Prepared by:
Martin Heller Potempa & Sheppard, PLLC

Davidson County AFFIDAVITH
Recvd: 02/18/14 09:01 9 pgs
Fees:47.00 Taxes:0.00
20140218-0013390

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

AFFIDAVIT OF HEIRSHIP

---

1. My name is Courtney Ivy. I am an adult resident of the State of Tennessee and I am competent to give the testimony in this sworn Affidavit.

2. I am the daughter of Gloria J. Ivy. I have one sibling, Zuberi Tewogbola. We are the only two children born to or adopted by my mother.

3. My mother, Gloria J. Ivy, died on January 22, 2012. She was widowed at the time of her death, as my father predeceased her in 1985. See attached "Exhibit A" and "Exhibit B."

4. My mother owned real property located at 1013 Shawnee Trace, Madison, TN 37115. The property is currently titled in the name of Gloria J. Ivy.

5. My mother died without a valid Last Will and Testament and her estate is being administered according to the Tennessee laws of intestacy. Her Estate has been opened for the purpose of probate in Davidson County, Tennessee under docket number 12P-592. My brother and I have been appointed as Co-Administrators of the Estate. See attached "Exhibit C."

6. My brother and I agree that this property should be titled in our joint names, as Tenants in Common. My brother has also executed an Affidavit of Heirship and his Affidavit is attached to this Affidavit as "Exhibit D."

7. There have been no claims filed against my mother's estate and the time limit for filing claims has passed.

8. To my knowledge, neither of my parents were the recipients of any benefits as a member of TennCare or Medicaid.

Courtney Ivy

Now having first been sworn, the above named Affiant appeared before me and proved his/her identity to me by a government issued photograph identification card, and gave the testimony in this Affidavit for the purpose(s) stated herein. The Affiant did not appear to be under any undue influence or duress and appeared to be competent to provide the information contained herein.

Notary Public

My commission expires: 01-09-16

JENNIFER CHANDLER COLE
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.

Certificate of Authenticity

I, Jennifer C. Cole do hereby make oath that I am a licensed attorney and/or the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law.

Signature

State of TENNESSEE
County of DAVIDSON

Personally appeared before me, Maxine J. Rucker, a notary public for this county and state, Jennifer C. Cole who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Notary's Signature

My Commission Expires: MAR 0 8 2016

Notary's Seal (if on paper)

MAXINE J. RUCKER
NOTARY PUBLIC AT LARGE
DAVIDSON COUNTY, TENNESSEE

STATE OF TENNESSEE
Office of Vital Records

Exhibit "A"

1200491 TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Gloria Jean Ivy
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): January 22, 2012
4. TIME OF DEATH (Approx.): 03:50am
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): December 8, 1942
7. BIRTHPLACE (City and State or Foreign Country): Chicago, IL

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: [X] 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): Centennial Medical Center
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

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

12. SOCIAL SECURITY NUMBER: [redacted]-5132
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Madison
13d. STREET AND NUMBER: 1013 Shawnee Trace
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37115
14. WAS DECEDENT EVER IN US ARMED FORCES? [ ] Yes [X] 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)
[X] 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)
[X] 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
[X] 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): Andrew Fred Marshall
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Mary Lou Gibbs

DISPOSITION

20a. INFORMANT'S NAME: Courtney Ivy
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 726 Ridge View Ct. Antioch, TN 37013

21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify) ____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Hills of Calvary Cemetery
21c. LOCATION - City or Town and State: Nashville, TN

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Richard A. Lewis
22b. LICENSE NUMBER: 3633
22c. SIGNATURE OF EMBALMER: ▶ Delmas Bogus
22d. LICENSE NUMBER: 3687

23a. NAME AND ADDRESS OF FUNERAL HOME: Lewis & Wright Funeral Directors 2500 Clarksville Pk., Nashville, TN 37208
23b. LICENSE NUMBER OF FUNERAL HOME: 0812

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Linda A. Bowers, MR
25. DATE FILED (Month, Day, Year): Jan. 31, 2012

CERTIFIER

26. CERTIFIER (Check only one):
26a. [X] 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: ▶ [signature]
27b. LICENSE NUMBER: 46107
27c. DATE SIGNED (Month, Day, Year): 1/27/2012
27d. NAME AND ADDRESS: Debi Mirco, M.D. 2400 Patterson St. Suite 311 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. metastatic carcinoma, unknown primary
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

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 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [ ] No

30. MANNER OF DEATH: [X] 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. 10/2011) RDA 1299

5283569

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.

