Document prepared by:
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BILL GARRETT, Davidson County
Trans:T20120031328 AFFIDAVIT
Recvd: 04/30/12 12:38 7 pgs
Fees:37.00 Taxes:0.00
20120430-0036673

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned officer authorized to administer oaths, Aleathea Elaine Moore ("Affiant Aleathea"), Sheena Alicia Moore ("Affiant Sheena"), and Serena Alaina Moore ("Affiant Serena"), who are known to me, and who, after first being duly sworn, deposed and said:

1. That Affiant Aleathea is fifty-two (52) years of age, Affiant Sheena is twenty-six (26) years of age and Affiant Serena is twenty-four (24) years of age. Affiant Aleathea, Affiant Sheena, and Affiant Serena are all residents of Wilson County, Tennessee and reside at 5227 Rustic Way, Old Hickory, Tennessee 37138.
2. That Affiants were personally acquainted with the decedent, Delvin Oliver Moore, a resident of Wilson County, Tennessee, for many years prior to his death in Davidson County, Tennessee on October 20, 2011, at the age of fifty-six (56) years, and that said decedent's relationship to Affiant Aleathea was that of Husband, and to Affiant Sheena and Affiant Serena was that of Father. A copy of the death certificate of Delvin Oliver Moore is attached hereto as Exhibit 1.
3. That the said decedent was married one time. The marriage was to Affiant Aleathea. A copy of the Marriage certificate is attached hereto as Exhibit 2.
4. That the said decedent had two (2) children. Those children are Affiant Sheena and Affiant Serena as listed above.
5. That the said decedent never had any other children
6. That the said decedent died without leaving a written will.

7. That there has been no administration of decedent's estate

8. That the said decedent left no debts that are unpaid.

9. That there are no unpaid estate or inheritance taxes.

Affiants state that they make this affidavit for the purpose of transferring ownership of the real property, owned by the decedent located at 411 Mallory Street and of enabling them, the heirs of the decedent, to receive consideration for the sale of any property in which the decedent had an interest. A copy of the Will through which the decedent inherited said real property is attached hereto as Exhibit 3.

Witness our signatures this the 30th day of March, 2012.

AFFIANT ALEATHEA ELAINE MOORE

AFFIANT SHEENA ALICIA MOORE

AFFIANT SERENA ALAINA MOORE

Sworn to and subscribed before me this 30th day of March, 2012.

Notary Public

My commission expires: _____

TRACY D. BATES
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

My Commission Expires May 5, 2015

STATE OF TENNESSEE
Office of Vital Records

110671

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)	2. SEX	3. DATE OF DEATH (Month, Day, Year)
DELVIN OLIVER MOORE	MALE	OCTOBER 20, 2011

4. SOCIAL SECURITY NUMBER	5a. AGE-LAST BIRTHDAY	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)
[redacted]-2315	56	FEB. 7, 1955	NASHVILLE, TENNESSEE

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ Yes 2 ☒ No

8a. PLACE OF DEATH (Check only one) 1 ☐ Inpatient 2 ☒ ER/Outpatient 3 ☐ DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify)

8b. FACILITY NAME (If not institution, give street and number)	8c. CITY, TOWN, OR LOCATION OF DEATH	8d. COUNTY OF DEATH
SUMMIT MEDICAL CENTER	HERMITAGE	DAVIDSON

10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify))	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)	12b. KIND OF BUSINESS/INDUSTRY
MARRIED	ALEATHEA ELAINE LAWRENCE	COMMERCIAL SALES	SECURITY SYSTEMS

13a. RESIDENCE-STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER OR RURAL LOCATION
TN	WILSON	OLD HICKORY	5227 RUSTIC WAY

CENSUS TRACT	13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.)	15. RACE-American Indian, Black, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5+)
	1 ☐ Yes 2 ☒ No	37138	☐ Yes ☒ No	BLACK		2

PARENTS

17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden Surname)
ALFRED MOORE	MILDRED THOMPSON

INFORMANT

19a. INFORMANT'S NAME (Type/Print)	19b. RELATIONSHIP TO DECEASED	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
ELAINE MOORE	WIFE	5227 RUSTIC WAY OLD HICKORY, TN 37138

DISPOSITION

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION-City or Town, State
1 ☐ Burial 2 ☒ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)	SELLARS CREMATION SERVICES	LEBANON, TN

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER OF FUNERAL DIRECTOR	21c. SIGNATURE OF EMBALMER	21d. LICENSE NUMBER OF EMBALMER
▶ JUDD SELLARS	5266	▶ NO EMBALMING	

22a. NAME AND ADDRESS OF FUNERAL HOME	22b. LICENSE NUMBER OF FUNERAL HOME
SELLARS FUNERAL HOME AT MT. JULIET 2250 N. MT. JULIET ROAD, MT. JULIET, TN 37122	382

REGISTRAR

23. REGISTRAR'S SIGNATURE	24. DATE FILED (Month, Day, Year)
▶ Linda L. Bowman	October 24, 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 ▶ Thomas N. Ausbrooks MD

25b. LICENSE NUMBER	25c. DATE SIGNED (Month, Day, Year)
MD 017839	10-24-11

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)

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

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. ACUTE MYOCARDIAL INFARCTION	MINUTES
	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.

