This instrument was prepared by:
Joe F. Gillespie, Jr.
6408-A Clarksville Highway
Joelton, Tenn. 37080
(615) 876-5058

GRANTEES:

BOBBY EUGENE HOLT
1233 WILLIS BRANCH ROAD
GOODLETTSVILLE, TENN. 37072

DEBRA L. HOLT
913 ROOSEVELT DRIVE
MADISON, TENN. 37115

TAMMY L. HOLT
153 ALICE SMITH DRIVE
PORTLAND, TENN. 37148

BILL GARRETT, Davidson County
Trans:T20140007612 AFFIDAVITH
Recvd: 02/03/14 10:50 6 pgs
Fees:32.00 Taxes:0.00
20140203-0009287

SEND TAX NOTICES TO:
DEBRA L. HOLT
913 ROOSEVELT DRIVE
MADISON, TENN. 37148

MAP/PARCEL NUMBERS: MAP 43-11, PARCEL 49

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

The undersigned, being duly sworn, depose and say as follows:

1. Our full names and addresses are as follows:

Bobby Eugene Holt 1233 Willis Branch Road Goodlettsville, Tenn. 37072	Debra L. Holt 913 Roosevelt Avenue Madison, Tenn. 37115	Tammy L. Holt 153 Alice Smith Drive Portland, Tenn. 37148

2. We all have personal knowledge of the matters stated in this Affidavit as we set forth below.

3. On April 3, 2013, Dorothy May Holt, our mother, died at Nashville, Tennessee. We shall refer to her from time to time in this Affidavit as the "Decedent."

4. The real property to which this Affidavit applies is located at 913 Roosevelt Avenue, Madison, Tennessee, 37115, in Davidson County, Tennessee, more fully described as follows in the deed of record:

Land in Davidson County, Tennessee, being Lot No. 23 on the plan of Archwood Acres Section 2, as of record in Book 2331, Page 12, Register's Office for Davidson County, Tennessee.

Said Lot No. 23 fronts 63 feet on the northeasterly side of Roosevelt Avenue, and extends back 388.78 feet on the northwesterly line, to a dead line measuring 53 feet thereon.

Being the same property conveyed from DOUGLAS W. COTTON and wife, PAULINE M. COTTON, by Warranty Deed to the late LOUIE HOLT and the late DOROTHY MAY HOLT, of record, Book 4453, Page 101, Davidson County Register of Deeds Office. Said Louie Holt died on August 23, 1991, and Dorothy May Holt died April 3, 2013.

(For prior title, see Book 4453, Page 101, in the Register's Office of Davidson County, Tennessee).

5. At the time of the Decedent's death, the Decedent resided at the subject real property located at 913 Roosevelt Avenue, Madison, Tenn., 37115.

6. The estate of the Decedent was not administered in the Probate Court of Davidson County, Tennessee, or elsewhere, because she died intestate and without any known indebtedness and with this real property as her sole asset. We have sworn and

affirmed to the undersigned authority that we conducted a diligent search for a Last Will and Testament and none was located.

7. The Decedent was widowed. She was preceded in death by our father, the late Louie Holt, on August 23, 1991. He also died intestate. We constitute all of the surviving children of our late father and our late mother, Louie Holt and Dorothy May Holt, and all of the beneficiaries entitled to share in their Estate. As set forth above, the Decedent was intestate and the real property vested in her three children pursuant to statute upon her death. Copies of the death certificates of the late Dorothy May Holt and the late Louie Holt are attached to this Affidavit.

8. Our late mother never was a resident of a long-term care facility, and the Bureau of Tenncare is not entitled to any reimbursement. An application for a Tenncare release has been made simultaneously with the execution of this Affidavit of Heirship, and shall remain in our possession once issued. Further, the real property that is the subject of this Affidavit of Heirship represented the entirety of our late mother's estate. No known debts exist, and there would have been no creditors with claims if the Estate of our late mother Dorothy May Holt had been opened. We also have sworn and affirmed to the undersigned authority that a thorough search was made and no creditors have been found or located.

9. This Affidavit consists of four pages, plus the aforementioned death certificates.

FURTHER AFFIANTS SAITH NOT.

BOBBY EUGENE HOLT, AFFIANT
1233 WILLIS BRANCH ROAD
GOODLETTSVILLE, TENN. 37072

DEBRA L. HOLT, AFFIANT
913 ROOSEVELT AVENUE
MADISON, TENN. 37115

TAMMY L. HOLT, AFFIANT
153 ALICE SMITH DRIVE
PORTLAND, TENN. 37148

Personally appeared before me, a Notary Public for the above County and State, this 30th day of January, 2014, Bobby Eugene Holt, Debra L. Holt, and Tammy L. Holt, to me known personally or who provided sufficient proof of their identities, and swore and acknowledged they executed for the foregoing instrument for the purposes recited therein on the basis of their knowledge, information, and belief.

