THIS INSTRUMENT WAS PREPARED BY:

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Nashville, TN 37211
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BILL GARRETT, Davidson County
Trans:T20120030674 AFFIDAVIT
Recvd: 04/26/12 13:56 4 pgs
Fees:22.00 Taxes:0.00
20120426-0035876

NEW OWNER	SEND TAX BILLS TO:	MAP/PARCEL
Douglas William Johnson 509 George Hughey Drive Smyrna, TN 37167	Same	Map 147 140 Par 5800

AFFIDAVIT OF INHERITANCE OF REAL ESTATE

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

1. By Affidavit Of Inheritance recorded as instrument of record number 20110418-0029562 in the Register's Office for Davidson County, Tennessee, Linus N. Johnson, became the sole owner of the real property which is a certain improved tract or parcel of land in Davidson County, Tennessee as the result of the death of his wife, Jean M. Johnson, as shown by a copy of her Death Certificate which was recorded with the said Affidavit contemporaneously and the said real property is described as follows:

Being Lot No. 255 on the Plan of Whispering Hills, Section II-B, of record in Book 2331, Page 155, Register's Office for Davidson County, Tennessee.

Said Lot No. 255 fronts 187.9 feet on the southwesterly side of Watsonwood Drive and runs back 146.5 feet on the northwesterly line and 147 feet on the southeasterly line to a dead line on which it measures 180.7 feet.

Being the same property conveyed to Banner Construction Company, a Tennessee Corporation, by deed from Andrew Ewing, Trustee, of record in Book 2796, Page 597, Register's Office for said County.

Being the same property conveyed to Linus N. Johnson and wife, Mary Ann Johnson by deed dated November 20, 1958 and recorded in the Register's Office of Davidson County, TN on November 21, 1958 in Deed Book 2855 at page 447.

The conveyances were made subject to any and all zoning regulations, building restrictions and setback lines, if any, easements and rights-of-way for public utilities of record.

2. As will be noted by the attached copy of the Death Certificate of Linus N. Johnson, he died in Davidson County, Tennessee, on February 13, 2012 as is shown by the attached Certificate of Death from the State of Tennessee.

3. At the time of his death the said Linus N. Johnson was not married. He left a Last Will and Testament which is of record at the Probate Clerk's Office of Davidson County, Tennessee under Docket No. 12P-420. Pursuant to the said Will, all of the interests of Linus Nathaniel Johnson in the said real property descended solely to his son, Douglas William Johnson.

4. As a result of the foregoing, the real property as described in paragraph 1 hereof is now owned by Douglas William Johnson, the surviving son.

Further, the affiant saith not.

WITNESS MY HAND this 2 day of April, 2012.

Douglas William Johnson

DOUGLAS WILLIAM JOHNSON

STATE OF TENNESSEE)
COUNTY OF RUTHERFORD)

Personally, appeared before me, a Notary Public, DOUGLAS WILLIAM JOHNSON, with whom I am personally acquainted or proved

to me on the basis of satisfactory evidence, and who acknowledged that he executed this three-page instrument for the purposes therein contained.

WITNESS my hand, at office, this 2nd day of April 2012.

Lori A. North
NOTARY PUBLIC

My Commission Expires: 7-21-13



STATE OF TENNESSEE
Office of Vital Records

FILED

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 120036

2012 MAR 14 PM 12:10

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Linus Nathaniel Johnson, Jr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): February 13, 2012
4. TIME OF DEATH (Approx.): 10:30 pm
5a. AGE-Last Birthday (Years): 86
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): January 27, 1926
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing home/Long term care facility ☒ Decedent's home ☐ Other residence ☐ Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): 593 Watsonwood Dr.
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: ☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: Owner & Operator
11b. KIND OF BUSINESS/INDUSTRY: Pest Control Co.

SOCIAL SECURITY NUMBER: [redacted]-8801
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 593 Watsonwood Dr.
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37211
14. WAS DECEDENT EVER IN US ARMED FORCES? ☒ Yes ☐ No

NAME OF DECEDENT (For use by Physician or Institution)

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
☐ 8th grade or less
☐ 9th – 12th grade, no diploma
☐ High school graduate or GED completed
☒ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
☐ Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
☒ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino (Specify)
☐ Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
☒ White
☐ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe)
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian (Specify)
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify)
☐ Other (Specify)
☐ Unknown

PARENTS

18. FATHER'S NAME (First, Middle, Last): Linus Nathaniel Johnson, Sr.
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Margaret Bates

DISPOSITION

20a. INFORMANT'S NAME: Doug Johnson
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 509 George Hughey Dr., Smyrna, TN 37167
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Woodlawn Memorial Park
21c. LOCATION - City or Town and State: Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Wendell L. Byrd
22b. LICENSE NUMBER: 2556
22c. SIGNATURE OF EMBALMER: ▶ David Dial
22d. LICENSE NUMBER: 5170
23a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Hickory Chapel, 5852 Nolensville Rd., Nashville, TN 37211
23b. LICENSE NUMBER OF FUNERAL HOME: 760

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Linda K Beavers, RA
25. DATE FILED (Month, Day, Year): February 15, 2012

CERTIFIER

26. CERTIFIER (Check only one):
26a. ☒ PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.
26b. ☐ 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 stated.

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

27a. SIGNATURE OF CERTIFIER: ▶ Robert S. Quinn
27b. LICENSE NUMBER: 10455
27c. DATE SIGNED (Month, Day, Year): 2/15/12
27d. NAME AND ADDRESS: Robert S. Quinn, MD, 4200 Stammer Place, Nashville, TN 37215

MEDICAL CERTIFICATION

28. PART I. Enter the chain of events (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.

Approximate Interval: Onset to death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. CHF
Due to (or as a consequence of):
b. Ischemic heart disease
Due to (or as a consequence of):
c.
Due to (or as a consequence of):
d.

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the 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? ☐ Yes ☐ No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No

30. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown
32. IF FEMALE: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

33. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? ☐ Yes ☐ No
34d. PLACE OF INJURY – at home, farm, street, factory, office, building, etc. (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

RDA 1389

PH-1659 (Rev. 10/2011)

5094051

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

Issued by Tonya V Tompkins, Local Registrar
Davidson County, Tennessee

FEB 15 2012
Date Issued

COPY

CERTIFICATION OF VITAL RECORD