BILL GARRETT, Davidson County
Trans:T20130086870 AFFIDAVIT
Recvd: 10/08/13 09:35 4 pgs
Fees:22.00 Taxes:0.00
20131008-0105471

AFFIDAVIT – DEATH OF TRUSTEE
AND
FIDUCIARY WARRANTY DEED

STATE OF TENNESSEE §
§ KNOW ALL MEN BY THESE PRESENTS:
COUNTY OF DAVIDSON §

That **TINA LATHAM a/k/a TINA HENDRIX**, of legal age, being first duly sworn, deposes and says:

That **JAMES EDDIE LATHAM**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JAMES EDDIE LATHAM named as the Trustee in that certain **JAMES EDDIE LATHAM REVOCABLE LIVING TRUST** dated July 8, 2011, executed by JAMES EDDIE LATHAM, as Grantor.

At the time of demise of the decedent, the decedent was the record owner, as Trustee, of real property commonly known as 1019 Patio Drive, Nashville, Tennessee 37214, and described in a deed signed by the Grantor on and recorded as Instrument No. 20110815-0062781, on August 15, 2011 of the Official Register's Office of the Davidson County Recorder of Davidson County, State of Tennessee, concerning the following described real property situated in the City of Nashville, County of Davidson, State of Tennessee:

LOT 149-B PATIO VILLA SEC 6 ZONE LOT DIV 039X170XIRR

Commonly known as (location): 1019 Patio Drive, Nashville, Tennessee 37214
Parcel Identification: 108 03 0 167.0

The last conveyance was a Quitclaim Deed recorded on August 15, 2011, in the Deed Book and Page: 20110815-0062781.

I, TINA LATHAM, am the successor sole Trustee under the above referenced trust, which was in effect at the time of the death of the decedent mentioned in the above, and which has not been revoked, and I hereby consent to act as such. There are no Federal estate taxes due as result of the death of the decedent mentioned in the above. I declare under penalty of perjury, under the laws of the State of Tennessee, that the foregoing is true and correct.

By the power conferred by the laws of the State of Tennessee, powers conferred under the above referenced trust, and every other power, (hereinafter referred to as "Transferor"), for and in value good and valuable consideration does here by grant, by fiduciary covenants, unto TOMMY LATHAM (New Owner), individual, (hereinafter referred to as "Transferee"), whose current mailing address is P.O. Box 469, Nashville, Whitehouse, TN 37188, who is named as beneficiary of said Property under the JAMES EDDIE LATHAM REVOCABLE LIVING TRUST, all right, title, and interest in and to that certain real property located at 1019 Patio Drive, Nashville, Tennessee 37214, further described real property (the "Property") as:

LOT 149-B PATIO VILLA SEC 6 ZONE LOT DIV 039X170XIRR

Commonly known as (location): 1019 Patio Drive, Nashville, Tennessee 37214
Parcel Identification: 108 03 0 167.0

The last conveyance was a Quitclaim Deed recorded on August 15, 2011, in the Deed Book and Page: 20110815-0062781.

TO HAVE AND TO HOLD all of Transferor's right, title, and interest in and to the Property, together with all and singular the rights and appurtenances belonging in any way to Transferor's right, title, and interest in and to the Property, to Transferee, her heirs personal representatives, successors, or assigns forever, and neither Transferor nor Transferor's heirs, personal representatives, successors, or assigns shall have, claim, or demand any right, title, or interest in all or any part of the Property. Transferor binds Transferor and Transferor's heirs, executors, administrators, successors and assigns to warrant and forever defend all and singular the Property to Transferee and Transferee's heirs, executors, administrators, successors, and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof, when the claim is by, through, or under Transferor.

TOMMY LATHAM (New Owner), individual, whose address is P.O. Box 469, Nashville, Whitehouse, TN 37188, shall be responsible and pay all property taxes of the Property.

In Witness whereof, said Tina Latham, as successor Trustee has set her hand hereto and EXECUTED this said on this 30th day of September, 2013.

Tina Latham

Tina Latham, Affiant and Transferor

THE STATE OF TEXAS §

COUNTY OF TRAVIS §

BEFORE ME, the undersigned authority, on this day personally appeared Tina Latham, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that she executed the same for the purposes and consideration therein expressed, and in the capacity therein stated.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this 30 day of September, 2013.

GAVRIELLA ASHLEY COLEMAN
NOTARY PUBLIC
State of Texas
Comm. Exp. 12-13-2016

Notary Public, State of Texas

THIS DOCUMENT PREPARED BY AND AFTER RECORDING RETURN TO:
Laci D. Jones
The Law Offices of Laci D. Jones, PC
1840 Logan's Hollow Drive
Austin, Texas 78746

LETTERS TESTAMENTARY

No. 13-0153-P

THE STATE OF TEXAS	§	**IN COUNTY COURT**
	§	
COUNTY OF HAYS	§	**HAYS COUNTY, TEXAS**

I. LIZ Q. GONZALEZ, Clerk of the County Court of Hays County, Texas, do hereby certify that on the 5th day of August, 2013, **TINA LATHAM** was by said Court duly granted Letters Testamentary in the Estate of **JAMES EDDIE LATHAM** deceased, and that SHE HAS duly qualified as **INDEPENDENT EXECUTOR**, of said Estate on the 5th day of August, 2013, as the law requires, and that said appointment is still in full force and effect.

WITNESS my hand and seal of said Court at San Marcos, Texas on this 5th day of August, 2013.

