This instrument was prepared by:
Dan R. Alexander
Attorney
2016 8th Avenue South
Nashville, Tennessee
37204
Ph: (615) 297-0097

BILL GARRETT, Davidson County
Trans:T20140003725 AFFIDAVITH
Recvd: 01/16/14 14:02 4 pgs
Fees:22.00 Taxes:0.00
20140116-0004607

AFFIDAVIT OF HEIRSHIP

New Owner	Send Tax Bills To:	Map/par No.
		11D 72155
Bobby Jack Armstrong Mary Margaret Fricault Linda Mai Benner heirs of Dorothy Jean Slayman 1113 Daniel Drive Hendersonville, Tennessee 37075	same Bobby Jack Armstrong 1113 Daniel Drive Hendersonville, Tenn. 37075	Map 52-2-221

In Re: a certain tract or parcel of land in Davidson County, Tennessee, described as follows:

Being the easterly 100 feet of the northerly part of Lot No. 4 on the Plan of the Subdivision of a part of the Chadwell Tract, as of record in Book 421, page 61, Register's Office for said County.

Said part of Lot No. 4 fronts 100 feet on the southerly side of Neely's Bend Road and runs back between parallel lines, 150 feet, more or less, to the northerly line of the property conveyed to Calvin H. Woodward and wife, by deed from J. L. Waggoner, and wife, of record in Book 2096, page 574, Register's Office for Davidson County, Tennessee.

Being the same property conveyed to Billie Carl Parrish and wife, Eunice L. Parrish by deed from Beverly J. Hopkins, unmarried, of record in Book 4241, and page 53, Register's Office of Davidson County, Tennessee.

This is improved property known as 616 Neely's Bend Road, Madison, Davidson County, Tenn. 37115.

Comes now, Bobby Jack Armstrong, and after first being duly sworn according to law, attests and states as follows:

1. Affiant is the son of the late Eunice L. Parrish , being born of her body On September 27, 1938.

2. The above described real property was conveyed to Billie Carl Parrish and wife, Eunice L. Parrish by Warranty Deed on May 31, 1968 of record in Book 4241, Page 53 of the Register's Office of Davidson County, Tennessee.

3. The above described real property was owned by Billie Carl Parrish and wife Eunice L. Parrish as husband and wife and as tenants by the entirety from the date of the Warranty Deed until the death of Billie Carl Parrish on October 4, 2008. The death of Billie Carl Parrish is recorded in the Office of Vital Records of the State of Tennessee by

certificate of death No. 2743262 attached hereto as **Exhibit No. 1.**

4. Eunice Lee Parrish died on November 18, 2013 and her death is recorded in certificate of death of record in the Office of Vital Records of the State of Tennessee as as document number 6307163 and attached hereto as **Exhibit No. 2**.

5. At the time of the death of Eunice Lee Parrish, the surviving spouse, she was survived by the following children: Mary Margaret Fricault, a daughter; a son, Bobby Jack Armstrong, the Affiant; another daughter, Linda Mai Benner. These children of Eunice Lee Parrish are living as of the date of this instrument. Eunice Lee Parrish had another daughter born of her body namely, Dorothy Jean Slayman. Dorothy Jean Slayman died on December 2, 2013. Dorothy Jean Slayman died unmarried and is survived by two children, namely; a son Donald Ray Slayman, II and a daughter, Donna Jean Bowers. These two grandchildren of the late Eunice Lee Parrish are living as of the date of the making of this instrument.

6. All rights, title and interest in and to the above described property vested in children of Eunice Lee Parrish, Mary Margaret Fricault, a daughter; and a son, Bobby Jack Armstrong, and a daughter, Linda Mai Benner. Dorothy Jean Slayman was survived by her two children born of her body, namely; a son Donald Ray Slayman, II and a daughter, Donna Jean Bowers.

7. No Estate has been entered for the late Eunice Lee Parrish and no document has been entered as her Last Will and Testament. No instrument or document(s) for probate have been located.

8. **FURTHER AFFIANT SAITH NOT.**

Bobby Jack Armstrong
Date: 13 Jan 14

State of Tennessee)
County of Davidson)

Personally appeared before me, the undersigned authority, a Notary Public in and for the within named Bobby Jack Armstrong, the bargainor(s) with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at office this 13th day of January 2014.

