RECORDING REQUESTED BY
Old Republic Title Company
WHEN RECORDED MAIL TO
Name: Old Republic Title Company
Address: 530 South Main Street, Suite 1031
City, State Zip: Akron, OH 44311
Title Order No. 01-13033804

Prepared By:
Kim Young
530 south Main Street, Suite 1031
Akron, OH 44311

Davidson County AFFIDAVIT
Recvd: 07/10/13 10:24 4 pgs
Fees:22.00 Taxes:0.00
20130710-0071212

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF Tennessee
COUNTY OF Davidson) ss.

Being first duly sworn according to law, the undersigned (hereinafter "Affiant"), does hereby state under penalties of perjury as follows:

1. My full legal name is: JAMES C. GARRETT
2. By virtue of instrument dated 11/30/1999, recorded 12/07/1999, in Doc# 199912070300296 of DAVIDSON County Records, title was conveyed to JAMES C. GARRETT and PAULETTE H. GARRETT as Joint Tenants with the right of survivorship to the following described real estate:

See Exhibit "A" Attached

3. As evidenced by the certified copy of the death certificate attached PAULETTE H. GARRETT is now deceased.
4. The purpose of this Affidavit is to transfer record title of the above described premises to the survivor JAMES C. GARRETT.

Further, the Affiant sayeth naught.

AFFIANT:
James C. Garrett
JAMES C. GARRETT

Sworn to before me and subscribed in my presence this 28 day of June, 2013, by James C. Garrett.

Ella K. Butler
Notary Public

ELLA K. BUTLER
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.

STATE OF TENNESSEE
Office of Vital Records

1195526

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): Paulette Henderson Garrett
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): September 17, 2011
4. SOCIAL SECURITY NUMBER: [redacted]-7578
5a. AGE-LAST BIRTHDAY (Years): 68
5b. DATE OF BIRTH (Month, Day, Year): Nov 29, 1942
5c. BIRTHPLACE (City & State or Foreign Country): Mobile, AL
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
7. MARITAL STATUS AT TIME OF DEATH: 1 Married 2 Married, but Separated 3 Widowed 4 Divorced 5 Never Married
8. PLACE OF DEATH (Check only one): 1 Inpatient 2 E.R./Outpatient 3 DOA 4 Nursing Home 5 Residence 6 [X] Other (Specify): Hospice
9a. FACILITY NAME (If not Institution, give Street and Number): Alive Hospice
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): James Garrett
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Educator
12b. KIND OF BUSINESS/INDUSTRY: Education
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN, OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 501 Harpeth Trace Dr.
13e. INSIDE CITY LIMITS? [X] Yes [ ] No
13f. ZIP CODE: 37221
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes [ ] No [X]
15. RACE-American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): College (1-4 or 5+): 5+

NAME OF DECEDENT TO BE ENTERED ON DISPOSITION PERMIT

PARENTS

17. FATHER'S NAME (First, Middle, Last): Oliver Henderson
18. MOTHER'S NAME (First, Middle, Maiden Surname): Artherine Platt

INFORMANT

19a. INFORMANT'S NAME (Type/Print): James Garrett
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 501 Harpeth Trace Dr. Nashville, TN 37221

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Calvary Cemetery
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Richard A. Lewis
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3633
21c. SIGNATURE OF EMBALMER: ▶ Delmas Bogus
21d. LICENSE NUMBER OF EMBALMER: 3687
22a. NAME AND ADDRESS OF FUNERAL HOME: Lewis & Wright Funeral Directors, 2500 Clarksville Hwy., Nashville, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 0812

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Linda K. Bowers MD
24. DATE FILED (Month, Day, Year): September 27, 2011

CERTIFIER

23a. [illegible]
23b. [X] 1 SIGNATURE AND TITLE OF PHYSICIAN: ▶ [signature]
23c. LICENSE NUMBER: 44186
23c. DATE SIGNED (Month, Day, Year): 9-26-2011
24a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time and place, and due to the cause(s) and manner as stated.
2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER
26c. DATE SIGNED (Month, Day, Year)

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): David B. Twibble MD
[illegible] Nashville TN 37203

SEE INSTRUCTIONS ON OTHER SIDE

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. Acute Myeloid Leukemia arising from Myelofibrosis
DUE TO (OR AS A CONSEQUENCE OF):
b.
DUE TO (OR AS A CONSEQUENCE OF):
c.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.
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? 1 [ ] Yes 2 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [ ] Natural 5 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide
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)

State I.D. _____ RDA 1999

PH-1699 (REV. 6/99)

4897409

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. Heinrichs
STATE REGISTRAR

Tonya Y [illegible] Local Registrar
Davidson County Tennessee

Date Issued [illegible]

CERTIFICATION OF VITAL RECORD

I, Drew Sturniolo, do hereby make oath that I am the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law.

Signature

State of Pennsylvania

County of Allegheny

Personally appeared before me, Melissa Plagman, a notary public for this county and state, Drew Sturniolo, who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Notary's Signature

My Commission Expires: 5-19-2015

Notary's Seal:

NOTARIAL SEAL
MELISSA PLAGMAN
Notary Public
CORAOPOLIS BOROUGH, ALLEGHENY COUNTY
My Commission Expires May 19, 2015

SCHEDULE A

SITUATED IN THE COUNTY OF DAVIDSON, STATE OF TENNESSEE:

LAND IN DAVIDSON COUNTY, TENNESSEE, BEING LOT NO. 35 ON THE PLAN OF HARPETH TRACE ESTATES, PHASE THREE, OR RECORD IN BOOK 5200, PAGES 751-753, REGISTER'S OFFICE FOR SAID COUNTY TO WHICH PLAN REFERENCE IS HEREBY MADE FOR A MORE COMPLETE AND ACCURATE DESCRIPTION THEREOF.

TAX ID NO: 143-02-0A-035.00

BEING THE SAME PROPERTY CONVEYED BY WARRANTY DEED

GRANTOR:	YAZDIAN CONSTRUCTION, INC.
GRANTEE:	JAMES C. GARRETT AND WIFE, PAULETTE H. GARRETT
DATED:	11/30/1999
RECORDED:	12/07/1999
DOC#/BOOK-PAGE:	199912070300296

ADDRESS: 501 HARPETH TRACE DR, NASHVILLE, TN 37221

END OF SCHEDULE A