BILL GARRETT, Davidson County
Trans:T20130073810 AFFIDAVIT
Recvd: 08/27/13 09:00 6 pgs
Fees:32.00 Taxes:0.00
20130827-0090052

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, MARY GILBERT LAMB, being duly sworn, hereby state as follows:

1. My full name is MARY ALYCE GILBERT LAMB. I reside at 4487 Post Place, Apt. 125, Nashville, Tennessee 37205-1606.

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

3. My spouse, FRANK MICHAEL LAMB (the "Decedent"), died on March 16, 2013 in Nashville, Tennessee, as evidenced by the Certificate of Death attached hereto as Exhibit A.

4. I married the Decedent on February 6, 1987, 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 an apartment located at 4487 Post Place, Apt. 125, Nashville, Tennessee 37205-1606 (the "Property") as tenants by the entirety. The Property was deeded to the Decedent and I by a quitclaim deed recorded as Instrument Number 20100205-0009354 in the Register of Deeds for Davidson County, Tennessee.

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

Further, affiant saith not.

Dated this the 22nd day of August, 2013.

Mary Alyce Gilbert Lamb
MARY ALYCE GILBERT LAMB

Sworn to and subscribed before me
on this the 22nd day of August, 2013.

Mary Gregory
Notary Public

My Commission Expires: 9/8/2013



EXHIBIT A

Certificate of Death of Frank Michael Lamb

(Attached)

STATE OF TENNESSEE
Office of Vital Records

1391691

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix)		2. SEX	3. DATE OF DEATH (Month, Day, Year)
Frank Michael Lamb		Male	March 16, 2013

4. TIME OF DEATH (Approx.)	4a. AGE-Last Birthday (Years)	4b. UNDER 1 YEAR: Months	Days	4c. UNDER 1 DAY: Hours	Minutes	5. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)
7:50 A.M.	74					July 5, 1938	Langdale, AL

TYPE/PRINT IN PERMANENT BLACK INK

6a. PLACE OF DEATH (Check only one)

6b. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
6c. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☒ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other residence ☐ Other (Specify)

6d. FACILITY NAME (If not institution, give street and number)	6e. CITY OR TOWN	6f. COUNTY OF DEATH
Alive Hospice @ St. Thomas	Nashville	Davidson

9. MARITAL STATUS	10. SURVIVING SPOUSE (If wife, give name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION	11b. KIND OF BUSINESS/INDUSTRY
☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown	Mary Gilbert	Quality Manager	State Stove Ind.

12. SOCIAL SECURITY NUMBER	13a. RESIDENCE-STATE OR FOREIGN COUNTRY	13b. COUNTY	13c. CITY OR TOWN
[redacted]-8078	Tennessee	Davidson	Nashville

13d. STREET AND NUMBER	13e. INSIDE CITY LIMITS	13f. ZIP CODE	14. WAS DECEDENT EVER IN U.S. ARMED FORCES?
4487 Post Place #125	☒ Yes ☐ No	37205	☒ Yes ☐ No

NAME OF DECEDENT (For use by Physician or Medical Examiner)

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)	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)
Frank W. Lamb	Milbra Smallwood

DISPOSITION

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
Mary G. Lamb	Wife	4487 Post Place #125, Nahsville, TN 37205

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

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
▶ Danny Keith Stapleton	3236	▶	

23a. NAME AND ADDRESS OF FUNERAL HOME	23b. LICENSE NUMBER OF FUNERAL HOME
Marshall-Donnelly-Combs Funeral Home, 201 25th Ave. N., Nashville, TN 37203	40

REGISTRAR

24. REGISTRAR'S SIGNATURE	25. DATE FILED (Month, Day, Year)
▶ Tanya B Kelly Jr OR	March 18, 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 ABOVE SECTION WITHIN 48 HOURS.

27a. SIGNATURE OF CERTIFIER	27b. LICENSE NUMBER	27c. DATE SIGNED (Month, Day, Year)
▶ John Shuster	45946	MARCH 18, 2013

27d. NAME AND ADDRESS	
John 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.	MULTIPLE MYELOMA	MONTHS
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	Due to (or as a consequence of): 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.

ACUTE RENAL FAILURE, SEPSIS

29a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No

30. MANNER OF DEATH	31. DID TOBACCO USE CONTRIBUTE TO DEATH?	32. IF FEMALE
☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined	☐ Yes ☐ Probably ☐ No ☒ Unknown	☐ 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:	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK?	34d. PLACE OF INJURY – (e.g. home, farm, street, factory, office, building, etc.) (Specify)
☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)	(N/A)		☐ Yes ☐ No	

34e. DESCRIBE HOW INJURY OCCURRED	34f. LOCATION OF INJURY (Street and Number, City or Town, State)

RDA 1309

PH-1539 (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.

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

5674483

Teresa S. Hendricks
STATE REGISTRAR

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

MAR 18 2013
Date Issued

THE 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 Frank Michael Lamb and Mary Alyce Keck

(Attached)

STATE OF TENNESSEE, DAVIDSON COUNTY

Marriage Certificate

THIS IS TO CERTIFY THAT THE

Rite of Matrimony

Between Frank Michael Lamb Age 48

and Mary Alyce Beck Age 45

was solemnized by Jerry L. Thompson

on 6 day of Feb 1987, as

the same appears of record in the office of the Clerk of the County Court of the aforesaid County at Nashville, Tennessee.

WITNESS my hand and seal of the said Court, at office, this the 30

day of Dec, 19 91

Bill Covington
Clerk of the Davidson County Court

M Hollis
Deputy Clerk

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