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

ADDRESS OF NEW OWNER:
Jennifer L. Thomas
3024 Louise Drive
Nashville, TN 37211

SEND TAX BILLS TO:

Same as new owner

MAP and PARCEL: 119 13 0 247.00

AFFIDAVIT OF HEIRSHIP AS TO THE HEIRS OF

BOBBY F. THOMAS

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Affiant, **JENNIFER L. THOMAS**, 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 **BOBBY F. THOMAS, DECEDENT.** Title vests to **JENNIFER L. THOMAS,** by laws of distribution and descent.

BOBBY F. THOMAS was born February 1, 1947 and died on January 4, 2013. **BOBBY F. THOMAS** married **JENNIFER L. THOMAS** on June 20, 2003 they were still married at the time of his death. The affiant further states that no children were born to or adopted by **BOBBY F. THOMAS.** His parents were **WIGG L. THOMAS** and **SAMANTHA S. THOMAS,** both having predeceased him. His only siblings are his brothers, **BILLY L. THOMAS** and **WILLIAM H. THOMAS.** His parents **WIGG L. THOMAS** and **SAMANTHA S. THOMAS** owned the property at 3024 Louise Drive until their death. **SAMANTHA S. THOMAS** predeceased her husband **WIGG L. THOMAS;** was the surviving tenant by the entirety. Upon his death the property was conveyed under his Last Will and Testament to his heirs, **BILLY L. THOMAS, WILLIAM H. THOMAS** and **BOBBY F. THOMAS.** Each brother **BILLY L. THOMAS** and **WILLIAM H. THOMAS** conveyed their 1/3 interest in the property at 3024 Louise Drive to **BOBBY F. THOMAS** by Quit Claim Deed, of record in Book No. 10467, Page No. 100, Davidson County Register's Office.

BOBBY F. THOMAS was the owner of certain real property, known as **3024 Louise Drive, Nashville, TN 37211,** in fee simple.

BILL GARRETT, Davidson County
Trans:T20130041384 AFFIDAVIT
Recvd: 05/17/13 13:17 4 pgs
Fees:22.00 Taxes:0.00
20130517-0050002

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 **BOBBY F. THOMAS** 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:

3024 Louise Drive, Nashville, TN 37211

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

FURTHER AFFIANT SAITH NOT.

Jennifer L. Thomas
JENNIFER L. THOMAS

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Sworn to and subscribed before me this 24th day of April, 2013.



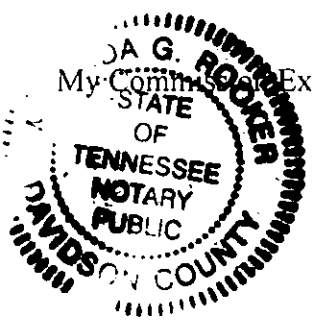
Melinda G. Rooker
NOTARY PUBLIC

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 **JENNIFER L. THOMAS,** 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 24th day of April, 2013.

Melinda G. Rooker
NOTARY PUBLIC



My Commission Expires: 08-17-15

STATE OF TENNESSEE
Office of Vital Records

1300052

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Bobby Fletcher Thomas
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): January 4, 2013
4. TIME OF DEATH (Approx.): 5:45 pm
5a. AGE-Last Birthday (Years): 65
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): February 1, 1947
7. BIRTHPLACE (City and State or Foreign Country): Smith County, TN

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 [ ] Other (Specify) _____

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

9. MARITAL STATUS: [X] Married [ ] Married, but separated [ ] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Jennifer Jeter
11a. DECEDENT'S USUAL OCCUPATION: Repair Service
11b. KIND OF BUSINESS/INDUSTRY: Sears

12. SOCIAL SECURITY NUMBER: [redacted]-7903
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 3024 Louise Dr.
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37211
14. WAS DECEDENT EVER IN US ARMED FORCES? [ ] Yes [X] 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
[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) _____
[ ] 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): Wigg Leon Thomas
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Samantha S. Holmes

DISPOSITION

20a. INFORMANT'S NAME: Jennifer Thomas
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 3024 Louise Dr., Nashville, TN 37211
21a. METHOD OF DISPOSITION: [ ] Burial [X] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Middle Tennessee Cremation Center
21c. LOCATION - City or Town and State: Mt. Juliet, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Wendell L. Byrd
22b. LICENSE NUMBER: 2556
22c. SIGNATURE OF EMBALMER: ▶ Nickless LaFayette Keith, Jr.
22d. LICENSE NUMBER: 6544
23a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Inc., 3620 Nolensville Road, Nashville, TN 37211
23b. LICENSE NUMBER OF FUNERAL HOME: 396

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Received by Stacy Dl
25. DATE FILED (Month, Day, Year): January 9, 2013

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

26. CERTIFIER (Check only one):
26a [X] 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.

27a. SIGNATURE OF CERTIFIER: ▶ Julie C. Stinson-Reynolds MD
27b. LICENSE NUMBER: TN 37841
27c. DATE SIGNED (Month, Day, Year): 01/09/13
27d. NAME AND ADDRESS: Julie Stinson-Reynolds, MD, 510 Recovery Rd., Nashville, TN 37211

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. Lung Cancer	4 weeks
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. Due to (or as a consequence of):	
	c. Due to (or as a consequence of):	
	d. Due to (or as a consequence of):	

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 [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? [X] 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 - (e.g., home, farm, street, factory, office, building, etc. (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

RDA 1399

PH-1658 (Rev. 10/2011)

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.

5669366

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

JAN 09 2013

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

Date Issued

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 Bobby Fletcher Thomas 56 AGE

and Jennifer Lee Jeter 30 AGE

and for so doing this shall be your warrant.

Given under my hand and official seal, this

9th day of June

in the year of our Lord Two Thousand

Three

Bill Covington

BILL COVINGTON COUNTY CLERK

BY: Patsy Davis 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 20th day of June A.D. 2003

Book No. 192

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SIGNATURE OF OFFICIANT