NEW PROPERTY OWNER IS
AND SEND TAX BILLS TO:
Randall D. McMackin
397 Valencia Circle
Oviedo, FL 32765

THIS INSTRUMENT PREPARED BY
KELLY & SMITH LAW
LAW OFFICES
121/125 PUBLIC SQUARE
GALLATIN, TN 37066

MAP AND PARCEL 07309016100

AFFIDAVIT OF HEIRSHIP RE: ESTATE OF JOSEPH A. McMACKIN

The undersigned, being first duly sworn, deposes and says:

1. That JOSEPH A. McMACKIN AND WIFE, NELDA R. McMACKIN, owned a certain lot or parcel of land situated in the Davidson County, Tennessee, more particularly described as follows:

> BEING Lot No. 383 on the Plan of Section III, BURCHWOOD GARDENS, as of record in Book 2900, page 116, in the Register's Office for Davidson County, Tennessee Improved and known as 1986 Upland Drive, Nashville, Tennessee.
>
> BEING the same property conveyed to Joseph A. McMackin and wife, Nelda R. McMackin by deed filed for record in Book 4062, Page 631, in the Register's Office for Davidson County, Tennessee.
>
> THE SAID Nelda R. McMackin died February 15, 2012 died as evidenced by the death certificate attached hereto as Exhibit "A" leaving her husband, Joseph A. McMackin as the sole owner of the within-described real property.

2. That on July 18, 2013, JOSEPH A. McMACKIN died as evidenced by the death certificate attached hereto as Exhibit "B" leaving his two (2) children, namely; FREDA C. KRAMER AND RANDALL D. McMACKIN as his only heirs.

3. That we further state that JOSEPH A. McMACKIN, did not have a gross estate of $1,000,000.00 at the time of his death, and there are no STATE or FEDERAL inheritance and estate taxes due or payable, nor any claims of creditors to be paid as a result of his death. That neither JOSEPH A. McMACKIN NOR NELDA McMACKIN received any benefits from the TennCare program.

4. That this affidavit is being made for the purpose of inducing the tax authorities to make the correct changes on the tax records of Davidson County, Tennessee with regard to the above-described property.

BILL GARRETT, Davidson County
Trans:T20140016304 AFFIDAVITH
Recvd: 03/11/14 08:42 5 pgs
Fees:27.00 Taxes:0.00
20140311-0020109

FURTHER DEPONENTS SAITH NOT.

DATED this the 5 day of FEBRUARY, 2014.

Freda C. Kramer
FREDA C. KRAMER

Randall D. McMackin
RANDALL D. McMACKIN

STATE OF TENNESSEE

COUNTY OF SUMNER

FREDA C. KRAMER SWORN to and subscribed before me, this the 27 day of February, 2014.

NOTARY PUBLIC

MY COMMISSION EXPIRES: 12-18-2017

DONNA P. PARD
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY

STATE OF TENNESSEE

COUNTY OF SUMNER

PERSONALLY appeared before me, the undersigned, a Notary Public in and for said County and State, the within named FREDA C. KRAMER, the affiant herein, 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 purposes therein contained.

WITNESS my hand and official seal at Gallatin, Tennessee, on this the 27 day of February, 2014.

NOTARY PUBLIC

MY COMMISSION EXPIRES: 12-18-2007

DONNA PARD
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY

STATE OF FLORIDA

COUNTY OF SEMINOLE

RANDALL D. McMACKIN SWORN to and subscribed before me, this the ___ day of FEBRUARY, 2014.

NOTARY PUBLIC

MY COMMISSION EXPIRES: June 19 2017

COLIN M BLUME
Notary Public - State of Florida
My Comm. Expires Jun 19, 2017
Commission # FF 029106
Bonded Through National Notary Assn.

STATE OF FLORIDA

COUNTY OF SEMINOLE

PERSONALLY appeared before me, the undersigned, a Notary Public in and for said County and State, the within named RANDALL D. McMACKIN, the affiant herein, with whom I am

personally acquainted (or proved to me on the basis of satisfactory evidence) and who acknowledged that he executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at Oviedo, Florida, on this the 5 day of FEBRUARY, 2014.

NOTARY PUBLIC

MY COMMISSION EXPIRES: June 19 2017

COLIN M BLUME
Notary Public - State of Florida
My Comm. Expires Jun 19, 2017
Commission # FF 029106
Bonded Through National Notary Assn.