My Commission Expires: 9-21-2015

STATE OF TENNESSEE NOTARY PUBLIC SUMNER COUNTY

Notary Public

STATE OF TENNESSEE
Office of Vital Records

0805836

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): Billie Carl Parrish
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): October 04, 2008
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]168
5a. AGE-LAST BIRTHDAY (Years): 80
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Sept. 19, 1928
7. BIRTHPLACE (City and State or Foreign Country): Phoenix City, Alabama
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify) — HOSPITAL / OTHER
9b. FACILITY NAME (If not institution, give street and number): 616 Neely's Bend Road
9c. CITY, TOWN, OR LOCATION OF DEATH: Madison
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Eunice Gossett
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Machine Operator
12b. KIND OF BUSINESS/INDUSTRY: Werthan Plastics
13a. RESIDENCE STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Madison
13d. STREET AND NUMBER OR RURAL LOCATION: 616 Neely's Bend Road
CENSUS TRACT
13e. INSIDE CITY LIMITS? [X] Yes [ ] No
13f. ZIP CODE: 37115
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): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 9 — College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Unknown
18. MOTHER'S NAME (First, Middle, Maiden Surname): Unknown

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Eunice Gossett Parrish
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 616 Neely's Bend Road Madison, Tennessee 37115

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [X] Other (Specify): Entombment
20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place): Spring Hill Cemetery
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: John C. Phifer
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5318
21c. SIGNATURE OF EMBALMER: John C. Phifer
21d. LICENSE NUMBER OF EMBALMER: 5319
22a. NAME AND ADDRESS OF FUNERAL HOME: Spring Hill Funeral Home & Cemetery 5110 Gallatin Road Nashville, Tennessee 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 1046

REGISTRAR

23. REGISTRAR'S SIGNATURE: Shawna H. Starkey, DR
24. DATE FILED (Month, Day, Year): October 10, 2008

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place and due to the cause(s) and manner as stated. 1 [ ] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER: MD023975
25c. DATE SIGNED (Month, Day, Year): October 9, 2008
26a. 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 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): Dr. David Harrom 3443 Dickerson Road Nashville, Tennessee

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)

SEE INSTRUCTIONS

- IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Pneumonia — DUE TO (OR AS A CONSEQUENCE OF): — days
- Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST:
  - b. Pericardial Effusion — DUE TO (OR AS A CONSEQUENCE OF): — days
  - c. Lung Cancer — DUE TO (OR AS A CONSEQUENCE OF): — Months
  - d.

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 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [X] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
31a. DATE OF INJURY (Month, Day, Year):
31b. TIME OF INJURY: M
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):

TN-1253 REV. 6-98

BIRTH ID

HDA 1309

2743262

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.

Sharon M. Leinbach
STATE REGISTRAR

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

Date Issued: Oct 10 2008

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

1337041

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Eunice Lee Parrish
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): November 18, 2013
4. TIME OF DEATH (Approx.): 1:16 am
5a. AGE-Last Birthday (Years): 98
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): October 23, 1915
7. BIRTHPLACE (City and State or Foreign Country): Hickman County TN

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): 616 Neelys Bend Road
8c. CITY OR TOWN: Madison
8d. COUNTY OF DEATH: Davidson

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

12. SOCIAL SECURITY NUMBER: [redacted]856
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Madison

13d. STREET AND NUMBER: 616 Neelys Bend Road
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37115
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

NAME OF DECEDENT (For use 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): Genrry Gossett
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Connie Mae Potts

DISPOSITION

20a. INFORMANT'S NAME: Mary Fricault
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 238 Becklea Drive Madison TN 37115

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 Mausoleum
21c. LOCATION - City or Town and State: Nashville, TN
22d. LICENSE NUMBER: -5975

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Randy Nash
22b. LICENSE NUMBER: 6177
22c. SIGNATURE OF EMBALMER: ▶ -Nathaniel Holman
23b. LICENSE NUMBER OF FUNERAL HOME: 1046

23a. NAME AND ADDRESS OF FUNERAL HOME: Spring Hill Funeral Home & Cemetery 5110 Gallatin Road Nashville, TN 37216

REGISTRAR

24. REGISTRAR'S SIGNATURE ▶ Deborah Woods
25. DATE FILED (Month, Day, Year): November 21, 2013

CERTIFIER

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

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.

27a. SIGNATURE OF CERTIFIER: ▶ John Shuster
27b. LICENSE NUMBER: 45996
27c. DATE SIGNED (Month, Day, Year): NOV. 19, 2013
27d. NAME AND ADDRESS: J. SHUSTER 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. ACUTE STROKE — 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: ALZHEIMER'S DEMENTIA

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 ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of 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-1659 (Rev. 9/2011)

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

6307163

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

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

6307163
Date Issued: NOV 21 2013

Exhibit 2

CERTIFICATION OF VITAL RECORD