BILL GARRETT, Davidson County
Trans:T20130011985 AFFIDAVIT
Recvd: 02/12/13 11:05 4 pgs
Fees:22.00 Taxes:0.00
20130212-0014320

This instrument was prepared by:
Debra A. Morton
Attorney at Law
110 West Main Street
Gallatin, Tennessee 37066

Grantee(s): Jerry Robert Tucker, 2323 Smith Springs Road, Antioch, TN 37013;
Larry Reese Tucker, 2323 Smith Springs Road, Antioch, TN 37013;
Trudy Tucker York, 4861 Bethesda Road, Thompson Station, TN 37179; and
Pamela Sue Tucker Shelton, 1439 State Route 1748 W., Mayfield, KY 42066

Send tax notices to: Jerry Robert Tucker
Larry Reese Tucker
2323 Smith Springs Road
Antioch, Tennessee 37013

MAP PARCEL NUMBER: 05308000400

# AFFIDAVIT OF HEIRSHIP

*Tennessee Code Annotated § 30-2-712.*

STATE OF TENNESSEE )
COUNTY OF DAVIDSON )

I, John Thomas Culbertson, hereinafter referred to as the Affiant, being first duly sworn, make oath as follows:

1. I presently reside at 264 Hickorydale Drive, Nashville, Tennessee 37210.

2. I personally knew Edeane Tucker, deceased, hereinafter referred to as the Decedent, for over 50 years. I have personal knowledge of the family of the Decedent.

3. On March 14, 2010, Edeane Tucker died at the Green Hills Health Care Facility in Nashville, Davidson County, Tennessee. A Certificate of Death is attached hereto.

4. I knew at the date of death of said Decedent, Edeane Tucker, she owned the real property located at 2211 Lakeshore Drive, Old Hickory, Tennessee 37138. The property is located in Davidson County, Tennessee, and is more fully described as follows:

A tract or parcel of land lying and situated in the 4th Civil District of Davidson County, Tennessee, more particularly described as follows:

Beginning at the northwest intersection of Pitts Avenue, now Lakeshore Drive, and 24th Street, as shown on the plan of Dabbs and Elliott Subdivision of Old Hickory, Tennessee, which is of record in Book 547, Page 127, Register's Office for said County; thence with the north line of Pitts Avenue, northwesterly 85 feet to a point; thence northeasterly 150 feet, more or less, to a point; thence

southeasterly 70 feet to the margin of 24th Street; thence with the margin of same, southwesterly 150 feet to the point of beginning.

BEING the same property conveyed to Edeane Tucker, unmarried, by Deed from Geraldine McFerrin McCauley, Executrix of the Estate of Thomas Henry McFerrin, of record in Book 9764, Page 712, Register's Office for Davidson County, Tennessee.

This is improved property known as 2211 Lakeshore Drive, Old Hickory, Tennessee 37138.

5. At the time of the Decedent's death, she resided at 2211 Lakeshore Drive, Old Hickory, Tennessee 37138.

6. The Decedent died intestate. The estate of the Decedent was not administered in a proceeding supervised by a court.

7. Facts concerning my relationship to the Decedent are:

My wife, Shirley Culbertson, and I have been close friends with Edeane Tucker and her family for over 50 years. Edeane Tucker died on March 14, 2010, in Nashville, Davidson County, Tennessee. She was 97 years old. Edeane Tucker was single her whole life. She was not married at the time of her death. As a close family friend for over 50 years, I have personal knowledge of the identity of Edeane Tucker's family members and heirs, as follows:

DECEDENT'S PARENTS:

Watt R. Tucker
(Father - Deceased)

Adie Sullivan Tucker
(Mother – Deceased)

**DECEDENT:**

**EDEANE TUCKER**
(Date of Birth: 03/24/1912)
(Date of Death: 03/14/2010)
(Single – Never Married)
(No Children)

SIBLINGS/BROTHERS:

Clyde Tucker
(Brother – Deceased)

Paul Cecil Tucker
(Brother – Deceased)

NIECES AND NEPHEWS:

Trudy Tucker York
Paula Sue Tucker Shelton

Jerry Robert Tucker
Larry Reese Tucker

I have personal knowledge that the following are all of the nieces and nephews of the Decedent, natural born or adopted, living or deceased: Trudy Tucker York, Paula Sue Tucker Shelton, Jerry Robert Tucker, and Larry Reese Tucker. As my wife and I helped to take care of Edeane Tucker as she was getting older and up until the time of her death, I have personal knowledge that Edeane Tucker did not owe any debts at the time of her death. I am not an heir, and I will not gain financially from her estate.

8. Additional facts pertinent to determine who is legally entitled to the estate of the Decedent at the time of the Decedent's death are:

Edeane Tucker died on March 14, 2010, at the age of 97. Edeane Tucker was single. She had never been married. She had no children. Her parents were deceased at the time of her death. Edeane Tucker had two brothers, Clyde Tucker and Paul Cecil Tucker, both deceased. Clyde Tucker had two children: Trudy Tucker York and Paula Sue Tucker Shelton. Paul Cecil Tucker had two children: Jerry Robert Tucker and Larry Reese Tucker. I have personal knowledge that these four nieces and nephews are all of the nieces and nephews of the Decedent, Edeane Tucker. They are legally entitled to Edeane Tucker's estate.

FURTHER the Affiant saith not.

John T. Culbertson

**JOHN THOMAS CULBERTSON**

STATE OF TENNESSEE )
COUNTY OF DAVIDSON )

Before me, Debra A. Morton, a Notary Public in and for the State of Tennessee, personally appeared the within named Affiant, John Thomas Culbertson, with whom I am personally acquainted, who made oath that the statements contained in the foregoing Affidavit are true of his own knowledge.

Witness my hand and official seal at Nashville, Tennessee, this the 11th day of February, 2013.

Debra A. Morton

NOTARY PUBLIC

My Commission Expires:
2/21/2015

DEBRA A. MORTON
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

STATE OF TENNESSEE
Office of Vital Records

1081745

TENNESSEE DEPARTMENT OF HEALTH
# CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last): Edeane Tucker
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): March 14,2010
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE-LAST BIRTHDAY (Years): 97
6. DATE OF BIRTH (Month, Day, Year): March 24,1912
7. BIRTHPLACE (City and State or Foreign Country): Rutherford County
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 X Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Green Hills Health Care
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Never Married
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.): Cocktail Waitress
12b. KIND OF BUSINESS/INDUSTRY: Restaurant
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Old Hickory
13d. STREET AND NUMBER OR RURAL LOCATION: 2211 Lake Shore Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37138
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes O X No
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 10; College (1-4 or 5+):
17. FATHER'S NAME (First, Middle, Last): Watt Tucker
18. MOTHER'S NAME (First, Middle, Maiden Surname): Addie Sullivan
19a. INFORMANT'S NAME (Type/Print): Shirley Culbertson
19b. RELATIONSHIP TO DECEASED: Friend
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 264 Hickorydale Drive Old Hickory, Tennessee 37210
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): Mapleview Cemetery
20c. LOCATION-City or Town, State: Smyrna, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Doug Raines
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2300
21c. SIGNATURE OF EMBALMER: James Ryan Padgett
21d. LICENSE NUMBER OF EMBALMER: 5535
22a. NAME AND ADDRESS OF FUNERAL HOME: Hibbett & Hailey Funeral Home 429 Donelson Pike Nashville, Tennessee 37214
22b. LICENSE NUMBER OF FUNERAL HOME: 492
23. REGISTRAR'S SIGNATURE:
24. DATE FILED (Month, Day, Year): March 25, 2010
25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and time, and due to the cause(s) and manner as stated.
1 SIGNATURE AND TITLE OF PHYSICIAN:
25b. LICENSE NUMBER: 24706
25c. DATE SIGNED (Month, Day, Year): 3/18/10
25a. 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:
25b. LICENSE NUMBER:
25c. 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): Dr David Heussikveld Heart Institute 4230 Harding Rd (63) Nashville TN 37205
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.
SEE INSTRUCTIONS ON OTHER SIDE
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Respiratory Arrest
DUE TO (OR AS A CONSEQUENCE OF): Senile Dementia
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
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 X 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-1059 (REV. 6/99)
BIRTH NO.
RDA 1389

3790944

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

MAR 25 2010
Date Issued

CERTIFICATION OF VITAL RECORD