LIZ Q. GONZALEZ,
CLERK OF THE COUNTY
COURT OF HAYS COUNTY, TEXAS

(Seal)

BY: Lupe Peralez
DEPUTY

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS
JUN 13 2013

STATE OF TEXAS — **CERTIFICATE OF DEATH** — **STATE FILE NUMBER** 142-13-078697

1. LEGAL NAME OF DECEASED (Include AKA's if any) (First, Middle, Last)	2. DATE OF DEATH - ACTUAL OR PRESUMED: JUNE 10, 2013
JAMES EDDIE LATHAM	
3. SEX: MALE	4. DATE OF BIRTH: DECEMBER 27, 1956
5. AGE - Last Birthday: 56	6. IF UNDER 1 YR: Months / Days
6. BIRTHPLACE (City & State or Foreign Country): CROSBYTON, TX	
7. SOCIAL SECURITY NUMBER: [redacted]4370	8. MARITAL STATUS AT TIME OF DEATH: Married
9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage): TINA TUCKER	
10a. RESIDENCE STREET ADDRESS: 811 DOVE DRIVE	10b. APT NO:
10c. CITY OR TOWN: MANCHACA	
10d. COUNTY: TRAVIS	10e. STATE: TEXAS
10f. ZIP CODE: 78652	10g. INSIDE CITY LIMITS?: No
11. FATHER'S NAME: J. T. LATHAM	12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: IVA LEE NEWLAND
13. PLACE OF DEATH (CHECK ONLY ONE): IF DEATH OCCURRED IN A HOSPITAL: Inpatient	IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: Medical Facility
14. COUNTY OF DEATH: HAYS	15. CITY/TOWN, OR IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.: PRECINCT 4-78652
16. FACILITY NAME (If not institution, give street address): 811 DOVE DRIVE	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED: TINA LATHAM - WIFE	18. MAILING ADDRESS OF INFORMANT (Street and Number OR P.O. Box No.; City, State, Zip Code): 811 DOVE DRIVE, MANCHACA, TX 78652
19. METHOD OF DISPOSITION: Burial	20. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: DEAN HANSON, BY ELECTRONIC SIGNATURE - 8523
21. LICENSE NUMBER (Funeral Director):	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): FISH FAMILY CREMATION SERVICES	23. LOCATION (City/Town, and State): AUSTIN, TX
24. NAME OF FUNERAL FACILITY: WEED-CORLEY-FISH FUNERAL HOME - SOUTH	25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code): 2620 SOUTH CONGRESS, AUSTIN, TX 78704
26. CERTIFIER (Check only one):	
27. SIGNATURE OF CERTIFIER: VISHAL MALPANI, BY ELECTRONIC SIGNATURE	28. DATE CERTIFIED (Month/Day/Year): JUNE 12, 2013
29. LICENSE NUMBER: N7456	30. TIME OF DEATH (Hour and Minute if pronounced): 01:02 AM
31. NAME, ADDRESS OF CERTIFIER (Person who completes and signs certificate): VISHAL MALPANI 706 WEST BEN WHITE BLVD BLD A, STE 100, AUSTIN, TX 78704	32. TITLE OF CERTIFIER: MD

33. 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 ASCRIBING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE OR EACH.

CAUSE OF DEATH		Approximate Interval Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. LUNG CANCER	1 YEAR
Sequentially list conditions, if any, leading to the cause in a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b.	
	c.	
	d.	

PART II. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I

CHRONIC OBSTRUCTIVE PULMONARY DISEASE

34. WAS AUTOPSY PERFORMED?: No	35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?: No
36. MANNER OF DEATH: Natural	37. DID TOBACCO USE CONTRIBUTE TO DEATH?: Yes
38. IF FEMALE: Not pregnant within past year	39. IF TRANSPORTATION INJURY, SPECIFY: Driver/Operator
40. DATE OF INJURY (Month/Day/Year)	40b. TIME OF INJURY
40c. INJURY AT WORK?: No	40d. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)
40e. LOCATION (Street and Number or Rural Route Number; City, State, Zip Code)	40f. COUNTY OF INJURY
41. DESCRIBE HOW INJURY OCCURRED	
42. REGISTRAR FILE NO.: 01-238	43. DATE RECEIVED BY LOCAL REGISTRAR: JUNE 13, 2013
44. REGISTRAR: REGISTRAR - HAYS COUNTY CLERK, ELECTRONICALLY FILED	

STATE FILE NUMBER: 000001340199

VS-112 REV. 1/2006

AMENDMENT TO CERTIFICATE OF DEATH

VITAL STATISTICS
Texas Department of State Health Services

RECORD OF: REGISTRANT'S FULL NAME AS SHOWN ON DEATH CERTIFICATE: JAMES EDDIE LATHAM
DEATH NO.: 078697
DATE OF DEATH: 06/10/2013
PLACE OF DEATH - COUNTY: HAYS
CITY OR TOWN: PRECINCT 4

CORRECTION:

ITEM NUMBER NO.	ENTRY ON CERTIFICATE	CORRECT INFORMATION
10c.	TRAVIS	HAYS

ABSTRACT:

TYPE OF DOCUMENT	DATE OF ORIGINAL ENTRY	BY WHOM ISSUED AND SIGNED	DATE ISSUED
AFFIDAVIT OF FUNERAL DIRECTOR, DEAN HANSON	06/19/2013	PAUL J WILLIAMSON, NOTARY PUBLIC, STATE OF TEXAS	06/24/2013

CERTIFICATION: I HEREBY CERTIFY THAT I HAVE EXAMINED THE DOCUMENTS LISTED ABOVE AND THAT THIS ABSTRACT IS TRUE AND CORRECT.

DATE FILED: 06/24/2013 — STATE REGISTRAR: Geraldine R. Harris

VS-173 REV 9/04 — Texas Department of State Health Services - Vital Statistics

L00298426

This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED JUN 24 2013

Geraldine R. Harris
GERALDINE R. HARRIS
STATE REGISTRAR

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND