RECORDING REQUESTED BY
First American Title Insurance Company-NTP

~~**AND WHEN RECORDED MAIL DOCUMENT TO:**~~

Davidson County AFFIDAVIT
Recvd: 03/12/13 09:41 5 pgs
Fees:27.00 Taxes:0.00
20130312-0024321

Space Above This Line for Recorder's Use Only

46597804
A.P.N.: 163 02 0A 053.00

File No.: 7759632n (rr)

AFFIDAVIT - DEATH OF JOINT TENANT
(By Surviving Joint Tenant Who is NOT the Surviving Spouse)

State of **Tennessee**)
)ss
County of **DAVIDSON**)

TRUDY ANN HULL ("Declarant") is of legal age, being first and duly sworn, deposes and states under penalty of perjury under the laws of the State of California that:

1. **HELEN LOUISE HEIM** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **12/28/2012** at **ANTIOCH, TN** (city and state of death).

2. Declarant and the Decedent are the same persons as **HELEN LOUISE HEIM, UNMARRIED AND TRUDY ANN HULL, UNMARRIED, JOINT TENANTS WITH RIGHT OF SURVIVORSHIP** who are named as the grantees ("Grantees") in that certain **WARRANTY DEED** dated **February 07, 2007**, executed by **JERRY BUTLER BUILDERS, LLC** , in favor of Grantees vesting title as joint tenants and which document was recorded **02/23/2007** as Instrument No. **20070223-0022904** in Book **N/A**, Page **N/A**, of Official Records of **DAVIDSON** County, State of **Tennessee** on property legally described as follows:

Dated: 02/14/13

DECLARANT:

Trudy Ann Hull
TRUDY ANN HULL, SURVIVING JOINT TENANT

State of ~~California~~ TN
County of Davidson

Subscribed and sworn to (or affirmed) before me on this 14 day of February, 20 13, by Trudy Ann Hull, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature _____ (Seal)

Ann Stathos Darnell

12/06/16

PREPARED BY:
FIRST AMERICAN MORTGAGE SERVICES
2605 ENTERPRISE RD E STE 300
CLEARWATER, FL 33759

STATE OF TENNESSEE
Office of Vital Records

1207991

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

PRINT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Helen Louise Heim
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): December 28, 2012
4. TIME OF DEATH (Approx.):
5a. AGE-Last Birthday (Years): 97
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): September 23, 1915
7. BIRTHPLACE (City and State or Foreign Country): Highspire, PA

-7

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)

IF DEATH OCCURRED IN A HOSPITAL: [X] 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 [X] Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): Summit Medical Center
8c. CITY OR TOWN: Hermitage
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: [ ] Married [ ] Married, but separated [ ] Widowed [ ] Divorced [X] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: Physician M.D.
11b. KIND OF BUSINESS/INDUSTRY: Family Practice/Med.

3a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Antioch

NAME OF DECEDENT (For use by F

13d. STREET AND NUMBER: 5305 Ballard Ct.
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37013
14. WAS DECEDENT EVER IN US ARMED FORCES? [ ] Yes [X] 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)
[X] 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)
[X] 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)
[X] 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): Oscar A. Heim
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): (Unknown) Brandt

20a. INFORMANT'S NAME: Trudy Hull
20b. RELATIONSHIP TO DECEDENT: POA
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 5305 Ballard Ct., Antioch, TN 37013

DISPOSITION

21a. METHOD OF DISPOSITION: [ ] Donation [ ] Entombment [ ] Burial [X] Cremation [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Music City Crematory
21c. LOCATION - City or Town and State: Nashville, Tennessee

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Dale A. Auer
22b. LICENSE NUMBER: FD010694-L
22c. SIGNATURE OF EMBALMER: ▶ N/A
22d. LICENSE NUMBER: N/A

23a. NAME AND ADDRESS OF FUNERAL HOME: Auer Cremation Services Of PA, 4100 Jonestown Rd, Harrisburg, PA 17109
23b. LICENSE NUMBER OF FUNERAL HOME: FR013740

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Darlene L Starkey DR
25. DATE FILED (Month, Day, Year): January 9, 2013

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: ▶ Warren M. Ehrenbode Jr
27b. LICENSE NUMBER: MD011346
27c. DATE SIGNED (Month, Day, Year): 12/28/12
27d. NAME AND ADDRESS

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) → a. Cardiac Arrest
Due to (or as a consequence of):
b. AF ERVR
Due to (or as a consequence of):
c. Pneumonia
Due to (or as a consequence of):
d.

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

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
CHF, Pulmonary Edema, HTN, PE

29a. WAS AN AUTOPSY PERFORMED? [ ] Yes [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [X] No

30. MANNER OF DEATH: [X] 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)

RH-1659 (Rev. 10/2011)

RDA 1399

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.

5669412

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

JAN 09 2013

Tonya Y Forsman Local Registrar
Davidson County Tennessee

Date Issued

Teresa S. Hendricks
STATE REGISTRAR

CERTIFICATION OF VITAL RECORD

COPYRIGHT/CAPTURING/ANTI-FRAUD PROTECTION

Form No. 3301 (01/08)
Short Form Commitment

ORDER NO: **7759632n**
FILE NO: **7759632n**
CUSTOMER REF: **246021411**

Exhibit "A"

Real property in the City of **ANTIOCH**, County of **DAVIDSON**, State of **Tennessee**, described as follows:

LAND IN DAVIDSON COUNTY, TENNESSEE, BEING LOT NO. 208, HICKORY HIGHLAND PLACE, SECTION 3, PHASE 2, OF RECORD IN INSTRUMENT NOS. 20060517-0057888; 20060616-0071810 AND 20060830-0107347, REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE, TO WHICH PLAT REFERENCE IS HEREBY MADE FOR A MORE COMPLETE AND ACCURATE LEGAL DESCRIPTION.

Being all of that certain property conveyed to TRUDY ANN HULL, AN UNMARRIED WOMAN from JERRY BUTLER BUILDERS, LLC, by deed dated February 07, 2007 and recorded February 23, 2007 in INSTRUMENT NO. 20070223-0022904 of official records.

Commonly known as: 5305 BALLARD CT, ANTIOCH, TN 37013

APN #: **163 02 0A 053.00**

WHEN RECORDED, RETURN TO:
FIRST AMERICAN MORTGAGE SERVICES
1100 SUPERIOR AVENUE, SUITE 200
CLEVELAND, OHIO 44114
NATIONAL RECORDING

HULL
46597804 TN
FIRST AMERICAN ELS
AFFIDAVIT OF DEATH

True Copy Certification

I, Olivia Jackson, do hereby make oath that I am a licensed attorney and/or the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law.

Signature _____

State of Ohio

Count of Cuyahoga

Personally appeared before me, Tiffany Washington, notary public for this county and state, Olivia Jackson who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

_____
Notary's Signature

My Commission Expires: Dec 16 2016

Notary Seal

