BILL GARRETT, Davidson County
Trans:T20140030798 AFFIDAVIT
Recvd: 05/05/14 13:35 3 pgs
Fees:17.00 Taxes:0.00
20140505-0038039

This Instrument Prepared By:
Rachel L. Bell
408 Second Ave. N., Suite 4130
Nashville, TN 37219

Maximum Principal indebtness for Tennessee tax recording purposes is $-0-.

SCRIVENER'S AFFIDAVIT

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Comes now, Rachel L. Bell, hereinafter referred to as Affiant, on this the 31st day of March, 2014, and after first being duly sworn according to law, does state the following as true and correct to the best of her knowledge, information and belief:

1. The Affiant prepared an Affidavit of Heirship, dated September 23, 2011, and recorded September 23, 2011 in Instrument Number 20110923-0073850, Register's Office for Davidson County, Tennessee for Maria Mullins, an adult citizen and resident of Davidson County, Tennessee, and a close friend of the family to James Monroe Turner.

2. That the above-mentioned Affidavit of Heirship was recorded with clerical errors.

   The Affiant makes this affidavit for the purpose of amending the original Affidavit of Heirship to correct Paragraph 3.

   Paragraph 3 was recorded as:

   James Monroe Turner died on May 3, 2001 at the age of 78 years, a resident of Davidson County, residing at 3241 Kings Lane, Nashville, TN 37218. See, *Exhibit A* (Certificate of Death).

   Paragraph 3 should read:

   James Monroe Turner died on May 3, 2001 at the age of 78 years, a resident of Davidson County, residing at 3241 Kings Lane, Nashville, TN 37218. See, *Exhibit A* (Certificate of Death).

   Gloria S. Turner died on April 23, 1991 at the age of 64 years, a resident of Davidson County, residing at 3241 Kings Lane, Nashville, TN 37218. See, *Exhibit B* (Certificate of Death)

This Affidavit is made to correct any defect in title by reason of the aforesaid defective instrument by showing that the defect resulted from a scrivener's error and not the intentional acts of the parties.

FURTHER, the Affiant sayeth not.

AFFIANT 4/22/2014

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned authority, a Notary Public in and for said County and State aforesaid, Rachel L. Bell, the within named bargainor, 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 this 22 day April, 2014.

NOTARY PUBLIC

My Commission Expires: My Commission Expires January 11, 2017

LORI A. TYSON
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

STATE OF TENNESSEE
Office of Vital Records

Exhibit "B"

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

9101998

CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Gloria S. Turner
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): 4-23-91
4. SOCIAL SECURITY NUMBER: [redacted]-4157
5a. AGE - LAST BIRTHDAY (Years): 64
6. DATE OF BIRTH: 5-7-26
7. BIRTHPLACE (City and State or Foreign Country): Birmingham, AL.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 X No
9a. PLACE OF DEATH: 1 X Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Baptist Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): James Turner
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Teacher
12b. KIND OF BUSINESS/INDUSTRY: Metro Schools
13a. RESIDENCE—STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN, OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 3241 Kings Lane
13e. INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37216
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No
15. RACE—American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12 College (1-4 or 5+): 5

CENSUS TRACT

NAME OF DECEDENT (For use by a person or agency in addition to the informant)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Joe Sanders
18. MOTHER'S NAME (First, Middle, Maiden Surname): Ann Henderson

INFORMANT

19b. INFORMANT'S NAME (Type/Print): James Turner
19c. RELATIONSHIP TO DECEASED: Husband
19d. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3241 Kings Ln. Nashville, TN. 37216

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): Greenwood
20c. LOCATION—City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Marvin H. Hunter
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2212
21c. SIGNATURE OF EMBALMER: Ronald Stewart
21d. LICENSE NUMBER OF EMBALMER: 3734
22a. NAME AND ADDRESS OF FUNERAL HOME: William Hunter & Sons, Inc. 1711 Jo Johnston Ave. Nashville, TN. 37203
22b. LICENSE NUMBER OF FUNERAL HOME: #88

REGISTRAR

23. REGISTRAR'S SIGNATURE: Maurice H. Davis
24. DATE FILED (Month, Day, Year): May 2 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 X SIGNATURE AND TITLE OF PHYSICIAN: Omar A. Khan, MD
25b. LICENSE NUMBER: MD7701
25c. DATE SIGNED (Month, Day): 4-27-91
26a. MEDICAL EXAMINER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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)
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

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. — Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Cardio - Pulmonary Failure
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. Anemia, Azotemia, Mucosal Hemorrhage (GI-14 G.U Tracts)
DUE TO (OR AS A CONSEQUENCE OF):
c. Multiple Myeloma
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
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)

BIRTH NO

PH-1(rev9)
REV. 1/89

COPYRIGHT CAUTION AUTHORIZED PROTECTION

6433950

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

6433950

Date Issued MAR 21 2014

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD