| THIS INSTRUMENT WAS PREPARED BY:<br>Ralph Carter, Attorney-at-Law<br>Merritt, Webb, Wilson & Caruso PLLC<br>215 Centerview Drive, Suite 263, Brentwood, Tennessee 37027 | | |
|---|---|---|
| **ADDRESS OF NEW OWNER:**<br>1303 Edgewood Place<br>Nashville, TN 37206 | **SEND TAX BILL TO:**<br>New owner | **TAX IDENTIFICATION NO:**<br>Map 85, Parcel 258<br>23W-10454 |

BILL GARRETT, Davidson County
Trans:T20120083258 AFFIDAVIT
Recvd: 11/01/12 10:44 4 pgs
Fees:22.00 Taxes:0.00
20121101-0100426

# AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE )
COUNTY OF WILLIAMSON )

COMES NOW the Affiant Jacquelyn C. Biggers, 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 her own free will and based upon her personal knowledge and familiarity:

(1) Eunice H. Biggers (hereinafter "Decedent"), a resident of the City of Nashville, County of Davidson and State of Tennessee, who died on April 18, 2012, as evidenced by a copy of her death certificate attached to this Affidavit, held a fee simple interest in the following described real estate located in Davidson County, Tennessee, TO WIT:

**Being Lot No. 44 in the Plan of "Edgewood", E. T. Brown's subdivision of the Bransford Place, as of record in Book 332, Page 73, Register's Office for Davidson County, Tennessee.**

**Said Lot No. 44 fronts 60 feet on the north side of Edgewood Place, and extends back northerly, between parallel lines, 209 feet, more or less, on its western margin and 203 feet, more or less, on its eastern margin to Seymour Avenue, formerly Johnson Avenue, having a frontage of 50 feet on Seymour Avenue, formerly Johnson Avenue.**

**Being the same property conveyed to Eunice H. Biggers, by deed of record in Book 5963, page 100, Register's Office for Davidson County, Tennessee.**

(2) The Decedent died without a surviving spouse.

(3) During the Decedent's life, she was the mother of two (2) biological children, Jacquelyn C. Biggers and James Wayne Biggers. The Decedent's son, James Wayne Biggers, died on August 14, 2011 and, therefore, predeceased the Decedent, as evidenced by a copy of his death certificate attached to this Affidavit. James Wayne Biggers is survived by one (1) biological daughter, Desiree Alynn Benefield, who is, therefore, a surviving heir of the Decedent and who shall take the share her father would have taken by representation as

provided under Tennessee Code Annotated § 31-2-104(b)(1). Accordingly, Jacquelyn C. Biggers and Desiree Alynn Benefield are the Decedent's sole remaining heirs at law. The Decedent never adopted any children.

(4) The above-described real property is improved property commonly known as 1305 Edgewood Place, Nashville, Tennessee 37206.

(5) The source of the Decedent's ownership in said property is a warranty deed of record in Book 5963, Page 100, Register's Office for Davidson County, Tennessee.

(6) This Affidavit will confirm the vesting of title to the real property located at 1305 Edgewood Place, Nashville, Tennessee 37206, in fee simple and in equal shares to Jacquelyn C. Biggers and Desiree Alynn Benefield after the death of Eunice H. Biggers.

Further, Affiant saith not.

Witness my hand this 1 day of November, 2012

Jacquelyn C. Biggers, Affiant

STATE OF TENNESSEE )
COUNTY OF WILLIAMSON )

Personally appeared before me, Ralph Carter, the undersigned Notary Public in and for said County and State, the within named Affiant, Jacquelyn C. Biggers, 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 1st day of, November, 2012.

RALPH CARTER
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY
My Commission Expires 01-24-2016

Notary Public
My commission expires: January 24, 2016

**THIS AFFIDAVIT WAS PREPARED FROM INFORMATION SUPPLIED BY THE PARTIES, INCLUDING THE LEGAL DESCRIPTION AND WITHIN NAMED HEIRS. ACCORDINGLY, THE DRAFTER OF THIS DOCUMENT MAKES NO WARRANTY ABOUT THE INFORMATION CONTAINED HEREIN.**

**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 BENEFICIARY.**

# STATE OF TENNESSEE
## Office of Vital Records

I104742

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): James Wayne Biggers
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): August 14, 2011
4. SOCIAL SECURITY NUMBER (If Deceased): [redacted]-8058
5a. AGE-LAST BIRTHDAY (Years): 64
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): April 27, 1947
7. BIRTHPLACE (City and State or Foreign Country): Atlanta, Georgia
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] 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 inpatient, give street and number): 1305 Edgewood Place
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): Christina Maria Alston
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Carpenter
12b. KIND OF BUSINESS/INDUSTRY: Construction
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1305 Edgewood Place
CENSUS TRACT: 2+3UH
NAME OF DECEDENT (For use by physician or MEDICAL EXAMINER)
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37206
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
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 or 5+): 2+