Teresa S. Hendricks
STATE REGISTRAR

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

3/28/2012
Date Issued

CERTIFICATION OF VITAL RECORD

2351C

TYPE OR PRINT IN PERMANENT INK

STATE OF ALABAMA
CERTIFICATE OF DEATH

File No. 101

DECEASED

1. NAME — First: Grady — Middle: Leonard — Last: Ivy
2. DATE OF DEATH (MONTH, DAY, YEAR): May 27, 1985
3. RACE or COLOR: Negro
4. SEX: M
5a. AGE—LAST BIRTHDAY (YEARS): 44
5b. UNDER 1 YEAR — MOS. / DAYS
5c. UNDER 1 DAY — HOURS / MIN.
6. DATE OF BIRTH (MONTH, DAY, YEAR): January 30, 1941
7a. COUNTY OF DEATH: Lee
7b. CITY, TOWN, OR LOCATION OF DEATH: Opelika, Alabama
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): East Alabama Medical Center

USUAL RESIDENCE

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): New York
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): married
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Gloria Jean Marshall
12. SOCIAL SECURITY NUMBER: [redacted]-9020
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Teacher
13b. KIND OF BUSINESS OR INDUSTRY: Cornwells Heights Youth Develop Center
14a. RESIDENCE—STATE: Alabama
14b. COUNTY: Macon
14c. CITY, TOWN, OR LOCATION: Tuskegee
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes
14e. STREET AND NUMBER: 2110 M.L.King Highwa

PARENTS

15. FATHER—NAME — First: Grady — Middle: Norman — Last: Ivy
16. MOTHER—MAIDEN NAME — First: Dorothy — Middle: Regina — Last: McCutche

17a. PHYSICIAN'S NAME (IF ANY) ADDRESS: Dr. Diskin, Opelika, Al. 36801
17b. INFORMANT—NAME, ADDRESS: Mrs. Gloria Jean Ivy, 1661 Lynch St., Jackson, Miss. 39203

MEDICAL CERTIFICATION

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

18. IMMEDIATE CAUSE (a): HYPERKALEMIA
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST — DUE TO, OR AS A CONSEQUENCE OF: (b): RENAL FAILURE
DUE TO, OR AS A CONSEQUENCE OF: (c)

TO LIST

IF NO PHYSICIAN WAS IN ATTENDANCE MEDICAL CERTIFICATION SHOULD BE COMPLETED BY THE LOCAL HEALTH OFFICER, OR CORONER

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a).
19a. AUTOPSY (YES OR NO):
19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH:
19c. WAS THERE A PREGNANCY IN LAST SIX MONTHS (YES, NO, UNK.):

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):
20b. DATE OF INJURY (MONTH, DAY, YEAR):
20c. HOUR:
20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II. (ITEM 18)
20e. INJURY AT WORK (SPECIFY YES OR NO):
20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY):
20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

TO EXHIBIT

21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM: 9 28 83 TO 21b. 5 27 85
21c. AND LAST SAW HIM/HER ALIVE ON: MONTH DAY YEAR
21d. DID/DID NOT VIEW THE BODY AFTER DEATH.
21e. DEATH OCCURRED (HOUR) at the place, on the dat and to the best of my knowledge, due to the M. cause(s) stated.

22a. CERTIFICATION—CORONER OR HEALTH OFFICER: On the basis of the examination of the body and/or the investigation, in my opinion death occurred on the date and due to the cause(s) stated. HOUR OF DEATH: M.
22b. THE DECEDENT WAS PRONOUNCED DEAD — MONTH: 05 DAY: 27 YEAR: 85 HOUR: M.
23a. CERTIFIER-PHY., CORONER OR HEALTH OFFICER (TYPE OR PRINT): Charles Diskin, M.D.
23b. SIGNATURE:
DEGREE OR TITLE: M.D.
23c. DATE SIGNED (MONTH, DAY, YEAR): 5/31/85
23d. MAILING ADDRESS—CERTIFIER: #6, 121 N20th Street, Opelika, Al. 36802 (STREET OR R.F.D. NO. / CITY OR TOWN / STATE / ZIP)

BURIAL

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Cremation
24b. CEMETERY OR CREMATORY—NAME: Atlanta Crematory
24c. LOCATION CITY OR TOWN STATE: Stone Mountain, Ga. 30083
24d. DATE (MONTH, DAY, YEAR): May 31, 1985
25a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): The Peoples Funeral Home, Inc., 500 Fonville St., Tuskegee, Al. 36083
25b. FUNERAL DIRECTOR—SIGNATURE: Frank H. Bentley
26a. REGISTRAR—SIGNATURE: Jeanne Parmer
26b. DATE RECEIVED BY LOCAL REGISTRAR: June 7, 1985

ADPH-F-VS-2/Rev. 9-84

This is a copy of a record that was tendered to the Lee County Health Department

on June 7, 1985

Exhibit "B"

June 11, 1985
DATE

Tamara P. Hudson
REGISTRAR/DEPUTY REGISTRAR/
ADMINISTRATOR

Copy

Exhibit "C"

IN THE SEVENTH CIRCUIT COURT FOR DAVIDSON COUNTY, TENNESSEE
AT NASHVILLE
PROBATE DIVISION

FILED
MAY 03 2012
RICHARD R. ROOKER, Clerk
Deputy

IN RE: THE ESTATE OF)
GLORIA JEAN IVY,) No. 12P592
Decedent.)

