THIS INSTRUMENT WAS PREPARED BY: Ralph Carter, Merritt, Webb, Wilson & Caruso PLLC 215 Centerview Drive, Suite 263, Brentwood, Tennessee 37027		
ADDRESS OF NEW OWNER: 135 Charles Davis Boulevard Nashville, Tennessee 37210	**SEND TAX BILL TO:** New owner	**TAX IDENTIFICATION NO:** Map 93-16 Parcel 003

AFFIDAVIT OF HEIRSHIP

BILL GARRETT, Davidson County
Trans:T20120085530 AFFIDAVIT
Recvd: 11/08/12 12:42 4 pgs
Fees:22.00 Taxes:0.00
20121108-0103302

STATE OF TENNESSEE)
COUNTY OF WILLIAMSON)

COMES NOW the Affiant, Helen Stackhouse, 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) Ella Mai Ramey Rose (hereinafter "Decedent"), a resident of the City of Nashville, County of Davidson and State of Tennessee, who died on April 14, 2011, as evidenced by a copy of the death certificate attached to this Affidavit, held a fee simple interest in the following described land located in Davidson County, Tennessee as the surviving tenant by the entirety between herself and her husband, Henry Pointer Rose, who died on June 16, 1987, as evidenced by a copy of his death certificate also attached to this Affidavit, TO WIT:

Land in Davidson County, Tennessee, being Lot No. 72 on the Plan of Maury and Claiborne's Addition to South Nashville, Register's Office for said County.

Said Lot No. 72 fronts 35 feet on the easterly side of Wharf Avenue and runs back between parallel lines 150 feet, more or less to a back alley.

Being the same property conveyed to Henry Pointer Rose and wife, Ella Mai Ramey Rose by deed from Elsie P. Hall, a widow of record in Book 2089, Page 298, Register's Office for Davidson County, Tennessee.

(2) The Decedent died without a surviving spouse. The Decedent was married once during her lifetime to Henry Pointer Rose. The Decedent's marriage to Henry Pointer Rose ended at his death on June 16, 1987.

(3) During the Decedent's life, she was the mother of one (1) biological child, Helen Stackhouse. During the Decedent's lifetime, she adopted one (1) child, James Edward Rose. Together, Helen Stackhouse and James Edward Rose are the Decedent's sole remaining heirs at law.

(4) The above-described real property is improved property formerly known as 135 Wharf

Avenue, Nashville, Tennessee 37210 and now commonly known as 135 Charles E. Davis Boulevard, Nashville, Tennessee 37210.

(5) The source of the Decedent's ownership in said property is a warranty deed of record in Book 2089, Page 298, Register's Office for Davidson County, Tennessee.

(6) This Affidavit will confirm the vesting of title to the real property located at 135 Charles E. Davis Boulevard, Nashville, Tennessee 37210, in fee simple and in equal shares to Helen Stackhouse and James Edward Rose after the death of Ella Mai Ramey Rose.

Further, Affiant saith not.

Witness my hand this 8th day of November, 2012.

Helen M. Stackhouse
Helen Stackhouse, 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, Helen Stackhouse, 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 8th 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 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

1102274

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last): Ella Mai Rose
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): April 14, 2011
4. SOCIAL SECURITY NUMBER: [redacted]-6623
5a. AGE-LAST BIRTHDAY (Years): 99
5b. UNDER 1 YEAR (Months): 5c. UNDER 1 DAY (Hours): 5d.
6. DATE OF BIRTH (Month, Day, Year): Mar 26, 1912
7. BIRTHPLACE (City and State or Foreign Country): Cumberland Furnace, Tenn
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 [X] Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 135 Charles E. Davis Blvd.
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Widowed
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.): Dietitian
12b. KIND OF BUSINESS/INDUSTRY: Food Service
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN, OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 135 Charles E. Davis Blvd
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 No
13f. ZIP CODE: 37210
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): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): College (1-4 or 5+): 2
17. FATHER'S NAME (First, Middle, Last): Henry Ramey
18. MOTHER'S NAME (First, Middle, Maiden Surname): Unknown
19a. INFORMANT'S NAME (Type/Print): April Parker
19b. RELATIONSHIP TO DECEASED: Granddaughte
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): P.O. Box 100 Madison, TN 37115
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 37204
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Richard A Lewis
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3633
21c. SIGNATURE OF EMBALMER: ▶ Delmas C. Bogus
21d. LICENSE NUMBER OF EMBALMER: 3687
22a. NAME AND ADDRESS OF FUNERAL HOME: Lewis & Wright Funeral Home, 2500 Clarksville Highway, Nashville, Tennessee 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 0812
23. REGISTRAR'S SIGNATURE: ▶ Linda L. Bowser
24. DATE FILED (Month, Day, Year): April 26, 2011
25a. PHYSICIAN - To the best of my knowledge, death occurred at the time and place, and due to the cause(s) and manner as stated. 1 SIGNATURE AND TITLE OF PHYSICIAN: ▶
25b. LICENSE NUMBER: MD 10816
25c. DATE SIGNED (Month, Day, Year): 4-26-11
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):
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):