EXHIBIT "A"

STATE OF TENNESSEE
Office of Vital Records

120195

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Nelda Roxie McMackin
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): February 15, 2012
4. TIME OF DEATH (Approx.): 9:25 AM
5a. AGE-Last Birthday (Years): 81
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): April 27, 1930
7. BIRTHPLACE (City and State or Foreign Country): Smith County, Tennessee

TYPEPRINT 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): Alive Hospice
8c. CITY OR TOWN: Nashville
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): Joseph A. McMackin
11a. DECEDENT'S USUAL OCCUPATION: Food Server
11b. KIND OF BUSINESS/INDUSTRY: Metro Nashville Food Service
12. SOCIAL SECURITY NUMBER: [redacted]-8569
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 1986 Upland Drive
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37216
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

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): Dotson Waller
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Minnie Sircy

DISPOSITION

20a. INFORMANT'S NAME: Freda C. Kramer
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1986 Upland Dr. Nashville, Tennessee 37216
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) ____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Forest Lawn Memorial Gardens
21c. LOCATION - City or Town and State: Goodlettsville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Michael R. Thomas
22b. LICENSE NUMBER: 5941
22c. SIGNATURE OF EMBALMER: ▶ Gerald Huley Clark, III
22d. LICENSE NUMBER: 6493
23a. NAME AND ADDRESS OF FUNERAL HOME: Eastland Funeral Home & Cremation Service 904 Gallatin Rd. Nashville, TN37206
23b. LICENSE NUMBER OF FUNERAL HOME: 120

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Linda L. Boulware
25. DATE FILED (Month, Day, Year): February 27, 2012

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: ▶ Thomas Deering MD
27b. LICENSE NUMBER: 28369
27c. DATE SIGNED (Month, Day, Year): February 16, 2012
27d. NAME AND ADDRESS: Thomas Deering, M.D.; 850 R.S. Gass Boulevard, Nashville, TN 37216; MEC12-0365

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. Intraparenchymal hemorrhage of brain, small
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. Hypertension
Due to (or as a consequence of)
c. ____
Due to (or as a consequence of)
d. ____

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
Microvascular ischemic disease of brain, dementia

28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
28b. 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)

RDA 1399

PH-1859 (Rev. 9/2011)

5094869

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

FEB 23 2012
Date Issued

GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

EXHIBIT "B"

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Joseph Albert McMackin
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): July 18, 2013
4. TIME OF DEATH (Approx.):
5a. AGE-Last Birthday (Years): 88
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): June 13, 1925
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee

TYPE/PRINT IN PERMANENT BLACK INK

6a. PLACE OF DEATH (Check only one)
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)

NAME OF DECEDENT (For use by Physician or Institution)

6b. FACILITY NAME (If not institution, give street and number): Hendersonville Medical Center
6c. CITY OR TOWN: Hendersonville
6d. COUNTY OF DEATH: Sumner
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: Clerk
11b. KIND OF BUSINESS/INDUSTRY: United States Postal Service
12. SOCIAL SECURITY NUMBER: [redacted]-1321
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 1986 Upland Dr
13e. INSIDE CITY LIMITS: ☑ Yes ☐ No
13f. ZIP CODE: 37216-4220
14. WAS DECEDENT EVER IN US ARMED FORCES? ☑ Yes ☐ No

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): Lee McMackin
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Sally Carter

DISPOSITION

20a. INFORMANT'S NAME: Randall D. McMackin
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 397 Valencia Cr. Oviedo, Florida 32765
21a. METHOD OF DISPOSITION: ☐ Donation ☐ Entombment ☑ Burial ☐ Cremation ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Forest Lawn Memorial Gardens
21c. LOCATION - City or Town and State: Goodlettsville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR
22b. LICENSE NUMBER: 5941
22c. SIGNATURE OF EMBALMER: Connie Clark
22d. LICENSE NUMBER: 6493
23a. NAME AND ADDRESS OF FUNERAL HOME: Eastland Funeral Home & Cremation Service, 904 Gallatin Road, Nashville, TN 37206
23b. LICENSE NUMBER OF FUNERAL HOME: 120

REGISTRAR

24. REGISTRAR'S SIGNATURE: Pam Vauble, D.R.
25. DATE FILED (Month, Day, Year): August 9, 2013

CERTIFIER

28. 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
27b. LICENSE NUMBER: MD14869
27c. DATE SIGNED (Month, Day, Year): 7/18/13
27d. NAME AND ADDRESS

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. Cardiac Arrest
Due to (or as a consequence of):
b. CAD
Due to (or as a consequence of):
c.
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

PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
Parkinson Dz

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. 10/2011)

RDA 1399

WIDOWED

6091233

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

6091233

Date Issued: AUG - 9 2013

CERTIFICATION OF VITAL RECORD