 2011
Date Issued

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

DEPARTMENT OF HEALTH AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD