This instrument prepared by:

**GEORGE J. DUZANE**
Attorney at Law
603 Woodland Street
Nashville, TN 37206
(615) 259-1214

BILL GARRETT, Davidson County
Trans:T20120059337 AFFIDAVIT
Recvd: 08/09/12 15:20 4 pgs
Fees:22.00 Taxes:0.00
20120809-0071315

# AFFIDAVIT OF HEIRSHIP

**STATE OF TENNESSEE**
**COUNTY OF DAVIDSON**

We, **JAMES R. GARDNER and SHIRLEY GARDNER,** after being duly sworn according to law, depose and state as follows:

1. We are the heirs of **JOHN G. GARDNER, JR. and MARY ELIZABETH GARDNER**, residing as follows:

James R. Gardner
1266 Campbell Road
Goodlettsville, TN 37072

Shirley Gardner
2325 West Mount Vernon Road
Bethpage, TN 37022

2. We are over the age of 18 years and are of sound mind and disposing memory.

3. John Granville Gardner, Jr., died on September 14th, 2008 and Mary Elizabeth York Gardner, died on February 23rd, 2003. Their death certificates are attached as Exhibit A. They did not leave a will. We are the surviving heirs of the Estate of John Granville Gardner, Jr. and Mary Elizabeth York Gardner.

4. At the time of their death, John Granville Gardner, Jr. and Mary Elizabeth York Gardner owned real property located at 301 East Trinity Lane, Nashville, Davidson County, Tennessee, described as follows:

> Being the East half of Lot No. 17 on the Map of J. B. Haynie's Oriental Subdivision, as of record in Book 161, Pages 26 and 27, Register's Office for Davidson County, Tennessee.
>
> Said East half of Lot No. 17 fronts 50 feet on the North side of Countess Street and runs back between parallel lines 146 feet, more or less, to an alley in the rear and shows 50 feet on said alley.
>
> Being the same property conveyed to Mary Y. Gardner, married, by Warranty Deed from Lula B. Cahoon, formerly Lula Bessie Schleicher, of record in Deed Book 5360, Page 913, Register's Office for Davidson County, Tennessee.

This conveyance is made subject to any and all existing easements and restrictions of record.

5. As the surviving heirs of John Granville Gardner, Jr. and Mary Elizabeth York Gardner, we are entitled to inherit the real estate located at 301 East Trinity Lane, Nashville, Davidson County, Tennessee 37207.

DATED this 8th day of August, 2012.

James R. Gardner

**JAMES R. GARDNER**

Sworn to and subscribed before me this 8th day of August, 2012.

GEORGE J. DUZANE STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY, TENN.

**NOTARY PUBLIC**
My Commission Expires: 9/16/15

Shirley A. Gardner

**SHIRLEY GARDNER**

Sworn to and subscribed before me this 8th day of August, 2012.

GEORGE J. DUZANE STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY, TENN.

**NOTARY PUBLIC**
My Commission Expires: 9/16/15

# STATE OF TENNESSEE
## Office of Vital Records

0805410

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): John Granville Gardner, Jr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): September 14, 2008
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]2635
5a. AGE-LAST BIRTHDAY (Years): 90
5b. UNDER 1 YEAR (MOS., DAYS)
5c. UNDER 1 DAY (HOURS, MIN.)
6. DATE OF BIRTH (Month, Day, Year): August 5, 1918
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): 1 Inpatient 2 ER/Outpatient 3 DOA 4 [X] Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Madison Healthcare & Rehabilitation
9c. CITY, TOWN, OR LOCATION OF DEATH: Madison
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Mary E. York
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Co-Owner
12b. KIND OF BUSINESS/INDUSTRY: Auto Parts
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Madison
13d. STREET AND NUMBER OR RURAL LOCATION: 208 Due West Avenue, Apt 238
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.) 1 [ ] Yes 2 [X] No
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1-4 or 5+):

**PARENTS**

17. FATHER'S NAME (First, Middle, Last): John G. Gardner, Sr.
18. MOTHER'S NAME (First, Middle, Maiden Surname): Helen Dawson