**PARENTS**

17. FATHER'S NAME (First, Middle, Last): Claude Taylor Biggers
18. MOTHER'S NAME (First, Middle, Maiden Surname): Eunice Ethel Huckeba

**INFORMANT**

19a. INFORMANT'S NAME (Type/Print): Christina Maria Alston
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1305 Edgewood Place Nashville, Tennessee 37206

**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): Music City Crematory Service
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶McKinley Fred Johnson, III
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 6301
21c. SIGNATURE OF EMBALMER: ▶
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: Tennessean Funeral Home & Cremation Services 2700 Larmon Avenue, Nashville, Tennessee 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 1232

**REGISTRAR**

23. REGISTRAR'S SIGNATURE: ▶Linda L Bowers, OR
24. DATE FILED (Month, Day, Year): August 18, 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: ▶A. Lee Tucker, Jr.
25b. LICENSE NUMBER: MD 10111
25c. DATE SIGNED (Month, Day, Year): August 18, 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): A. Lee Tucker, Jr. 300 20th. Avenue North, Nashville, Tennessee 37203

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. — Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Myocardial Infarction
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. Atherosclerosis
DUE TO (OR AS A CONSEQUENCE OF):
c. Obesity
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.

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: 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)

PH-1633 (REV 6/99)
EFFECTIVE PROTECTION OF RECORDS STOCK
EFFTH NO.
RDA 1339

4898534

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

Date Issued:

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE 1796 1866

DEPARTMENT OF HEALTH XVI AGRICULTURE TENNESSEE

CERTIFICATION OF VITAL RECORD

# STATE OF TENNESSEE
## Office of Vital Records

1232289

TENNESSEE DEPARTMENT OF HEALTH
**CERTIFICATE OF DEATH** STATE FILE NUMBER

**DECEDENT**

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Eunice Ethel Biggers
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): April 18, 2012
4. TIME OF DEATH (Approx.): 10:05 pm
5a. AGE-Last Birthday (Years): 103
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): April 6, 1909
7. BIRTHPLACE (City and State or Foreign Country): Pavo, Georgia

TYPE/PRINT IN PERMANENT BLACK INK

6a. 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) _____

6b. FACILITY NAME (If not institution, give street and number): 1303 Edgewood Place
6c. CITY OR TOWN: Nashville
6d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution)

8. MARITAL STATUS: ☐ Married ☐ Married, but separated ☒ Widowed ☐ Unknown ☐ Divorced ☐ Never married
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: Home Maker
11b. KIND OF BUSINESS/INDUSTRY: Home
12. SOCIAL SECURITY NUMBER: [redacted]8206
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 1303 Edgewood Place
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37206
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

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): Isom Huckeba
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Minnie Lee Dysart

**DISPOSITION**

20a. INFORMANT'S NAME: Jacquelyn C. Biggers
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1303 Edgewood Place, Nashville, TN 37206
21a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Music City Crematory Service
21c. LOCATION - City or Town and State: Nashville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ McKinley Fred Johnson, III
22b. LICENSE NUMBER: 6301
22c. SIGNATURE OF EMBALMER: ▶
22d. LICENSE NUMBER
23a. NAME AND ADDRESS OF FUNERAL HOME: Tennessean Funeral Home & Cremation Services
23b. LICENSE NUMBER OF FUNERAL HOME: 1232

**REGISTRAR**

24. REGISTRAR'S SIGNATURE: ▶ Linda R. Bowerman
25. DATE FILED (Month, Day, Year): April 20, 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: ▶ [signature]
27b. LICENSE NUMBER: 44186
27c. DATE SIGNED (Month, Day, Year): 4-20-2012
27d. NAME AND ADDRESS: David B. Tribble, MD 1718 Patterson Street, Nashville, TN 37203

**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) | Diffuse Atherosclerosis: Cerebrovascular disease | |
| Due to (or as a consequence of): | Ischaemic heart disease | |
| 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 | | |
| b. Due to (or as a consequence of): | | |
| c. Due to (or as a consequence of): | peripheral vascular disease | |
| d. | | |

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 1369

PH-1659 (Rev. 10/2011)

5285809

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.

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

## CERTIFICATION OF VITAL RECORD