BILL GARRETT, Davidson County
Trans:T20140032416 AFFIDAVITH
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Fees:22.00 Taxes:0.00
20140509-0040005

THIS INSTRUMENT WAS PREPARED BY:

Tom R. Smith
Attorney At Law
100 Thompson Lane
Nashville, TN 37211
(615) 333-0099

NEW OWNERS	SEND TAX BILLS TO:	MAP/PARCEL
Najah Al-Ikaby 7413 Birkdale Nashville, TN 37221	Same	142-10/151

AFFIDAVIT OF INHERITANCE OF REAL ESTATE

The undersigned, NAJAH AL-IKABY, after being duly sworn, hereby makes this sworn affidavit as follows:

1. By deed of record as Instrument Number 20050506-0051486 in the Register's Office for Davidson County, Tennessee, Song Suk Yi and Najah Al-Ikaby, husband and wife, were conveyed as joint tenants a certain tract or parcel of improved land in Davidson County, Tennessee, by Quitclaim Deed from Song Suk Yi the following described tract or parcel of land, to wit:

> LAND in Davidson County, TN, being Lot No. 10 on the plan of Birkdale Place, of record in Book 7900, Page 971, Register's Office for said County, to which plan reference is hereby made for a more complete description.
>
> Being the same property conveyed to South Harpeth Construction Co., Inc. by deed from Wolfgang Savermann of record in Book 9648, Page 705, Register's Office for Davidson County, TN.
>
> Being the same property conveyed to Song Suk Choi (Yi) by deed of record from Tae Sik Choi of record as instrument number 20020321-0035010, Register's Office for Davidson County, TN.

This conveyance is subject to restrictions of record in Book 9567, Page 542; Book 9648, Page 705; easement in Book 5258, Page 250; Book 9567, Page 545, and all matters shown on the Plan of Record.

This is improved property commonly known as 7413 Birkdale, Nashville, Davidson County, Tennessee, 37221.

2. The said Song Suk Choi (Yi), also known as Song Suk Alikaby, died a resident of Davidson County, Tennessee, on May 10, 2008 as noted by the attached copy of the Tennessee Certificate of Death. At the time of her death the said Song Suk Choi (Yi) was married to Najah Al-Ikaby, and left a will which has been probated in the Davidson County, Tennessee Probate Court and her estate is being administered under Docket No. 08P-1409. Pursuant to the said Last Will and Testament of the decedent, the above described real property descended to her husband, Najah Al-Ikaby. And even had there been no Last Will and Testament, according to law the said described real property would have descended to her husband, Najah Al-Ikaby because the said real property was jointly owned by them and they were married at the time of her death.

3. As a result of the foregoing, the real property as described in paragraph 1 herein is now owned by Najah Al-Ikaby, an unmarried man.

Further, this affiant saith not.

WITNESS MY HAND this 7 day of May, 2014.

Najah Al-Ikaby

NAJAH AL-IKABY

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally, appeared before me, a Notary Public, NAJAH AL-IKABY, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence, and who executed the within instrument for the purposes therein contained.

WITNESS my hand, at office, this 7 day of May, 2014.

NOTARY PUBLIC

My Commission Expires: Sept 9, 2014

JOHN ELBEBLAWY
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

Registrar of Vital Statistics
Certified Copy

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

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FORM VS NO. 1-A
(Rev. 5/02)

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH SERVICES
REGISTRAR OF VITAL STATISTICS

116 _____ FILE NO.

CERTIFICATE OF DEATH

MUST BE TYPED

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): SONG SUK ALIKABY
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): MAY 10, 2008
4. SOCIAL SECURITY NO.: [redacted] 6077
5a. AGE Last Birthday (Years): 50
5b. UNDER 1 YEAR (Months) (Days): 5c. UNDER 1 DAY (Hours) (Minutes):
6. DATE OF BIRTH (Month, Day, Year): Dec 2, 1957
7. BIRTHPLACE (City/State or Foreign Country): South Korea
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER Ambulance in Parking Lot ☐ Nursing Home ☐ Residence ☒ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 213 5th Street
9c. CITY, TOWN, OR LOCATION OF DEATH: Carrollton
9d. COUNTY OF DEATH: Carroll
10. MARITAL STATUS Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Najah Alikaby
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Owner & Operator
12b. KIND OF BUSINESS/INDUSTRY: Cutz Family Hair Salon
13a. RESIDENCE - State: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN, OR LOCATION: Nashville
13d. STREET AND NUMBER: 7413 Birkdale Place
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 37221
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes – If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes
15. RACE – American Indian, Black, White, etc. (Specify): Asian
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elem/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Bong Su Yi
18. MOTHER'S NAME (First, Middle, Maiden Surname): Yup Soon Jang

INFORMANT

19a. INFORMANT'S NAME: Najah Alikaby
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 7413 Birkdale Place, Nashville, TN 37221

DISPOSITION

20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) _____
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Woodlawn Memorial Park
20c. LOCATION (City, Town, or State): Nashville, TN
21. SIGNATURE OF FUNERAL SERVICE LICENSEE (Or person acting as such): Glainette Lopez-Ortiz
22. NAME AND ADDRESS OF FACILITY: Woodbine Funeral Home, Inc. 3620 Nolensville Road, Nashville, TN 37211

CERTIFIER

23a. To the best of my knowledge, death occurred at the time, date, place and due to the causes stated
Signature and Title: James David Wilhoite, Coroner (MUST USE BLACK INK)
23b. DATE SIGNED (Month, Day, Year): 6/6/08
24. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28): James David Wilhoite PO Box 294 Carrollton KY 41008
25. TIME OF DEATH: 8:00 P.M.
26. DATE PRONOUNCED DEAD (Month, Day, Year): MAY 10, 2008
27. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? ☒ Yes ☐ No

CAUSE OF DEATH

28. PART I. Enter the diseases, injuries, or complications that caused 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. METESTATIC COLON CANCER DUE TO (OR AS A CONSEQUENCE OF):	YEARS
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A CONSEQUENCE OF):	
	c. DUE TO (OR AS A CONSEQUENCE OF):	
	d.	

PART II. Other significant conditions contributed to death but not resulting in the underlying cause given in Part I.

28a. If female, was there a pregnancy in the past 12 months? ☐ Yes ☒ No
28b. Was an autopsy performed? ☐ Yes ☒ No
28c. Were autopsy findings available prior to completion of cause of death? ☐ Yes ☐ No
28d. Did the deceased have Diabetes? ☐ Yes ☒ No
28e. Was Diabetes an immediate, underlying, or contributing cause of or condition leading to death? ☐ Yes ☒ No
29. MANNER OF DEATH: ☒ Natural ☐ Pending investigation ☐ Accident ☐ Suicide ☐ Could not be determined ☐ Homicide
30a. DATE OF INJURY (Month, Day, Year)
30b. TIME OF INJURY
30c. INJURY AT WORK? ☐ Yes ☐ No
30d. DESCRIBE HOW INJURY OCCURRED
30e. PLACE OF INJURY – At home, farm, street, factory, office building, etc. (Specify)
30f. LOCATION (Street and Number or Rural Route Number, City or Town)

REGISTRAR

31. REGISTRAR'S SIGNATURE: Paul F. Royce
32. DATE FILED (Month, Day, Year): JUN 12 2008

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

I, Paul F. Royce, Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this _____ day of _____, 20____.

Paul F. Royce
State Registrar