This Instrument Prepared by: **MARTIN A. KOOPERMAN**
Attorney at Law
Duzane, Kooperman & Mondelli
603 Woodland Street
Nashville, TN 37206-4211
(615) 259-1214

BILL GARRETT, Davidson County
Trans:T20130034648 AFFIDAVIT
Recvd: 04/26/13 15:22 3 pgs
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20130426-0041909

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE
COUNTY OF DAVIDSON

I, **ANDREW ROTHSCHILD,** after being duly sworn according to law, depose and state as follows:

1. I am a citizen and resident of Nashville, Davidson County, Tennessee, residing at 3527 Central Avenue, Nashville, Tennessee 37205

2. I am over the age of 18 years and am of sound mind and disposing memory.

3. My sister, Linnette Rothschild, died on May 10, 2012. At the time of her death, she was married to Dennis Immanuel Geibels. My sister did not leave a will. The surviving heirs were Dennis I. Geibels and her daughter, Chelsea Rothschild. However, her real property was owned as a tenant in common with a right of survivorship with her daughter, Chelsea Rothschild, and the said property ownership vested in Chelsea Rothschild upon the death of my sister, Linnette Rothschild.

4. At the time of her death, my sister, Linnette Rothschild, owned real property with my niece, Chelsea Rothschild, as tenants in common with a right of survivorship, located at 804 Nashua Court, Nashville, Davidson County, Tennessee 37209, described as follows:

> LAND in Davidson County, Tennessee, being Lot No. 12 on the Plan of Brookewood, Phase Two, of record in Book 8250, Page 877, Register's Office for said County, to which plan reference is hereby made for a more complete and accurate description.
>
> Being the same property conveyed to Linnette Rothschild and Chelsea Rothschild, as tenants in common with the right of survivorship, dated May 16, 2005, recorded May 24, 2005 in Instrument No.: 20050520-0057344, Register's Office for Davidson County, Tennessee.
>
> This is improved property known as: 804 Nashua Court, Nashville, Tennessee 37209.

5. My niece, Chelsea Rothschild, as the surviving tenant in common, is the proper owner of the real estate located at: 804 Nashua Court, Nashville, Tennessee 37209.

DATED this 16th day of April, 2013.

ANDREW ROTHSCHILD

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named **ANDREW ROTHSCHILD,** with whom I am personally acquainted, or proved to me based upon satisfactory information, and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee, this 19th day of April, 2013.

NOTARY PUBLIC

My Commission Expires: 5/5/15

MARTHA A. TEPPERMAN
NOTARY PUBLIC
STATE OF TENNESSEE
DAVIDSON COUNTY, TN

STATE OF TENNESSEE
Office of Vital Records

1202798

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Linnette Robin Rothschild
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): May 10, 2012
4. TIME OF DEATH (Approx.):
5a. AGE-Last Birthday (Years): 54
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): July 01, 1957
7. BIRTHPLACE (City and State or Foreign Country): Long Beach, California

5

TYPEPRINT IN PERMANENT BLACK INK

8a. 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)

8b. FACILITY NAME (If not Institution, give street and number): Baptist Hospital
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: ☑ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Dennis Giebels
11a. DECEDENT'S USUAL OCCUPATION: Veterinarian Tech
11b. KIND OF BUSINESS/INDUSTRY: Hillview Animal Clinic

12. SOCIAL SECURITY NUMBER: [redacted]-8530
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 804 Nashua Ct.
13e. INSIDE CITY LIMITS: ☑ Yes ☐ No
13f. ZIP CODE: 37209
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☑ No

NAME OF DECEDENT (For use 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
☐ 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): Irving Rothschild
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Helene Schlanger

DISPOSITION

20a. INFORMANT'S NAME: Chelsea L Rothschild PHD
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 3525 Central Ave, Nashville, TN 37205-2341
21a. METHOD OF DISPOSITION: ☐ Donation ☐ Entombment ☑ Burial ☐ Cremation ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): K.K.S.I. Cemetery
21c. LOCATION - City or Town and State: Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Billy Orange
22b. LICENSE NUMBER: 5846
22c. SIGNATURE OF EMBALMER: ▶
22d. LICENSE NUMBER:
23a. NAME AND ADDRESS OF FUNERAL HOME: Marshall- Donnelly- Combs Funeral Home 201 25th Ave North, Nashville, TN 37203
23b. LICENSE NUMBER OF FUNERAL HOME: 40

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ [signature]
25. DATE FILED (Month, Day, Year): May 15, 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: 36164
27c. DATE SIGNED (Month, Day, Year): 5·15·12
27d. NAME AND ADDRESS: STEPHEN CAPIZZI

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. sepsis
Due to (or as a consequence of):
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. hepatic failure
Due to (or as a consequence of):
c.
Due to (or as a consequence of):
d.

Approximate Interval: Onset to 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? ☐ 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)

PH-1659 (Rev. 10/2011) ADA 1308

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.

5674988

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

Teresa S. Hendricks
STATE REGISTRAR

Local Registrar
Davidson County, Tennessee

3/20/2013
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