This instrument prepared by:
Stuart A. Huffman, Esq. #026383
ROBERTS & ASSOCIATES
627 Second Avenue South
Nashville, Tennessee 37210
(615) 244-6438

BILL GARRETT, Davidson County
Trans:T20130030860 AFFIDAVIT
Recvd: 04/16/13 09:01 3 pgs
Fees:17.00 Taxes:0.00
20130416-0037473

Grantees:	Mary Langston Grimes Francis Coss Mike Langston
Send Tax Notice to:	Mary Langston Grimes 112 Gibson Drive Madison, TN 37115
Map Parcel Number:	071 04 0 112.00

AFFIDAVIT OF HEIRSHIP

Tennessee Code Annotated § 30-2-712.

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The undersigned, being duly sworn, deposes and says:

1. My full name is Stuart Andrew Huffman, hereinafter "Affiant", residing at 412 Catspaw Place, Cane Ridge, Davidson County, Tennessee 37013; over eighteen (18) years of age, and have personal knowledge of the matters herein stated.

2. On June 30, 2012, Jerry Wendell Langston, hereinafter "Decedent", died and resided at 2619 Flamingo Drive, Nashville, Davidson County, Tennessee 37207. A copy of the Death Certificate is attached hereto.

3. Affiant further states that the Decedent did not leave a will.

4. The real property transferred and to which the Affidavit of Heirship applies is located at 2619 Flamingo Drive, Nashville, Davidson County, Tennessee, 37207 and being more particularly described in deed of record in Book 10454, Page 87, Register's Office for Davidson County, Tennessee, to which reference is hereby made for a more complete description.

> Land in Davidson County, Tennessee, being Lot No. 368, on the Final Plan of JOYWOOD HEIGHTS, SECTION IIA, of record in Book 1424, page 20, Register's Office for said County, to which plan reference is hereby made for a more complete and accurate legal description.
>
> BEING the same property conveyed to CLAYTON HARRISON AND WIFE, IMOGENE HARRISON, by deed from T. W. Street and wife, Beulah Street, of record in Book 2022, page 501, Register's Office for DAVIDSON County, Tennessee. SAID property was then conveyed to IMOGENE HARRISON, by deed from CLAYTON HARRISON, b deed of record in Book 3701, page 163. The said IMOGENE HARRISON has since died testate; and by will, Docket No. 96P-1649, of record in Will Book 209, page 251,**said property was vested in BILLY JOE HARRISON AND BILLY RAY HARRISON. **Probate Court for Davidson County, Tennessee.
>
> Said property is conveyed subject to such limitations, restrictions, and encumbrances as may affect the premises.
>
> SOURCE OF DESCRIPTION: Survey dated April 29, 1997, made by:
> JOHN B. KOHL, III, License No. 100
> JOHN KOHL & COMPANY, P.C.
> 400 Seventh Avenue, South
> Nashville, TN 37203
>
> This is improved property, known as 2619 Flamingo Drive, Nashville, TN 37207

5. Affiant further states that said Decedent left surviving the following persons, as heirs or persons otherwise interested in the intestate estate,

a. Mary Langston Grimes, Adult Daughter
112 Gibson Drive
Madison, TN 37115

b. Francis Coss, Adult Daughter
1401 Kirkland Ave.
Nashville, TN 37216

c. Mike Langston, Adult Son
605 Beacon Hill Lane
Mt. Juliet, TN 37122

6. Affiant further states that said Decedent left no minor children or adopted minor children or descendants of deceased children or adopted children, as heirs or persons otherwise interested in the intestate estate,

7. The above named heirs at law are legally entitled to said real property pursuant Tenn. Code Ann §31-2-101 *et. al.*, intestate succession laws for the State of Tennessee, having the real property vest to the heirs at law immediately upon the Decedent's death, in equal shares of one-third (1/3).

8. Affiant further states that no administration of the Decedent's intestate estate has been filed.

Further, Affiant saith not.

