This instrument was prepared by: **Beck & Beck Attorneys,**
4205 Gallatin Road
Nashville, Tennessee 37216

ADDRESS OF NEW OWNER AS FOLLOWS:
Erma Sullivan
415 Lemont Drive
Nashville, TN 37216

SEND TAX BILLS TO:
Same as New Owner

SEND TAX BILLS TO:
Same as New Owner

MAP and PARCEL: 061 05 0A 030.00

BILL GARRETT, Davidson County
Trans:T20130037838 AFFIDAVIT
Recvd: 05/07/13 09:02 4 pgs
Fees:22.00 Taxes:0.00
20130507-0045782

AFFIDAVIT OF HEIRSHIP AS TO THE HEIRS OF BILLY T. SULLIVAN

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

Affiant, **ERMA SULLIVAN,** after first being duly sworn, states that she is an adult citizen and resident of Nashville, Davidson County, Tennessee, being over 18 years of age. She further states that she was the wife of **BILLY T. SULLIVAN, DECEDENT.** Title vests to his wife, **ERMA G. SULLIVAN,** by laws of distribution and descent.

BILLY T. SULLIVAN was born March 4, 1962 and died on February 19, 2011. **BILLY T. SULLIVAN** married to **ERMA G. SULLIVAN** on March 18, 1991 at the time of his death. The affiant further states that no children were born to or adopted by **BILLY T. SULLIVAN.** His parents **JIM SULLIVAN** and **NANCY SULLIVAN,** predeceased him. **BILLY T. SULLIVAN** owned certain real property, known as **415 Lemont Drive, Nashville, TN 37216,** in fee simple.

Since at the time of his death, **BILLY T. SULLIVAN,** was 48 years of age, his estate was not subject to any recovery by the Bureau of Tenncare and his most valuable asset is real property.

This Affidavit of Heirship is freely given pursuant to Section 30-2-712, et seq., Tenn. Code Ann., to help establish and reflect the heirship with respect to any real or personal property owned by **BILLY T. SULLIVAN** in Davidson County, Tennessee, or elsewhere and particularly to

confirm the vesting of title to certain real property in Davidson County, Tennessee described as follows:

415 Lemont Drive, Nashville, TN 37216.

Under penalties of perjury the undersigned makes this Affidavit contained in the foregoing statement.

FURTHER AFFIANT SAITH NOT.

Erma G. Sullivan

ERMA G. SULLIVAN

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Sworn to and subscribed before me this 23rd day of April, 2013.

Melinda G. Rooker

NOTARY PUBLIC

My Commission Expires: 08-17-15

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, Melinda G. Rooker, a Notary Public in and for said County and State, the within named **ERMA G. SULLIVAN**, affiant with whom I am personally acquainted or proved to me on the basis of satisfactory evidence, and who acknowledged that he executed the within instrument for the purposes therein contained. Witness my hand and official seal at Nashville, Tennessee this 23rd day of April, 2013.

Melinda G. Rooker

NOTARY PUBLIC

My Commission Expires: 08-17-15

1100928

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Billy Thomas Sullivan
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): February 19, 2011
4. SOCIAL SECURITY NUMBER: [redacted]-7319
5a. AGE-LAST BIRTHDAY (Years): 48
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): March 4, 1962
7. BIRTHPLACE (City and State or Foreign Country): Carrollton, Kentucky
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [X] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Skyline Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Erma Gentry
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Boiler Operator
12b. KIND OF BUSINESS/INDUSTRY: Volunteer State Community College
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 415 Lemont Drive
CENSUS TRACT
14a. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
15. ZIP CODE: 37216
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
16. RACE-American Indian, Black, White, etc. (Specify): White
18. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or medical examiner

PARENTS

17. FATHER'S NAME (First, Middle, Last): Jim Sullivan
18. MOTHER'S NAME (First, Middle, Maiden Surname): Nancy Johnson

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Erma Sullivan
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 415 Lemont Drive Nashville, TN 37216

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [X] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Music City Crematory
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Amanda Reeves
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 6368
21c. SIGNATURE OF EMBALMER: N/A
21d. LICENSE NUMBER OF EMBALMER: N/A
22a. NAME AND ADDRESS OF FUNERAL HOME: Spring Hill Funeral Home & Cemetery, 5110 Gallatin Road, Nashville, TN 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 1046

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda L. Bowers, RA
24. DATE FILED (Month, Day, Year): February 22, 2011

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. 1 [ ] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER:
25c. DATE SIGNED (Month, Day, Year):
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 [X] SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER: 34173
26c. DATE SIGNED (Month, Day, Year): February 28, 2011

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): Feng Li, M.D., J.D., Ph.D.; 850 R.S. Gass Boulevard, Nashville, TN 37216; MEC11-0350

CAUSE OF DEATH

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. (Approximate Interval Between Onset and Death)

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Pending
DUE TO (OR AS A CONSEQUENCE OF):
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.

SEE INSTRUCTIONS ON OTHER SIDE

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 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [ ] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [X] 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 [ ] 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-1659 (REV. 6/99)

BIRTH NO. _____ RDA 13

4625304

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
Tonya Y. Forman, Local Registrar
Davidson County, Tennessee

FEB 22 2011
Date Issued

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796 1866

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE 1912

CERTIFICATION OF VITAL RECORD

Certificate of Marriage

STATE OF TENNESSEE

COUNTY OF DAVIDSON

To Anyone Legally Authorized to Celebrate the Rites of Matrimony
You Are Hereby Licensed to Celebrate the

Rites of Matrimony

Between Billy Thomas Gullion 29 AGE

and Erma Jean Hoover 49 AGE

and for so doing this shall be your warrant.

Given under my hand and official seal, this

18th day of March

in the year of our Lord One Thousand

Nine Hundred and Ninety One

Bill Covington

BILL COVINGTON COUNTY CLERK

BY: Pallie A. Rose
DEPUTY CLERK

By Virtue of A License from the Davidson County Clerk,

I have this day celebrated the Rites of Matrimony between

The parties herein named, as authorized in the foregoing license.

Given under my hand this the 18th day of March A.D. 1991

Book No. 153

Page No. 75

Bill Covington
SIGNATURE OF OFFICIANT