THIS INSTRUMENT PREPARED BY: LARRY D. CRAIG, Attorney at Law, 305 Fourteenth Avenue, North, Nashville, Tennessee 37203

Decedents:	Thomas Asbury Reed and wife, Edna Janssen Reed
Heir at Law:	Robert Gail Reed (Mailing Address: 7331 Hunting Camp Road, Fairview, TN 37062)
Real Property Interest:	2812 27th Avenue South, Nashville, TN 37212
Map:	117-03-0
Parcel:	017.00

BILL GARRETT, Davidson County
Trans:T20140013902 AFFIDAVITH
Recvd: 02/27/14 15:20 4 pgs
Fees:22.00 Taxes:0.00
20140227-0017114

AFFIDAVIT OF HEIRSHIP

Comes the Affiant, Nell Jensen, being first duly sworn according to law, being of lawful age, residing at 4211 Utah Avenue, Nashville, Tennessee 37209, pursuant to Section 30-2-712, Tennessee Code Annotated, hereby giving under oath the following of her own free will as a disinterested person, in regard to the decedents' interest(s), and based upon her personal knowledge and familiarity with the decedents, Thomas Asbury Reed and wife, Edna Janssen Reed, and the family thereof in excess of fifty (50) years, acknowledging and stating as follows, to wit:

1. I personally knew both decedents and am aware that Thomas Asbury Reed aka Thomas A. Reed died on February 12, 1968 in Davidson County, Tennessee, and was survived by his wife, Edna Janssen Reed aka Edna J. Reed. I am aware that they owned as husband and wife their home located at 2812 27th Avenue South, Nashville, Davidson County, Tennessee 37212.

2. Edna Janssen Reed never remarried following the death of her husband and continued to live at their marital residence until her death on November 22, 1996.

3. The only child born to the decedents was their son, Robert Gail Reed. There were no other children born unto them, nor adopted by them, and said son survived his mother, Edna Janssen Reed.

4. This affidavit of heirship and statement of facts is being made to ascertain the heir at law on the date of death of decedents and for registration in the Register of Deeds Office for Davidson County, Tennessee, pursuant to the aforestated statute, and as applicable to the real property.

5. A copy of both decedents' death certificates reviewed by me are attached hereto.

FURTHER, Affiant saith not.

WITNESS my hand this 25th day of February, 2014.

Nell Jensen

NELL JENSEN

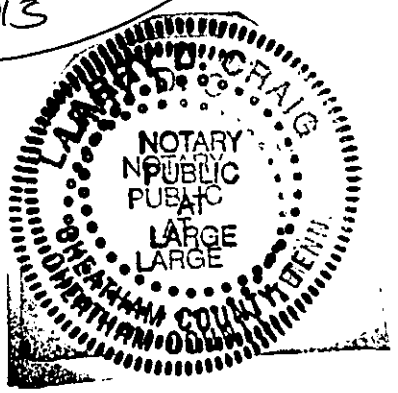
STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, a Notary Public in and for said County and State, the within named Nell Jensen, with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence) and who acknowledged that she executed the within instrument for the purpose therein contained.

Witness my hand and official seal at Nashville Tennessee, this 25th day of February, 2014.

NOTARY PUBLIC

My Commission Expires: 10-28-2015



STATE OF TENNESSEE
Office of Vital Records

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH — DIVISION OF VITAL STATISTICS

FILE NO. 68-004011

25-53-55

BIRTH NO. 1 7 8 1 2 5 4

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

276

TYPE OR PRINT IN PERMANENT BLUE OR BLACK INK.

02510

DECEASED

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

AND ANT

CERTIFIER

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE.

PERMIT REQUIRED PRIOR TO TRANSPORTATION OF BODY BY COMMON CARRIER OR REMOVAL FROM STATE.

BURIAL

FORM 1220 REV. 1-68

1. DECEASED — NAME (First) Thomas	(Middle) Asbury	(Last) Reed	2. DATE OF DEATH (Month, Day, Year) February 12, 1968	
3. RACE (White, Negro, American Indian, etc. (Specify)) White	4. SEX Male	5a. AGE — Last Birthday (Years) 57	5b. UNDER 1 YEAR — Mos. / Days	5c. UNDER 1 DAY — Hours / Min.
6. DATE OF BIRTH (Month, Day, Year) August 10, 1910				
7a. COUNTY OF DEATH Davidson	7b. CITY, TOWN, OR LOCATION OF DEATH Nashville	7c. INSIDE CITY LIMITS (Specify Yes or No) Yes	7d. HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number) Vanderbilt Hospital	
8. STATE OF BIRTH (If not in U.S.A., name country) Illinois	9. CITIZEN OF WHAT COUNTRY USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Edna Janssen	
12. SOCIAL SECURITY NUMBER [redacted]6559	13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pharmacest		13b. KIND OF BUSINESS OR INDUSTRY Retail Pharmacy	
14a. RESIDENCE — STATE Tennessee	14b. COUNTY Davidson	14c. CITY, TOWN, OR LOCATION Nashville	14d. INSIDE CITY LIMITS (Specify Yes or No) Yes	14e. STREET AND NUMBER 2812 27th Ave. So.
15. FATHER — NAME David Danforth Reed	16. MOTHER — MAIDEN NAME Hanorah Fitzgerald	17. INFORMANT — NAME Mrs. T. A. Reed	MAILING ADDRESS 2812 27th Ave., So.	

18. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c).)

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (a)	MYOCARDIAL INFARCTION	4108 HOURS
DUE TO, OR AS A CONSEQUENCE OF (b)	ARTERIOSCLEROTIC HEART DISEASE	— YEARS
DUE TO, OR AS A CONSEQUENCE OF (c)		532

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a): DUODENAL ULCER; HIATAL HERNIA

19a. AUTOPSY (Yes or No) Yes

19b. (If yes were findings considered in determining cause of death) NO

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)	

PHYSICIAN — CERTIFICATION

I ATTENDED THE DECEASED AND DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.

21a. SIGNATURE Sol Rosenblum — DEGREE M.D. — 21b. DATE SIGNED (Month, Day, Year) FEB 13, 1968

MEDICAL EXAMINER — CERTIFICATION

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.

22a. SIGNATURE — TITLE — 22b. DATE SIGNED (Month, Day, Year)

23a. CERTIFIER — NAME (Type or Print) Sol A. Rosenblum M. D.	23b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) Medical Arts Bldg., Nashville, Tennessee 37212		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE (Month, Day, Year) 2-14-1968	24c. CEMETERY OR CREMATORY — NAME St John Cemetery	24d. LOCATION — City or Town: Buckley, State: Illinois
25. FUNERAL HOME — NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip) Martin's & Bracey-Welsh, 209 Louise Ave, Nashville	26a. REGISTRAR — SIGNATURE Geo. F. Smith	26b. DATE RECEIVED BY LOCAL REGISTRAR 2-14-68	

ENTERED 3-4-68 AUTHORIZATION NO.

6366218

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

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

6366218

Date Issued Jan 14 2014

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

TYPE/PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

960104

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: 96 045646

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Edna Janssen Reed
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): 11-22-96
4. SOCIAL SECURITY NUMBER: [redacted]5729
5a. AGE-LAST BIRTHDAY: 84
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): 8-13-12
7. BIRTHPLACE (City and State or Foreign Country): Buckley, IL
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 Hospital 081
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Widow
11. SURVIVING SPOUSE (If wife, give maiden name): ------
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): RN
12b. KIND OF BUSINESS/INDUSTRY: Healthcare
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2812 27th Ave South
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37212
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): 12 College (1-4 or 5+): 4
17. FATHER'S NAME (First, Middle, Last): Henry Janssen
18. MOTHER'S NAME (First, Middle, Maiden Surname): Marie Hogrefe

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Robert Reed
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 7221 Westcott Drive Nashville, TN 37221

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): St. John's Lutheran Cemetery
20c. LOCATION-City or Town, State: Buckley, IL
21a. SIGNATURE OF FUNERAL DIRECTOR: Robert Haywood
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3354
21c. SIGNATURE OF EMBALMER: Robert Haywood
21d. LICENSE NUMBER OF EMBALMER: 3699
22a. NAME AND ADDRESS OF FUNERAL HOME: West Harpeth Funeral Home 6962 Charlotte Pike Nashville, TN 37209
22b. LICENSE NUMBER OF FUNERAL HOME: 1016

REGISTRAR

23. REGISTRAR'S SIGNATURE: Patricia Phipps
24. DATE FILED (Month, Day, Year): December 2, 1996

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. [X] SIGNATURE AND TITLE OF PHYSICIAN: Deborah W. Robin MD
25b. LICENSE NUMBER: MD0000019274
25c. DATE SIGNED (Month, Day, Year): 12-2-96
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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): Deborah W. Robin, M.D., Vanderbilt University, Nashville, TN 37232-4602

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.

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Cerebrovascular Accident — Approximate Interval Between Onset and Death: 1 week
DUE TO (OR AS A CONSEQUENCE OF): 436
b. DUE TO (OR AS A CONSEQUENCE OF):
c. 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
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? 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 5 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 4 [ ] Could not be Determined 4 [ ] Homicide
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY
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-1659 REV. 2-93 — RDA 1399

6366212

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.

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Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

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Date Issued: Jan 14 2014

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD