THIS AFFIDAVIT OF HEIRSHIP PREPARED BY:
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BILL GARRETT, Davidson County
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Fees:17.00 Taxes:0.00
20140403-0027904

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF SUMNER)

Comes the affiant, James Norman Holcombe, Jr., being first duly sworn according to law, being of lawful age and a resident for the past 5 years of Gallatin, Summer County, State of Tennessee, and pursuant to Section 30-2-712 of the Tennessee Code Annotated, hereby swears to the following of his own free will and based upon his personal knowledge and familiarity:

1. Kimberly Dawn Holcombe died intestate January 5, 2014, as evidenced by the Certificate of Death attached hereto as Exhibit A.

2. The decedent died without a surviving spouse. The decedent was married once during her lifetime. The decedent's marriage to her previous spouse, Lloyd Green Wells, III, ended in divorce.

3. The decedent died without issue. The decedent never had any children or adopted any children.

4. The decedent died with surviving parents, Dionne S. Holcombe and James Norman Holcombe, Sr.

5. The decedent died with one surviving brother, James Norman Holcombe, Jr.

6. Accordingly, the heirs-at-law of the decedent are Dionne S. Holcombe and James Norman Holcombe, Sr.

7. At the time of her death, the decedent owned a one hundred percent (100%) interest in real property located at 107 Westfield Drive, Nashville, Davidson County, Tennessee, and being more particularly described in deed of record as Instrument No. 200003100025068, Register's Office for Davidson County, Tennessee, to which reference is hereby made for a more complete description.

8. This affidavit will confirm the vesting of title to the real property located at 107 Westfield Drive, Nashville, Tennessee, Davidson County, Tennessee, after the death of Kimberly Dawn Holcombe as to a one hundred percent (100%) interest in Dionne S. Holcombe and James Norman Holcombe, Sr.

Further, affiant saith not.

Dated this 25th day of March, 2014.

James Norman Holcombe, Jr.

Subscribed and sworn to before me this 29th day of March, 2014.

Notary Public

My Commission Expires: 11-26-16

MARK A. COMBS
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY

EXHIBIT A

STATE OF TENNESSEE
Office of Vital Records

1400025

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix)	Kimberly Dawn Holcombe
2. SEX	Female
3. DATE OF DEATH (Month, Day, Year)	January 5, 2014
4. TIME OF DEATH	3:45 pm
5a. AGE-Last Birthday (Years)	43
6. DATE OF BIRTH (Month, Day, Year)	October 7, 1970
7. BIRTHPLACE (City and State or Foreign Country)	Nashville, Tennessee
8a. PLACE OF DEATH (Check only one)	IF DEATH OCCURRED IN A HOSPITAL: Inpatient; ER/Outpatient; DOA. IF DEATH OCCURRED ELSEWHERE 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)	St. Thomas Mid Town
8c. CITY OR TOWN	Nashville
8d. COUNTY OF DEATH	Davidson
9. MARITAL STATUS	Divorced
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)	
11a. DECEDENT'S USUAL OCCUPATION	Hairstylist
11b. KIND OF BUSINESS/INDUSTRY	Cosmetology
12. SOCIAL SECURITY NUMBER	[redacted]-3011
13a. RESIDENCE-STATE OR FOREIGN COUNTRY	Tennessee
13b. COUNTY	Davidson
13c. CITY OR TOWN	Nashville
13d. STREET AND NUMBER	107 Westfield Drive
13e. Inside City Limits	Yes
13f. ZIP CODE	37221
14. WAS DECEDENT EVER IN U.S. ARMED FORCES?	No
15. EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)	Some college credit, but no degree
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
17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)	White
5	
18. FATHER'S NAME (First, Middle, Last)	James Norman Holcombe
19. MOTHER'S MAIDEN NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)	Dianne Sweeney
20a. INFORMANT'S NAME	James Norman Holcombe
20b. RELATIONSHIP TO DECEDENT	Father
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code)	9025 Sawer Brown Road, Nashville, TN 37221
21a. METHOD OF DISPOSITION	Burial
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	Harpeth Hills Memory Gardens
21c. LOCATION - City or Town and State	Nashville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR	Philip Charland
22b. LICENSE NUMBER	6596
23a. SIGNATURE OF EMBALMER	Philip Charland
23b. LICENSE NUMBER	6597
24a. NAME AND ADDRESS OF FUNERAL HOME	Harpeth Hills Funeral Home, 9090 Highway 100, Nashville, Tennessee 37221
24b. LICENSE NUMBER OF FUNERAL HOME	849
25. SIGNATURE OF DECEDENT'S SPOUSE	Tony B Keely Jr DR
25. DATE SIGNED (Month, Day, Year)	Jan 7, 2014
26. ACTION BY MEDICAL EXAMINER OR CORONER	Physician - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated
27a. SIGNATURE OF CERTIFIER	Bmo MD
27b. LICENSE NUMBER	TN 36819
27c. DATE SIGNED (Month, Day, Year)	01/07/14
27d. NAME AND ADDRESS	BRYAN WARD MD 2010 Church Suite 310 Nashville TN 37203

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 with PEA — 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. Hemolytic Anemia with Profound Thrombocytopenia — Due to (or as a consequence of):

c. Thrombotic Thrombocytopenic Purpura — 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

29. WAS AN AUTOPSY PERFORMED? No

30. MANNER OF DEATH: Natural

31. DID TOBACCO USE CONTRIBUTE TO DEATH? Unknown

32. IF FEMALE: Not pregnant within past year

33. IF TRANSPORTATION INJURY, SPECIFY:

34a. DATE OF INJURY (Month, Day, Year)

34b. TIME OF INJURY

35. INJURY AT WORK: 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 1388

6464727

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.

6464727

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FAAOEM
COMMISSIONER

Date Issued

CERTIFICATION OF VITAL RECORD