This Instrument Prepared By:
INGRAHAM, PAUTIENUS & TIDWELL, PLLC
216 CENTERVIEW DRIVE, SUITE 317,
BRENTWOOD, TN 37027

This deed was prepared without the benefit of a title search and the description of the property was furnished by the parties. The preparer of this deed assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

This space left intentionally blank for recording purposes.

BILL GARRETT, Davidson County
Trans:T20140007374 AFFIDAVIT
Recvd: 01/31/14 14:14 3 pgs
Fees:17.00 Taxes:0.00
20140131-0008971

Address New Owner(s):	**Send Tax Bills To:**	**Tax ID #**
DONNA M. HOWARD 405 Schooner Lane Mt. Juliet, TN 37122	Same	118-07-0-155.00

AFFIDAVIT OF OWNERSHIP

STATE OF TENNESSEE)
COUNTY OF WILLIAMSON)

I, DONNA M. HOWARD, the undersigned, being duly sworn, depose and say that my husband, ISAAC L. HOWARD, a resident of Wilson County, Tennessee, having died on September 15, 2013, as evidenced by a copy of his death certificate (attached hereto as Exhibit A), held with me a tenants by the entirety interest, in the following described real property:

> LAND in Davidson County, Tennessee, being Lot No. 28 of Block "C" on the Map of Berryhill Gardens, of record in Book 1130, Page 36, Register's Office for Davidson County, Tennessee.
>
> SAID Lot No. 28 fronts 78.5 feet on the westerly side of Bransford Avenue and runs back between parallel lines 130 feet to an alley.
>
> Being the same property conveyed to ISAAC L. HOWARD and wife, DONNA M. HOWARD, Almedia L.Harriman, through her duly appointed Conservator, Rebecca Rhea, by Warranty Deed of record in Book 8928, page 876, in the Registers Office for Davidson County, Tennessee.

This ownership is subject to all restrictions of record; all easements of record; all visible easements; all matters appearing on the plans of record; and all matters referenced in the master deed and by-laws; and all applicable government and zoning regulations.

The undersigned acknowledges an ownership interest in the real property described above by virtue of Tenn. Code Ann. §31-2-103, ISAAC L. HOWARD's interest having vested in his surviving spouse, DONNA M. HOWARD.

This is improved property know as:
2811 Bransford Avenue, Davidson County, Tennessee.

There are no debts or encumbrances remaining that are or might become a lien on the interest in the described real estate.

FURTHER THE AFFIANT SAITH NOT.

Dated this 28 day of January, 2014.

DONNA M. HOWARD

STATE OF TENNESSEE)
COUNTY OF WILLIAMSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named DONNA M. HOWARD with whom I am personally acquainted, who acknowledged that she executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal this 28 day of JANUARY, 2014..

NOTARY PUBLIC
My Commission Expires: _____

ROBERT M. PAUTIENUS III
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY
My Commission Expires 01-15-2017

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: 131615

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Isaac Logan Howard
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): September 15, 2013
4. TIME OF DEATH (Actual): 6:30 pm
5a. AGE-Last Birthday (Years): 65
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): March 5, 1948
7. BIRTHPLACE (City and State or Foreign Country): Decatur, Alabama

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): Summit Medical Center
8c. CITY OR TOWN: Hermitage
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): Donna Marie Selph
11a. DECEDENT'S USUAL OCCUPATION: Accountant
11b. KIND OF BUSINESS/INDUSTRY: CPA

2FH 3VA

12. SOCIAL SECURITY NUMBER: [redacted]-9560
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Wilson
13c. CITY OR TOWN: Mount Juliet
13d. STREET AND NUMBER: 405 Schooner Lane
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37122
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's 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): David Vance Howard
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Evelyn Hortense Garner

DISPOSITION

20a. INFORMANT'S NAME: Donna Howard
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 405 Schooner Lane, Mount Juliet, TN 37122
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Prospect Cemetery
21c. LOCATION - City or Town and State: Prospect, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: Troy B. Bolton
22b. LICENSE NUMBER: TN 4060
22c. SIGNATURE OF EMBALMER
22d. LICENSE NUMBER
23a. NAME AND ADDRESS OF FUNERAL HOME: Ardmore Chapel Funeral Home, 27186 E. Main St., Ardmore, Alabama 35739
23b. LICENSE NUMBER OF FUNERAL HOME: 0888

REGISTRAR

24. REGISTRAR'S SIGNATURE: Deidre Charles DC
25. DATE FILED (Month, Day, Year): October 10, 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: Robert S Quinn
27b. LICENSE NUMBER: 10455
27c. DATE SIGNED (Month, Day, Year): 10/8/13
27d. NAME AND ADDRESS: Robert Quinn/4200 Stammer 37215

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. Ischemic Heart Disease	
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. 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? ☐ 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)
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)

TN-1659 (Rev. 10/2011) RDA 1396

6141242

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.

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

OCT 10 2013

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

6141242

Date Issued

EX A

CERTIFICATION OF VITAL RECORD