STUART A. HUFFMAN

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, Lisa Parnell, the undersigned, a Notary Public in and for said county and State, duly commissioned and qualified, the within named affiant, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who acknowledged that he executed the foregoing instrument for the purposes therein contained,

Witness by my hand this 9th day of April, 2013.

Notary Public

My Commission Expires: 3/8/2016

LISA PARNELL
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

STATE OF TENNESSEE
Office of Vital Records

1203 TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Jerry Wendell Langston
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): June 30, 2012
4. TIME OF DEATH (Approx.): 11:18 AM
5a. AGE-Last Birthday (Years): 63
5b. IF UNDER 1 YEAR: Months / Days
5c. IF UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): October 20, 1948
7. BIRTHPLACE (City and State or Foreign Country): Kingston Springs, TN

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: [ ] Inpatient [ ] ER/Outpatient [X] DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: [ ] Hospice facility [ ] Nursing home/Long term care facility [X] Decedent's home [ ] Other residence [ ] Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): 2619 Flamingo Drive
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: [ ] Married [ ] Married, but separated [ ] Widowed [X] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: Water M'tenance
11b. KIND OF BUSINESS/INDUSTRY: Metro Gov"t

12. SOCIAL SECURITY NUMBER: [redacted]3123
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 2619 Flamingo Dr
13e. INSIDE CITY LIMITS: [ ] Yes [ ] No
13f. ZIP CODE: 37207
14. WAS DECEDENT EVER IN US ARMED FORCES? [ ] Yes [X] No

Langston, Jerry
NAME OF DECEDENT (To be used by Physician or Institution)

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
[X] 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)
[X] No, not Spanish/Hispanic/Latino
[ ] Yes, Mexican, Mexican American, Chicano
[ ] Yes, Puerto Rican
[ ] Yes, Cuban
[ ] Yes, other Spanish/Hispanic/Latino
(Specify)
[X] 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): James Thomas Langston
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Gloria Lee Ollis

DISPOSITION

20a. INFORMANT'S NAME: Mary Grimes
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 112 Gibson Dr, Madison, TN 37115
21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Young Cemetery
21c. LOCATION - City or Town and State: Craggie Hope, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: Donald L Johnson
22b. LICENSE NUMBER: 4308
22c. SIGNATURE OF EMBALMER: Donald L Johnson
22d. LICENSE NUMBER: 4287
23a. NAME AND ADDRESS OF FUNERAL HOME: Madison Funeral Home, 219 E Old Hickory Blvd, Madison, TN 37115
23b. LICENSE NUMBER OF FUNERAL HOME: 690

REGISTRAR

24. REGISTRAR'S SIGNATURE: Claudia Curtis RDA
25. DATE FILED (Month, Day, Year): July 3, 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. [X] 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
27b. LICENSE NUMBER: 31292
27c. DATE SIGNED (Month, Day, Year): July 01, 2012
27d. NAME AND ADDRESS: Amy R McMaster, M.D.; 850 R.S. Gass Boulevard, Nashville, TN 37216; MEC12-1334

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. Gunshot wound of the head
Due to (or as a consequence of)
b.
Due to (or as a consequence of)
c.
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.

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

30. MANNER OF DEATH: [ ] Natural [ ] Homicide [ ] Accident [ ] Pending investigation [X] Suicide [ ] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [X] 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): Unknown
34b. TIME OF INJURY: UNK
34c. INJURY AT WORK? [ ] Yes [X] No
34d. PLACE OF INJURY - (Home, farm, street, factory, office, parking lot, (Specify): Residence
34e. DESCRIBE HOW INJURY OCCURRED: Shot self
34f. LOCATION OF INJURY (Street and Number, City or Town, State): 2619 Flamingo Drive, Nashville, TN

PH-1659 (Rev. 9/2011) RDA 1499

5089602

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. Foreman
Local Registrar
Davidson County, Tennessee

JUL 03 2012
Date Issued

CERTIFICATION OF VITAL RECORD