JOE F. GILLESPIE, JR.
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

MY COMMISSION EXPIRES:
October 19, 2016

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: 130275

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Dorothy May Holt
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): April 3, 2013
4. TIME OF DEATH (Approx.): 10:05 am
5a. AGE-Last Birthday (Years): 79
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): September 9, 1933
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): Skyline Medical Center
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS: ☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: Press Operator
11b. KIND OF BUSINESS/INDUSTRY: Aramark
12. SOCIAL SECURITY NUMBER: [redacted]-1195
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Madison
13d. STREET AND NUMBER: 913 Roosevelt Avenue
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37115
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

10

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): Martin Halpin
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Nellie May Burchett

DISPOSITION

20a. INFORMANT'S NAME: Bobby Holt
20b. RELATIONSHIP TO DECEDENT: son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1233 Willis Branch Rd., Goodlettsville, TN 37072
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Woodlawn Memorial Park
21c. LOCATION - City or Town and State: Nashville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Randolph R. Nash, Jr.
22b. LICENSE NUMBER: 6177
22c. SIGNATURE OF EMBALMER: ▶ Philip Charland
22d. LICENSE NUMBER: 6597
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: ▶ Jeff Hanson DR
25. DATE FILED (Month, Day, Year): April 16, 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: ▶ Indumeil Bal, MD
27b. LICENSE NUMBER: MD 38103
27c. DATE SIGNED (Month, Day, Year): 4/9/13
27d. NAME AND ADDRESS: INDU BAL 3443 Dickerson Pike Ste 400 Nashville, TN 37207

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. Hypertension
Due to (or as a consequence of):
b. Diabetes Mellitus
Due to (or as a consequence of):
c. GI Bleed
Due to (or as a consequence of):
d.

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

Approximate interval: Onset to death
a. 1-2 wks
b.
c.
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? ☐ 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)

PH-1659 (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.

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

5802892

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

APR 16 2013
Date Issued

CERTIFICATION OF VITAL RECORD

Metropolitan Government of Nashville and Davidson County

Bill Boner, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

AUG 27 1991

Linda S. Wilson, M.D.

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

9104021

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Louie Holt
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): August 23, 1991
4. SOCIAL SECURITY NUMBER: [redacted]-8118
4a. AGE—Last Birthday (Years): 57
4b. UNDER 1 YEAR — MOS. / DAYS / HOURS / MIN.
4c. UNDER 1 DAY — HOURS / MIN.
5. DATE OF BIRTH (Month, Day, Year): 7/12/1934
6. BIRTHPLACE (City and State or Foreign Country): Nashville, Tenn.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ Yes 2 ☒ No
8a. PLACE OF DEATH (Check only one): HOSPITAL: 1 ☒ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA; OTHER: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify)
8b. FACILITY NAME (If not institution, give street and number): Parkview Hospital
8c. CITY, TOWN, OR LOCATION OF DEATH: Nashville, Tenn.
8d. COUNTY OF DEATH: Davidson
9. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Dorothy Halpin
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Construction
12b. KIND OF BUSINESS/INDUSTRY: Charter Construction
13a. RESIDENCE—STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Madison
13d. STREET AND NUMBER OR RURAL LOCATION: 913 Roosevelt Ave.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 ☒ Yes 2 ☐ No
13f. ZIP CODE: 37115
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes 0 ☒ No
Specify, if yes:
15. RACE—American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 3; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Hardy Holt
18. MOTHER'S NAME (First, Middle, Maiden Surname): Fannie Leona Gray

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Dorothy Holt
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 913 Roosevelt Ave. Madison, Tenn. 37115

DISPOSITION

20a. METHOD OF DISPOSITION: 1 ☒ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Woodlawn Cemetery
20c. LOCATION—City or Town, State: Nashville, Tenn.
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Robb Robinson
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 346
21c. SIGNATURE OF EMBALMER: ▶ Norris Jarrell
21d. LICENSE NUMBER OF EMBALMER: 9999
22a. NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Co. 2707 Gallatin Rd. Nashville, Tenn. 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 331

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Mary C. Beauregard
24. DATE FILED (Month, Day, Year): August 26, 1991

CERTIFIER

25a. PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
1 ☐ SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER
25c. DATE SIGNED (Month, Day, Year)
26a. MEDICAL EXAMINER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated.
2 ☐ SIGNATURE AND TITLE OF MEDICAL EXAMINER ▶ [signature]
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. Ben Barton 250 25th Ave. N. Suite 312 Nashville, Tenn. 37203

CAUSE OF DEATH

28. PART I. Enter the disease, 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. Refractory Ventricular Arrhythmias
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
b. DUE TO (OR AS A CONSEQUENCE OF):
c. DUE TO (OR AS A CONSEQUENCE OF):
d.

SEE INSTRUCTIONS ON OTHER SIDE

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

30. MANNER OF DEATH: 1 ☐ 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)

BIRTH NO.

PH-1059
REV 1/89

202-06-002 (Rev. 10/89)