28a. 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. CONGESTIVE HEART FAILURE — DUE TO (OR AS A CONSEQUENCE OF): — 2-3 Wks
b. CORONARY HEART DISEASE — DUE TO (OR AS A CONSEQUENCE OF): — YRS
c. — DUE TO (OR AS A CONSEQUENCE OF):
d.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

28b. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

28c. WAS AN AUTOPSY PERFORMED? 1 Yes 2 [X] No
28d. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 [X] No

29. MANNER OF DEATH: 1 [X] Natural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation 6 Could not be Determined
30a. DATE OF INJURY (Month, Day, Year):
30b. TIME OF INJURY:
30c. INJURY AT WORK? 1 Yes 2 No
30d. DESCRIBE HOW INJURY OCCURRED:
30e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify):
30f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

PH-1639 (REV. 6/99)
BIRTH NO.
RDA 1369

4617139

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

5/3/2011
Date Issued

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

8702723

17094
-18
19094-

STATE FILE NO. 87-018339

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT BLACK INK.

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS AND INFORMANT

DISPOSITION

CERTIFIER

1. DECEASED—NAME (First) HENRY	(Middle) POINTER	(Last) ROSE	2. DATE OF DEATH (Month, Day, Year) 6-16-87	
3a. AGE—Last Birthday (Years) 83	3b. Under 1 Year—Months	3c. Under 1 Day—Hours	4. DATE OF BIRTH (Month, Day, Year) 7-28-03	5. RACE (White, Black, American Indian, etc. (Specify)) BLACK
6. SEX M	7a. COUNTY OF DEATH DAVIDSON	7b. CITY, TOWN OR LOCATION NASHVILLE	7c. INSIDE CITY LIMITS (Specify Yes or No) YES	7d. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, specify private residence, business, street, etc.) VANDERBILT
7e. IF HOSP. OR INST., INPATIENT OR OUTPATIENT (Emergency Room - Inpatient) INPATIENT	8. STATE OF BIRTH (If not in U.S.A., name country) TENNESSEE	9. CITIZEN OF WHAT COUNTRY U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	11. SURVIVING SPOUSE (If wife, give maiden name) ELLA MAI RAMEY
12a. SOCIAL SECURITY NUMBER [redacted]-2841-A	12b. SERVICE IN ARMED FORCES (Specify Yes or No) N/A	13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MILL OPERATOR	13b. KIND OF BUSINESS OR INDUSTRY 768 FEED MILL	
14a. RESIDENCE—STATE TENNESSEE	14b. COUNTY DAVIDSON	14c. CITY, TOWN, OR LOCATION NASHVILLE	14d. STREET AND NUMBER 135 Charles E. Davis Blvd.	14e. INSIDE CITY LIMITS (Specify Yes or No) YES
14f. CENSUS TRACT NO.	15. FATHER—NAME JOHN WESLEY ROSE	16. MOTHER—MAIDEN NAME MELISSA JOHNSON	17. INFORMANT—NAME ELLA MAI ROSE	MAILING ADDRESS 135 Charles E. Davis Blvd. 37210
18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) BURIAL	18b. DATE (Month, Day, Year) 6-20-87	18c. CEMETERY OR CREMATORY—NAME GREENWOOD	18d. LOCATION (City or Town, State) NASHVILLE, TENNESSEE	
19a. FUNERAL DIRECTOR (Signature) JESSE L. MOONEY	LICENSE NO. 3134	19b. EMBALMER (Signature) JIM BREWER	LICENSE NO. 2939	
20. FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip) LEWIS, SMITH & WRIGHT FUNERAL HOMES, Inc. 2500 Clarksville Hwy, Nashville TN	21a. REGISTRAR—SIGNATURE Esther D. Groh	21b. DATE RECEIVED BY REGISTRAR 6-22-87		
22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSES STATED. SIGNATURE [signature]	DEGREE M.D.	22b. DATE SIGNED (Month, Day, Year) 6/19/87		
23a. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSES STATED. SIGNATURE	TITLE	23b. DATE SIGNED (Month, Day, Year)		
24a. CERTIFIER—NAME (Type or Print) Mark Houston, M. D.	24b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1121 22nd Avenue North Nashville, TN			

NOT ATTENDED BY PHYSICIAN; AUTHORIZED OFFICIAL SIGN HERE. ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CER-

QUIRED PRIOR TO ATION OF BODY BY CARRIER OR, RE- M STATE.

4823907

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

Date Issued Jun-06-2011

CERTIFICATION OF VITAL RECORD