DIABETES, HYPERTENSION, HYPERLIPIDEMIA

29a. WAS AN AUTOPSY PERFORMED?	29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No

30. MANNER OF DEATH	31a. DATE OF INJURY (Month, Day, Year)	31b. TIME OF INJURY	31c. INJURY AT WORK?	31d. DESCRIBE HOW INJURY OCCURRED
1 ☒ Natural 5 ☐ Pending Investigation 2 ☐ Accident 3 ☐ Suicide 6 ☐ Could not be Determined 4 ☐ Homicide			1 ☐ Yes 2 ☐ No	

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)

EMSH NO. _____

FDA 1.356

PH-1659 (REV. 6/99)

4904695

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

OCT 24 2011
Date Issued

CERTIFICATION OF VITAL RECORD

Marriage License

STATE OF TENNESSEE

COUNTY OF DAVIDSON

To Anyone Legally Authorized to Celebrate the Rites of Matrimony
You Are Hereby Licensed to Celebrate the

Rites of Matrimony

Between Delvin Oliver Moore 28 AGE

and Althea Elaine Lawrence 24 AGE

and for so doing this shall be your warrant.

Given under my hand and official seal, this

28 *day of* July

in the year of our Lord One Thousand

Nine Hundred and Eighty 3

Bill McPherson
BILL McPHERSON COUNTY CLERK

BY: Eva Devanhouse
DEPUTY CLERK

By Virtue of A License from the Davidson County Clerk,
I have this day celebrated the Rites of Matrimony between
The parties herein named, as authorized in the foregoing license.

Given under my hand this the 29th *day of* July *A. D.* 1983

Book No. 130
Page No. 88

SIGNATURE OF OFFICIANT Minister of the Gospel

Last Will and Testament

OF

MILDRED MOORE

I, MILDRED MOORE, hereby make, publish and declare this to be my Last Will and Testament, hereby revoking all Wills and Codicils heretofore made by me.

ARTICLE I

I direct that all my just debts, my funeral expenses, and the cost of the administration of my estate be paid as soon as practicable after my death.

ARTICLE II

I, Mildred Moore, being fully aware of the nature and extent of my bounty, wealth and family and having sincere deep love and affection for all of my children and relatives but having absolute faith, trust, and respect for my son, Delvin Oliver Moore, do hereby give, devise, and bequeath all of the property of which I may die seized and possessed or any part thereof unto him, including all property which I may acquire or become entitled to after the execution of this Will, including all lapsed legacies and devises and all life insurance payable to my estate.

ARTICLE III

I nominate, constitute and appoint my son, Delvin Oliver Moore, of Nashville, Tennessee to be the Executor of this my Last Will and Testament and direct that no bond be required of said Executor for the faithful performance of his duties. I vest my Executor with full power and authority to sell, transfer, and convey any property, real or personal, which I may own at the time of my death at such time and price and upon such terms and conditions that he may determine and to do every other act and thing necessary and appropriate for the complete administration of my estate.

IN TESTIMONY WHEREOF, I have hereunto subscribed by name to this my Last Will and Testament, consisting of this ONE typewritten page, all in the presence of the persons witnessing it at my request on this 19 day of April, 1979, at Nashville, Tennessee.

Mildred Moore

MILDRED MOORE, and in the presence of each other witness the acknowledgment that this was the Last Will and Testament of the said Testatrix and her execution and signature thereunto and we sign same as witnesses in her presence and in the presence of each other on this 4th day of April, 1979.

WITNESSES	ADDRESSES
Irving R. Scarpetta	707 Nash Trust Bldg.
[illegible]	707 Nash Trust Bldg.

STATE OF TENNESSEE

COUNTY OF DAVIDSON

We, Nina R. Scarpetta and W.E Porter, being severally duly sworn, depose and say that:

We are acquainted with MILDRED MOORE who executed this annexed Last Will and Testament, consisting of TWO (2) typewritten pages, dated April 4th, 1979, on that date at Nashville, Tennessee, by subscribing her name at the end thereof in the presence of each of us.

At the time of subscribing said Will, MILDRED MOORE declared the instrument so subscribed by her to be her Last Will and Testament, and we thereupon signed our names as witnesses at the end of said instrument at her request and in her presence and sight, and in the presence and sight of each other.

At the time of executing said Last Will and Testament, MILDRED MOORE was over the age of eighteen years and in our opinion was of sound mind, memory and understanding and not under any restraint or in any respect incompetent to make a Last Will and Testament.

This Affidavit is made at the request of said MILDRED MOORE.

The annexed Last Will and Testament was examined by the undersigned witnesses at the time this Affidavit was made.

Nina R. Scarpetta

W E Porter

SWORN TO AND SUBSCRIBED before me, this 4TH day of April, 1979.

NOTARY PUBLIC