ORDER FOR LETTERS OF ADMINISTRATION

This cause came to be heard on the 3rd day of May, 2012 in front of the Honorable Randy Kennedy, Seventh Circuit Court Judge for Davidson County, Tennessee upon the Petition for Letters of Administration filed by the Petitioners. Based upon the sworn Petition and statements made in open Court the Court finds that the Petition is well taken and therefore granted. For the reasons stated herein and for other good cause shown the following is hereby Ordered:

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that the Petitioners, Courtney Ivy and Zuberi Tewogbola are hereby appointed as the Co-Administrators of the Estate of Gloria Jean Ivy. The Clerk of the Court is hereby ordered to issue Letters of Administration accordingly. The issues of bond, inventory and accountings are waived based upon the filing of Waivers of same by each heir to the Estate.

Notice to Creditors and the Department of Revenue shall be given by the Clerk of the Court through publication or as otherwise required by law.

IT IS SO ORDERED.

ENTERED THIS 3 DAY OF May, 2012.

HONORABLE RANDY KENNEDY

Copy

APPROVED FOR ENTRY:

Jennifer Sheppard, BPR# 24699
Attorney for Petitioner
501 Union Street, Suite 503
Nashville, TN 37219
(615) 256-9099 office
(615) 401-2555 facsimile

Certificate of Service

I hereby certify that a true and exact copy of the foregoing has been forwarded via U.S. Postal Service, postage prepaid, to the following persons this 3 day of May, 2012:

Courtney Ivy
726 Ridgeview Court
Antioch, TN 37013

Zuberi Tewogbola
1013 Shawnee Trace
Madison, TN 37115

Jennifer Sheppard

Exhibit "D"

Prepared by:
Martin Heller Potempa & Sheppard, PLLC

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

AFFIDAVIT OF HEIRSHIP

---

1. My name is Zuberi Tewogbola. I am an adult resident of the State of Tennessee and I am competent to give the testimony in this sworn Affidavit.

2. I am the son of Gloria J. Ivy. I have one sibling, Courtney Ivy. We are the only two children born to or adopted by my mother.

3. My mother, Gloria J. Ivy, died on January 22, 2012. She was widowed at the time of her death, as my father predeceased her in 1985. See attached "Exhibit A" and "Exhibit B."

4. My mother owned real property located at 1013 Shawnee Trace, Madison, TN 37115. The property is currently titled in the name of Gloria J. Ivy.

5. My mother died without a valid Last Will and Testament and her estate is being administered according to the Tennessee laws of intestacy. Her Estate has been opened for the purpose of probate in Davidson County, Tennessee under docket number 12P-592. My sister and I have been appointed as Co-Administrators of the Estate. See attached "Exhibit C."

6. My sister and I agree that this property should be titled in our joint names, as Tenants in Common. My sister has also executed an Affidavit of Heirship and her Affidavit is attached to this Affidavit as "Exhibit D."

7. There have been no claims filed against my mother's estate and the time limit for filing claims has passed.

8. To my knowledge, neither of my parents were the recipients of any benefits as a member of TennCare or Medicaid.

Zuberi Tewogbola

Zuberi Tewogbola

Now having first been sworn, the above named Affiant appeared before me and proved his/her identity to me by a government issued photograph identification card, and gave the testimony in this Affidavit for the purpose(s) stated herein. The Affiant did not appear to be under any undue influence or duress and appeared to be competent to provide the information contained herein.

Jennifer Chandler Cole

Notary Public

My commission expires: 01-09-2016

JENNIFER CHANDLER COLE NOTARY PUBLIC STATE OF TENNESSEE DAVIDSON COUNTY, TENN.

Certificate of Authenticity

I, Jennifer C. Cole do hereby make oath that I am a licensed attorney and/or the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law.

Jennifer C. Cole

Signature

State of TENNESSEE
County of DAVIDSON

Personally appeared before me, Maxine J. Rucker, a notary public for this county and state, Jennifer C. Cole who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Maxine J. Rucker

Notary's Signature

My Commission Expires: MAR 0 8 2016

Notary's Seal (on paper)

MAXINE J. RUCKER NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TENNESSEE

Certificate of Authenticity

I, Jennifer C. Cole do hereby make oath that I am a licensed attorney and/or the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law.

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State of TENNESSEE
County of DAVIDSON

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Notary's Signature

My Commission Expires: MAR 0 8 2016

Notary's Seal (If on paper)

MAXINE J. RUCKER
NOTARY PUBLIC AT LARGE
DAVIDSON COUNTY, TENNESSEE