BILL GARRETT, Davidson County
Trans:T20130038133 AFFIDAVIT
Recvd: 05/07/13 14:18 7 pgs
Fees:37.00 Taxes:0.00
20130507-0046075

This Instrument Prepared By:
Bradley Arant Boult Cummings LLP
1600 Division Street, Suite 700
Nashville, Tennessee 37203

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

On this 6th day of May, 2013, before me personally appeared **Linda Gullette Whitworth and Ricky William Gullette**, (collectively the "Affiants"), who having been duly sworn, state upon their personal knowledge:

1. That they are at least eighteen (18) years of age and are citizens and residents of Davidson County, Tennessee;

2. That Affiants are the only children born to their mother, **Edna E. Gullette** ("Decendent") and their father, **William A. Gullette**;

3. That Decedent died intestate in Tennessee on or about May 21, 2012, as evidenced by a copy of the death certificate attached hereto as EXHIBIT A, and Decedent's husband, William A. Gullette, having predeceased her in August, 2008. No estate administration was opened for Decedent.

4. That Decedent was survived by Affiants, being Decedent's sole heirs at law.

This Affidavit of Heirship is freely given pursuant to Section 30-2-712, et seq., Tennessee Code Annotated, to help establish and reflect the heirship with respect to the real property owned by Edna E. Gullette located at **2235 Craigmeade Circle, Nashville, Tennessee 37214 (Map 95, Group 2, Parcel 154)**, and being more particularly described in Warranty Deed of record in **Instrument No. 20040816-0098654**, Registers Office for Davidson County, Tennessee, a copy of which is attached hereto as EXHIBIT B.

Further, Affiants saith not.

Linda Gullette Whitworth
Linda Gullette Whitworth

Ricky William Gullette

Affiants

Subscribed and sworn to before me this 6 day of May, 2013.

Sharon H. Craddock
Notary Public

My Commission Expires:

09-09-14

SHARON H. CRADDOCK
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

ADDRESS OF AFFIANTS AND MAIL TAX BILLS TO:

Linda G. Whithworth
2998 Elm Hill Pike
Nashville, TN 37214

PROPERTY ADDRESS:
2235 Craigmeade Circle
Nashville, TN 37214
Map 95, Group 2, Parcel 154

EXHIBIT A

Death Certificate

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2012 026479

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Edna D. Gullette
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): May 21, 2012
4. TIME OF DEATH (Actual):
5a. AGE-Last Birthday (Years): 86
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): January 12, 1926
7. BIRTHPLACE (City and State or Foreign Country): Cunningham, Tennessee

TYPE/PRINT 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) Assisted Living Facility

NAME OF DECEDENT (For use by Physician or Institution)

8b. FACILITY NAME (If not institution, give street and number): Whitehaven Assisted Living
8c. CITY OR TOWN: Adams 000
8d. COUNTY OF DEATH: Robertson 74

9. MARITAL STATUS: ☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): N/A
11a. DECEDENT'S USUAL OCCUPATION: Homemaker
11b. KIND OF BUSINESS/INDUSTRY: Home

12. SOCIAL SECURITY NUMBER: 413-40-5237
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 2235 Craigmeade Circle
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37214
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ 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)
☐ 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): Dillard Dawson
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Maime Morgan

DISPOSITION

20a. INFORMANT'S NAME: Linda K. Whitworth
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 2235 Craigmeade Circle Nashville, TN 37214

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Spring Hill Cemetery
21c. LOCATION - City or Town and State: Nashville, TN

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ James M. Brewer
22b. LICENSE NUMBER: 2153
22c. SIGNATURE OF EMBALMER: ▶ James M. Brewer
22d. LICENSE NUMBER: 2969

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: ▶ Vanna McGinn LR
25. DATE FILED (Month, Day, Year): June 6, 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: ▶ Jonathan M Kroser
27b. LICENSE NUMBER: MD35245
27c. DATE SIGNED (Month, Day, Year): 6/5/2012
27d. NAME AND ADDRESS: Dr. Jonathan Kroser, 320 Northcrest Drive Springfield, TN 37172

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. chronic congestive heart failure — 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. coronary artery disease — Due to (or as a consequence of):
c. dementia — 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-1859 (Rev. 10/2011) RDA 1399

COPYRIGHT CAUTION/IMPROPER AUTHORIZED PROTECTION

5707660

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

Date Issued Jan-28-2013

SEAL OF THE STATE OF TENNESSEE 1796 XVI AGRICULTURE COMMERCE

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

EXHIBIT B

(Copy of Warranty Deed)

FILE BOX 45

WARRANTY DEED

STATE OF TENNESSEE
COUNTY OF Davidson
THE ACTUAL CONSIDERATION OR VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS $ 138,900.00

X Edna E. Gullette
Affiant

SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE 12th day of August, 2004

Notary Public

MY COMMISSION EXPIRES: 1.27.07
(AFFIX SEAL)

ZANA C. PETTY NOTARY PUBLIC AT LARGE DAVIDSON COUNTY

THIS INSTRUMENT WAS PREPARED BY:
RICHARD A. NORTHCUTT, METROPOLITAN ESCROW, INC., 217 PINEWAY DRIVE, NASHVILLE, TN 37217

ADDRESS NEW OWNER (S) AS FOLLOWS:	SEND TAX BILLS TO:	MAP - PARCEL NUMBERS:
W.A. Gullette	NEW OWNER	Map 95
2235 Craigmeade Circle		Group 2
Nashville, TN 37214		Parcel 154

FOR AND IN CONSIDERATION OF the sum of Ten Dollars, cash in hand paid by the hereinafter named GRANTEES, and other good and valuable considerations, the receipt of which is hereby acknowledged, we

William Craig Pyburn and wife, Tonia Pyburn

hereinafter called the GRANTORS, has bargained and sold, and by these presents do transfer and convey unto

W.A. Gullette and wife, Edna E. Gullettte

hereinafter called the GRANTEES, their heirs and assigns, a certain tract or parcel of land in Davidson County, State of Tennessee, described as follows, to wit:

BEING Lot No. 37, on the Plan of Craigmeade Subdivision, Section I, of record in Plat Book 2900, Page 121, Register's Office for Davidson County, Tennessee, to which plat reference is hereby made for a more complete legal description.

Being the same property conveyed to William Craig Pyburn and wife, Tonia Pyburn by deed from Donald R. Reddick and wife, Annice Corine Reddick of record in Book 9264, Page 226, said Register's Office.

This conveyance is subject to Restrictions of record in Book 3135, Page 283, said Register's Office.

This conveyance is made subject to: (1) 2004 taxes, which have been prorated and assumed by the Grantees; (2) All matters appearing on the Plan of record in Plat Book 2900, Page 121, said Register's Office.

This conveyance is subject to any and all, recorded and unrecorded, zoning regulations, building restrictions and setback lines, easements and rights of way for public utilities.

Unimproved ( )

This is Improved (X) property, known as 2235 Craigmeade Circle, Nashville, TN 37214

TO HAVE AND TO HOLD the said tract or parcel of land, with the appurtenances, estate title and interest thereto belonging to the said GRANTEES, their heirs and assigns forever; and we do covenant with the said GRANTEES that we are lawfully seized and possessed of said land in fee simple, have a good right to convey it and the same is unencumbered, unless otherwise herein set out; and we do further covenant and bind ourselves, our heirs and representatives, to warrant and forever defend the title to the said land to the said GRANTEES, their heirs and assigns, against the lawful claims of all persons whomsoever. Wherever used, the singular number shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders.

Witness our hands this 12th day of August, 2004.

William Craig Pyburn

Tonia Pyburn

Davidson County DEEDWARR
Recvd: 08/16/04 10:25 2pgs
Fees:13.00 Taxes:513.83

20040816-0098654

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 William Craig Pyburn and wife, Tonia Pyburn, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) and who acknowledged that they executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee, this 12th day of August, 2004.

My Commission Expires: 01/27/07

Notary Public

ZANA C. PETTY
NOTARY PUBLIC AT LARGE
DAVIDSON COUNTY, TENN.