**INFORMANT**

19a. INFORMANT'S NAME (Type/Print): James Gardner
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1266 Campbell Road, P. O. Box 717, Goodlettsville, Tennessee 37070

**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): Woodlawn Memorial Park
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Ronnie M. Crabtree
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5999
21c. SIGNATURE OF EMBALMER: ▶ Mary Katherine Moore
21d. LICENSE NUMBER OF EMBALMER: 5995
22a. NAME AND ADDRESS OF FUNERAL HOME: Eastland Funeral Home & Cremation Service, 904 Gallatin Rd. Nashville, Tennessee 37206
22b. LICENSE NUMBER OF FUNERAL HOME: 120

**REGISTRAR**

23. REGISTRAR'S SIGNATURE: ▶ Donna L. Starkey DP
24. DATE FILED (Month, Day, Year): September 18, 2008

**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
25b. LICENSE NUMBER: 25812
25c. DATE SIGNED (Month, Day, Year): 9/12/08
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): Marcus Min MD 607 West Due West Ave Ste 122 Madison, Tn 37115

**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.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. End Stage Dementia
DUE TO (OR AS A CONSEQUENCE OF):
Approximate Interval Between Onset and Death:
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 OR 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 [ ] Yes 2 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [X] Natural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation 6 Could not be Determined
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY
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)

(FN 1633 (REV. 6/99))
BIRTH NO.
RDA 1390

2738518

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.

Sharon M. Leinbach
STATE REGISTRAR

Tonya Y. Foreman
Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

SEP 18 2008
Date Issued

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796 1936

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

Eastland
Funeral Home

**I hereby certify the below to be an authentic copy of the Death Certificate as filed with the Tennessee Department of Health.**

Charles E. Worrell, Sr. Funeral Director

**Sworn and subscribed before me this** 18 **day of** March ,2003

Jane M. Worrell, Notary Public At Large

**My Commission expires 11/27/2004**

JANE M. WORRELL NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TENN.

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): Mary Elizabeth York Gardner
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): February 23, 2003
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]9037
5a. AGE-LAST BIRTHDAY (Years): 84
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): 7-26-1918
7. BIRTHPLACE (City and State or Foreign Country): Springfield, 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 [XX] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Vanco Manor Nursing Home
9c. CITY, TOWN, OR LOCATION OF DEATH: Goodlettsville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): John G. Gardner Jr.
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Co-Owner
12b. KIND OF BUSINESS/INDUSTRY: Gardner Auto Parts
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2025 Caldwell Dr. #306
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37072
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [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): ; College (1-4): 1

NAME OF DECEDENT For use by physician or institution

**PARENTS**

17. FATHER'S NAME (First, Middle, Last): David Lewis York
18. MOTHER'S NAME (First, Middle, Maiden Surname): Susan Inman

**INFORMANT**

19a. INFORMANT'S NAME (Type/Print): John Gardner
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2025 Caldwell Dr. #306 Goodlettsville, 37072

**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): Woodlawn Memorial Park
20c. LOCATION-City or Town, State: Nashville,TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Charles Worrell
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2480
21c. SIGNATURE OF EMBALMER: ▶ Mike McPherson
21d. LICENSE NUMBER OF EMBALMER: 5401
22a. NAME AND ADDRESS OF FUNERAL HOME: Eastland Funeral Home, 904 Gallatin Rd. Nashville,TN 37206
22b. LICENSE NUMBER OF FUNERAL HOME: 120

**REGISTRAR**

23. REGISTRAR'S SIGNATURE: ▶ Marshal Young
24. DATE FILED (Month, Day, Year): March 6, 2003

**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 ▶ P. C. Yim
25b. LICENSE NUMBER: MD 27718
25c. DATE SIGNED (Month, Day, Year): 3/3/3
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 CLINICAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Dr. Paul S. Yim, P.O. Box 568 Whitehouse,TN 37188

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Congestive Heart Failure — 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.

Approximate Interval Between Onset and Death: Days

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 [X] No

30. MANNER OF DEATH: 1 [X] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
31a. DATE OF INJURY (Month, Day, Year):
31b. TIME OF INJURY:
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, Sta