BILL GARRETT, Davidson County
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This instrument was prepared by:

Julie Cornell
1312 5th Avenue North
Nashville, TN 37208
(615) 301-1733

GRANTEE(S): Dorothy Irene Bradley, Carolyn June Upchurch, Mary Evelyn Aldridge, Linda Kaye Brown, Glenda Faye Collazo, Tanya Lea Vazquez, Andrea Nicole Black, Robert Wolf, Jeffrey Baker

SEND TAX NOTICES TO: 879 Granada Avenue, Nashville, Tennessee 37206

MAP PARCEL NUMBER: 82-4-257

AFFIDAVIT OF HEIRSHIP

Tennessee Code Annotated § 30-2-712.

STATE OF TENNESSEE
COUNTY OF DAVIDSON

We, Carolyn June Upchurch, Linda Kaye Brown, Glenda Faye Collazo, and Tanya Lea Vazquez, (collectively, "the Affiants"), the undersigned, being duly sworn, depose and say:

1. Each of the Affiants is over eighteen years of age and has personal knowledge of the matters stated in this Affidavit. We are the natural born daughters of Catherine M. Stewart ("the Decedent").

2. On June 1, 2013 the Decedent died intestate and unmarried in Nashville, Davidson County, Tennessee. At the time of the Decedent's death, the Decedent resided at 879 Granada Avenue, Nashville, Tennessee 37206. A copy of the death certificate is attached to this Affidavit.

3. The real property to which this Affidavit applies is located at 879 Granada Avenue in Davidson County, Tennessee, more fully described as:

   BEING Lot 10 on the map of Carter Lane Place, as of record in Book 547, page 105, Register's Office for Davidson County, Tennessee.

   SAID Lot No. 10 fronts 50.0 feet on the northerly side of Granada Avenue, formerly Carter Lane, and runs back between parallel lines 140.0 feet to a dead line.

   BEING the same property conveyed to Catherine M. Stewart by deed from Jeffrey L. McKay of record in Book 8461, page 928, Register's Office for Davidson County, Tennessee.
   This is improved property known as 879 Granada Avenue, Nashville, Tennessee 37206.

4. The estate of the Decedent was not administered in a proceeding supervised by a court.

5. Additional facts pertinent to determine who is legally entitled to the estate of the Decedent at the time of the Decedent's death are:

Decedent had a total of eight natural born children and no adopted children. Decedent was survived by six daughters, Dorothy Irene Bradley, Carolyn June Upchurch, Mary Evelyn Aldridge, Linda Kaye Brown, Glenda Faye Collazo, and Tanya Lea Vazquez. Additionally, the Decedent was predeceased by two daughters, Anita Gail Swift and Deborah Ruth Inman. Anita Swift was survived by her only daughter, Andrea Nicole Black. Deborah Inman was survived by her only two sons, Robert Wolf and Jeffrey Baker. Andrea Nicole Black, Robert Wolf, and Jeffery Baker each survived the Decedent.

Under Tennessee Code Annotated § 31-2-104, the Decedent's heirs at law include her six surviving daughters and three surviving grandchildren, who take their shares by representation. As such, the real property to which this Affidavit applies was inherited as follows:

Dorothy Irene Bradley, a one-eighth ($1/8^{th}$) interest; Carolyn June Upchurch, a one-eighth ($1/8^{th}$) interest; Mary Evelyn Aldridge, a one-eighth ($1/8^{th}$) interest; Linda Kaye Brown, a one-eighth ($1/8^{th}$) interest; Glenda Faye Collazo, a one-eighth ($1/8^{th}$) interest; Tanya Lea Vazquez; a one-eighth ($1/8^{th}$) interest, Andrea Nicole Black, a one-eighth ($1/8^{th}$) interest; Robert Wolf, a one-sixteenth ($1/16^{th}$) interest; and Jeffrey Baker, a one-sixteenth ($1/16^{th}$) interest.

Carolyn June Upchurch

Carolyn June Upchurch

Address: 6206 Freedom Drive
Nashville Tenn. 37209

Linda K. Brown

Linda Kaye Brown

Address: 1401 Stratford Ave
Nashville Tennessee 37216

Glenda Faye Collazo

Glenda Faye Collazo

Address: 879 Granada Ave
Nash Tn 37206

Tanya Lea Vazquez

Tanya Lea Vazquez

Address: 879 Granada ave
Nashville Tn 37206

Sworn to and subscribed before me this 9th day of August, 2013

Julie D. Cornell

Notary Public

JULIE D. CORNELL
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires 07-03-2017

My Commission expires: July 3, 2017

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: 1393613

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Catherine Mae Stewart
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): June 1, 2013
4. TIME OF DEATH (Approx.): 10:14 AM
5a. AGE-Last Birthday (Years): 85
5e. UNDER 1 YEAR: Months / Days
5f. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): January 6, 1928
7. BIRTHPLACE (City and State or Foreign Country): Nashville, 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)

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

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: Skilled Worker
11b. KIND OF BUSINESS/INDUSTRY: Leggett & Platt

12. SOCIAL SECURITY NUMBER: [redacted]-8465
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 879 Granada Ave
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37206
14. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

NAME OF DECEDENT (To be completed 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
☐ 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): Jerry Stewart
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Sally Irene Aldridge

DISPOSITION

20a. INFORMANT'S NAME: Linda Brown
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1401 Straford Ave Nashville, TN 37216
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 37216
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ [signature]
22b. LICENSE NUMBER: 4621
22c. SIGNATURE OF EMBALMER: ▶ [signature]
22d. LICENSE NUMBER: 4622
23a. NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Funeral Home, 2707 Gallatin Road, Nashville, Tennessee 37216
23b. LICENSE NUMBER OF FUNERAL HOME: 331

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ [signature]
25. DATE FILED (Month, Day, Year): June 11 2013

CERTIFIER

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

25. 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.
27a. SIGNATURE OF CERTIFIER: ▶ [signature]
27b. LICENSE NUMBER: 31913
27c. DATE SIGNED (Month, Day, Year): 6/9/13
27d. NAME AND ADDRESS: MOSES A. SWAUNCY 6001 JACKSON SQUARE BLVD. STE 160, 37205

MEDICAL CERTIFICATION

29. 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. Myocardial Infarction — 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. HTN — Due to (or as a consequence of):
c. COPD — 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)

RDA 1399

PH-1850 (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.

5799154

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

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Foreman
Tonya Y Foreman, Local Registrar
Davidson County, Tennessee

JUN 11 2013
Date Issued