BILL GARRETT, Davidson County
Trans:T20140004030 AFFIDAVITH
Recvd: 01/17/14 14:17 4 pgs
Fees:22.00 Taxes:0.00
20140117-0004994

This instrument prepared by:
Rachel L. Bell
408 2nd Ave. North, Suite 4130
Nashville, TN 37219

AFFIDAVIT OF HEIRSHIP

Comes now your Affiant, **Hurbert Edward Ervin, Jr.,** and having first been duly sworn accordingly to law deposes and states as follows:

1. My name is **Hurbert Edward Ervin, Jr.**, and I am an adult citizen and resident of **Davidson** County, **Tennessee**, and the friend of the deceased party since 2005.

2. I currently reside at 251 Sunrise Ave., Nashville, TN 37211.

3. The deceased, **Josie Mae Tunstall Kendrick** died on September 10, 2011 at the age of 53 years old, a resident of Davidson County, residing at 108 Okee Trail, Antioch, TN 37013. *See*, **Exhibit A** (Certificate of Death.)

4. Legal description of said property is:- *See*, **Exhibit B**

5. To the best of my knowledge and information, the following are the names, addresses and relationship of all of the heirs at law of the deceased party:

   a. Husband, **Jerry Kendrick.**

   b. Deceased had no children.

FURTHER AFFIANT SAYETH NOT.

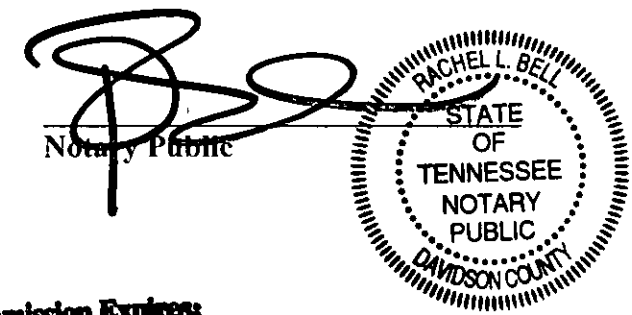
The undersigned **Hurbert Edward Ervin, Jr** being first duly sworn, hereby states that I have read the foregoing Affidavit of Heirship and that, to be the best of my knowledge and belief, the facts stated therein are true and accurate.

Hurbert E. Ervin Jr.
Hurbert Edward Ervin, Jr.

State of Tennessee

County of Davidson

Personally appeared before me, the undersigned notary public in and for the above state **Hurbert Edward Ervin, Jr**, personally known to me or proved on the basis of satisfactory evidence, who, being first duly sworn, did execute this Affidavit of Heirship above.



Notary Public

My Commission Expires: My Commission Expires: May 6, 2013

STATE OF TENNESSEE
Office of Vital Records

Exhibit "A"

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS — STATE FILE NUMBER: 1105326

1. DECEDENT'S NAME (First, Middle, Last)	Josie Mae Tunstall Kendrick
2. SEX	Female
3. DATE OF DEATH (Month, Day, Year)	September 10, 2011
4. SOCIAL SECURITY NUMBER (for Deceased)	[redacted]08
5a. AGE-LAST BIRTHDAY (Years)	53
5b. UNDER 1 YEAR MOS. / DAYS	
5c. UNDER 1 DAY HOURS / MIN.	
6. DATE OF BIRTH (Month, Day, Year)	July 1, 1958
7. BIRTHPLACE (City and State or Foreign Country)	Byhalia, MS
8. WAS DECEDENT EVER IN U.S. ARMED FORCES?	1 Yes 2 [x] No
9a. PLACE OF DEATH (Check only one)	HOSPITAL: 1 [x] Inpatient 2 ER/Outpatient 3 DOA — OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number)	Vanderbilt Medical Center
9c. CITY, TOWN OR LOCATION OF DEATH	Nashville
9d. COUNTY OF DEATH	Davidson
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify)	Married
11. SURVIVING SPOUSE (If wife, give maiden name.)	Jerry L. Kendrick
12. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	Medical Technician
12b. KIND OF BUSINESS/INDUSTRY	St. Thomas Hospital
13a. RESIDENCE-STATE	TN
13b. COUNTY	Davidson
13c. CITY, TOWN OR LOCATION	Antioch
13d. STREET AND NUMBER OR RURAL LOCATION	108 Okee Trail
CENSUS TRACT	
13e. INSIDE CITY LIMITS?	1 [x] Yes 2 No
13f. ZIP CODE	37013
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.)	Yes 0 [x] No — Specify, if yes:
15. RACE-American Indian, Black, White, etc. (Specify)	Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed) — Elementary/Secondary (0-12) / College (1-4 or 5+)	5+
PARENTS — 17. FATHER'S NAME (First, Middle, Last)	Leanus Tunstall
18. MOTHER'S NAME (First, Middle, Maiden Surname)	Josephine Brown
INFORMANT — 19a. INFORMANT'S NAME (TYPE/PRINT)	Jerry L. Kendrick
19b. RELATIONSHIP TO DECEASED	Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	108 Okee Trail, Antioch, TN, 37013
DISPOSITION — 20a. METHOD OF DISPOSITION	1 Burial 2 Cremation 3 [x] Removal from State 4 Donation 9 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	St. Matthew's Cemetery
20c. LOCATION-City or Town, State	Byhalia, MS
21a. SIGNATURE OF FUNERAL DIRECTOR	George Baker Jr.
21b. LICENSE NUMBER OF FUNERAL DIRECTOR	4695
21c. SIGNATURE OF EMBALMER	Tonya Scales Haynes
21d. LICENSE NUMBER OF EMBALMER	5682
22a. NAME AND ADDRESS OF FUNERAL HOME	New Generation Funeral Home, 2930 Murfreesboro Pike, Antioch, TN, 37013
22b. LICENSE NUMBER OF FUNERAL HOME	1217
REGISTRAR — 23. REGISTRAR'S SIGNATURE	Marvin B. Starkey DR.
24. DATE FILED (Month, Day, Year)	September 14, 2011
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	MD0260076
25c. DATE SIGNED (Month, Day, Year)	09-14-2011
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)	1215-21st Ave. South medical Cater East, 5th Floor Nash, TN. 37232

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)

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Cardiopulmonary arrest — DUE TO (OR AS A CONSEQUENCE OF): — 46 a

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

b. Aortic Stenosis — DUE TO (OR AS A CONSEQUENCE OF):

c. — DUE TO (OR AS A CONSEQUENCE OF):

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 [x] 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	
31c. INJURY AT WORK?	1 Yes 2 [x] 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)	

PH-1659 (REV. 6/99) — BIRTH NO. — RDA 1309

4906263

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.

SEP 23 2011

Teresa S. Hendricks
STATE REGISTRAR

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

Date Issued

CERTIFICATION OF VITAL RECORD

EXHIBIT B:

(Legal Description of Property)

A certain planned unit development in Davidson County, Tennessee, being Unit No. 108 on the Plan of Phase 1 Site Plan Chinquapin, of record in Book 6900, page 358, Register's Office for said County, to which plan and record thereof are incorporated herein and made a part hereof by reference.

Being the same property conveyed to Josie M. Tunstall, by deed from Marion A. Hooper and William David Piland, an undivided one-half interest each, of record in Book 7363, page 600, Register's Office for Davidson County, Tennessee.

Being the same property to which Josie M. Tunstall, having expired on September 10, 2011, with an undivided one-half interest, having no issue, by operation of law the property escheats to her husband, Jerry L. Kendrick.