BILL GARRETT, Davidson County
Trans:T20130095271 AFFIDAVITH
Recvd: 11/07/13 12:15 3 pgs
Fees:17.00 Taxes:0.00
20131107-0115640

This instrument was prepared by:

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

GRANTEE(S): Deborah R. Dye

SEND TAX NOTICES TO: 1431 Janie Avenue, Nashville, Tennessee 37216

MAP PARCEL NUMBER: 07204028500

AFFIDAVIT OF HEIRSHIP

Tennessee Code Annotated § 30-2-712.

STATE OF TENNESSEE
COUNTY OF DAVIDSON

I, DEBORAH R. DYE, ("the Affiant"), the undersigned, being duly sworn, depose and say:

1. The Affiant is over eighteen years of age and has personal knowledge of the matters stated in this Affidavit. I am the surviving spouse of ALBERT W. DYE ("the Decedent").

2. On May 20, 2013, the Decedent died intestate and married in Nashville, Davidson County, Tennessee. At the time of the Decedent's death, the Decedent resided at 1431 Janie Avenue, Nashville, Tennessee 37216. A copy of the death certificate is attached to this Affidavit.

3. The real property to which this Affidavit applies is located at 1429 Janie Avenue, in Davidson County, Tennessee, more fully described as:

   LAND IN DAVIDSON COUNTY, TENNESSEE, BEING LOT NO 27 ON THE PLAN OF COUNTY CLUB ESTATES BLOCK D, OF RECORD IN PLAT BOOK 843, PAGE 98 REGISTAR'S OFFICE FOR DAVIDSON COUNTY TENNESSEE.

   BEING THE SAME PROPERTY CONVEYED FROM DEBORAH R. DYE TO ALBERT W. DYE ON DECEMBER 11, 2009, INSTRUMENT NUMBER 20100208-0009681.

   THIS IS IMPROVED PROPERTY KNOWN AS 1431 JANIE AVENUE, NASHVILLE, TN 37216.

4. The estate of the Decedent is being administered in a proceeding supervised by the Seventh Circuit Court of Davidson County, Tennessee. The case number is 13P-1172.

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:

Under Tennessee Code Annotated § 31-2-104, the Decedent's sole heir at law is DEBORAH R. DYE. The Decedent died intestate and married to DEBORAH R. DYE at the time of his death. The Decedent had no children born to or adopted by him.

WITNESS my hand this 6th day of November, 2013.

Deborah R Dye

Deborah R Dye

Address: 1431 Jamie Ave
Nash. TN. 37216

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public in and for said county and state, DEBORAH R. DYE, with whom I am personally acquainted, and who acknowledged that she executed the within instrument for the purposes therein contained.

WITNESS my hand this 6th day of November, 2013.

Julie D. Cornell

My commission expires: 7/3/17

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

STATE OF TENNESSEE
Office of Vital Records

13933-00

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH — STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Albert Wayne Dye
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): May 20, 2013
4. TIME OF DEATH (Approx.): 9:13 pm
5a. AGE-Last Birthday (Years): 69
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): October 13, 1943
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): 1431 Jamie Avenue
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): Deborah
11a. DECEDENT'S USUAL OCCUPATION: Courier
11b. KIND OF BUSINESS/INDUSTRY: Delivery

12. SOCIAL SECURITY NUMBER: [redacted]4267
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville

NAME OF DECEDENT (For use by Physician or Institution)

13d. STREET AND NUMBER: 1431 Jamie Avenue
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 37216
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): Bruce Dye
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Della Carr

DISPOSITION

20a. INFORMANT'S NAME: Deborah Dye
20b. RELATIONSHIP TO DECEDENT: wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1431 Jamie Avenue, Nashville, Tennessee 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, Tennessee

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Philip Charland
22b. LICENSE NUMBER: 6596
22c. SIGNATURE OF EMBALMER: ▶ Nathaniel Holman
22d. LICENSE NUMBER: 5975
23a. NAME AND ADDRESS OF FUNERAL HOME: Spring Hill Funeral Home & Cemetery 5110 Gallatin Road Nashville, TN 37216
23b. LICENSE NUMBER OF FUNERAL HOME: 1046

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Tonya Y Forbman
25. DATE FILED (Month, Day, Year): May 28, 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 23, 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.
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. ADVANCED DEMENTIA — 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. _____
Approximate interval: Onset to death: UNKNOWN

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-1058 (Rev. 9/2011) — RDA 1399

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.

58012O3 Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Tonya Y Forbman
Tonya Y Forbman Local Registra
Davidson County, Tennessee

MAY 29 2013
Date Issued

Teresa S. Hendricks
STATE REGISTRAR

CERTIFICATION OF VITAL RECORD