BILL GARRETT, Davidson County
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20130625-0065304

THIS AFFIDAVIT OF HEIRSHIP PREPARED BY:

PAUL C. HAYES, ESQ.
Howard Mobley Hayes & Gontarek, PLLC
2319 Crestmoor Road
Nashville, Tennessee 37215
(615) 627-4444

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Pursuant to Tenn. Code Ann. Section 30-2-712, I, GAYLE T. WELCH, being duly sworn, hereby state as follows:

1. My full name is GAYLE T. WELCH. I reside at 510 Loyola Drive, Nashville, Tennessee 37205.

2. I have personal knowledge of the matters stated in this Affidavit.

3. My spouse, SAMUEL HUGH WELCH (the "Decedent"), died on May 6, 2013 in Nashville, Tennessee, as evidenced by the Certificate of Death attached hereto as Exhibit A.

4. I married the Decedent on August 25, 1957, as evidenced by the Marriage Certificate attached hereto as Exhibit B, and we were married at the time of the Decedent's death.

5. At the time of the Decedent's death, the Decedent and I owned a duplex located at 510 Loyola Drive, Nashville, Tennessee 37205 (the "Property") as tenants by the entirety.

6. This affidavit will confirm that title to the Property vested in me immediately following the Decedent's death.

Further, affiant saith not.

SIGNED this the 20th day of June, 2013.

Gayle T. Welch

GAYLE T. WELCH

Sworn to and subscribed before me
on this the 20th day of June, 2013.



Mary Gregory

Notary Public

My Commission Expires: 9-8-2013

EXHIBIT A

Certificate of Death of Samuel Hugh Welch

(Attached)

STATE OF TENNESSEE
Office of Vital Records

1302094

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Samuel Hugh Welch
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): May 6, 2013
4. TIME OF DEATH (Approx.): 3:03pm
5a. AGE-Last Birthday (Years): 78
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): November 29, 1934
7. BIRTHPLACE (City and State or Foreign Country): Caraway, Arkansas

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)

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

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS: ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Gayle Tipton
11a. DECEDENT'S USUAL OCCUPATION: Chief Financial Officer
11b. KIND OF BUSINESS/INDUSTRY: U.S. Steel
12. SOCIAL SECURITY NUMBER: [redacted]5166
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 510 Loyola Dr.
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37205
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): Joseph Mathison Welch
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Nada Lee Mangrum

INFORMANT

20a. INFORMANT'S NAME: Gayle T. Welch
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 510 Loyola Dr., Nashville, TN 37205

DISPOSITION

21a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Nashville Cremation Service
21c. LOCATION - City or Town and State: Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Danny Keith Stapleton
22b. LICENSE NUMBER: 3236
22c. SIGNATURE OF EMBALMER: ▶
22d. LICENSE NUMBER:
23a. NAME AND ADDRESS OF FUNERAL HOME: Marshall-Donnelly-Combs Funeral Home, 201 25th Avenue North, Nashville, TN 37203
23b. LICENSE NUMBER OF FUNERAL HOME: 40

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Tonya B Keely for DR
25. DATE FILED (Month, Day, Year): May 9, 2013

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: ▶ John Shuster
27b. LICENSE NUMBER: 45996
27c. DATE SIGNED (Month, Day, Year): MAY 8, 2013
27d. NAME AND ADDRESS: J. SHUSTER, MD 1718 Patterson Street, Nashville, TN 37203

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. CHRONIC LYMPHOCYTIC LEUKEMIA	UNKNOWN
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.	
Due to (or as a consequence of)		
	c.	
Due to (or as a consequence of)		
	d.	

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): (N/A)
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) RDA 1309

COPYRIGHT CAUTION ANTI-FRAUD PROTECTION

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.

5807230

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

MAY 09 2013
Date Issued

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

EXHIBIT B

Marriage Certificate of Samuel Hugh Welch and Gayle Tipton

(Attached)

STATE OF MISSISSIPPI

MARRIAGE LICENSE

COUNTY OF

FORREST

To any Judge, Minister, Justice or any other Person Lawfully authorized to celebrate the Rites of Matrimony.

YOU ARE HEREBY LICENSED TO CELEBRATE THE

RITES OF MATRIMONY

BETWEEN

Mr. Samuel Hugh Welch and

Miss Frances Gayle Tipton

and for so doing this shall be your warrant.

Given under my hand and official seal, this the

Seventeenth day of July

in the year of our Lord One Thousand Nine Hundred

and Fifty Seven

L M Cox Circuit Clerk.

By Wilma Walley D.C.

The State of Mississippi, } By Virtue of A License
COUNTY OF FORREST }

From the Clerk of the Circuit Court of said County of FORREST I have this day celebrated the Rites of Matrimony between

Mr. Samuel Hugh Welch and

Miss Frances Gayle Tipton

Given under my hand, this the 25th day of August A.D. 1957

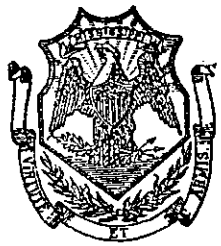
W. C. Spurrier (Seal)

FORM 186-R

Marriage License and Certificate

AND

State of Mississippi



Forrest County

Issued ~~2:30 A.M.~~ 2:30 P.M. July 17, 1957

Married _____, 195__

License Recorded _____, 195__

Marriage Record 52 Page 502

L. M. Cox
Circuit Clerk

By _____, D. C.