BILL GARRETT, Davidson County
Trans:T20140039019 AFFIDAVITH
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Fees:17.00 Taxes:0.00
20140604-0048138

MAP-PARCEL NUMBERS
150-9-B521

AFFIDAVIT OF HEIRSHIP

STATE OF GEORGIA)
COUNTY OF CHEROKEE)

Comes the Affiant, **OLIVE COHEN**, being first duly sworn according to law, and being of lawful age and a resident of the State of Georgia, pursuant to Tennessee Code Annotated § 30-2-712, and hereby swears to the following of her own free will and based upon her personal knowledge and familiarity:

1. Alicia M. Harper (the Decedent) died on April 16, 2014. A copy of the Certificate of Death is attached to this Affidavit.

2. The Decedent left no surviving spouse.

3. The Decedent died leaving no children.

4. The Decedent died with one (1) living relative, her sister, Olive Cohen, who is also the Affiant.

5. At the time of her death, the Decedent owned property located at 521 Forest Pointe Place, Antioch, Tennessee 37213, and more particularly described as follows:

> Being Unit No. 521 on the Second Revision of Forest Pointe Condominiums, formerly Resubdivision of Lot No. 69, Forest View Park South, plan of record in Plat Book 7900, Page 281, and set out as Units per Exhibit by amended Master Deed of record in Book 8050, Page 853, amending Master Deed of record in Book 7801, Page 469, all of record in the Register's Office for Davidson County, Tennessee, to which plat reference is hereby made for a more complete description.
>
> Being the same property conveyed to Alicia M. Harper, unmarried, March 29, 1999 by Warranty Deed of record in Book 11417, Page 510, Register's Office for Davidson County, Tennessee.

This conveyance is subject to any and all existing restrictions and easements of record.

5. This Affidavit will confirm the vesting of title to the real property described herein, after the death of Alicia M. Harper in Olive Cohen.

FURTHER AFFIANT SAYETH NAUGHT.

Olive Cohen

AFFIANT

Sworn to and subscribed before me this 22 day of MAY, 2014.

KATHY ILACQUA
MY COMMISSION EXPIRES
JUNE 28 2014
COBB COUNTY, GA
NOTARY PUBLIC

Kathy Ilacqua

NOTARY PUBLIC

My commission expires:

PREPARED BY:

PAULA OGLE BLAIR, #15862
Attorney for Olive Cohen
211 Donelson Pike, Suite 214
Nashville, TN 37214
(615) 882-0190

STATE OF TENNESSEE
Office of Vital Records

14025 21

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Alicia Harper
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): April 16, 2014
4. TIME OF DEATH: 5:00 am
5a. AGE-Last Birthday (Years): 49
6. DATE OF BIRTH (Month, Day, Year): July 22, 1964
7. BIRTHPLACE (City and State or Foreign Country): Bronx, NY

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
If death occurred in a hospital: [X] Inpatient
If death occurred somewhere other than a hospital: [ ] Hospice facility
8b. FACILITY NAME (If not institution, give street and number): Centennial Medical Center
8c. CITY, TOWN, OR LOCATION: Nashville, TN
8d. COUNTY OF DEATH: Davidson
9. MARITAL STATUS: [ ] Married [ ] Married, but separated [ ] Widowed [ ] Divorced [X] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: Technical Analyst
11b. KIND OF BUSINESS/INDUSTRY: Xerox
12a. SOCIAL SECURITY NUMBER: [redacted]-2060
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TN
13b. COUNTY: Davidson
13c. CITY OR TOWN: Antioch
13d. STREET AND NUMBER: 521 Forrest Pointe Place
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37013
14. WAS DECEDENT EVER IN THE ARMED FORCES? [ ] Yes [X] No
15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death): [X] Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA)
16. DECEDENT OF HISPANIC ORIGIN (Check one box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino): [X] 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): [X] Black or African American

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PARENTS

18. FATHER'S NAME (First, Middle, Last): Eugene Harper
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Beatrice Clements

DISPOSITION

20a. INFORMANT'S NAME: Olive Cohen
20b. RELATIONSHIP TO DECEDENT: Sister
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 7206 Meadow Gate Way, Woodstock, GA 30189
21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, other place): Greenwood Cemetery
21c. LOCATION - City or Town and State: Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Melvin J. Smith
22b. LICENSE NUMBER: 4502
22c. SIGNATURE OF EMBALMER: ▶ Chris Jefferson
22d. LICENSE NUMBER: 6500
23a. NAME AND ADDRESS OF FUNERAL HOME: Smith Brothers Funeral Directors, Inc., 706 Monroe St., Nashville, TN 37208
23b. LICENSE NUMBER OF FUNERAL HOME: 809

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Michael Edwards RR
25. DATE FILED (Month, Day, Year): April 25, 2014

CERTIFIER

26. DEATH CERTIFICATE SIGNED BY:
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 (Physician or Medical Examiner): ▶ C.B.T.L. Christopher B. Thomas, MD
27b. LICENSE NUMBER: 40011
27c. DATE SIGNED (Month, Day, Year): 4/24/14
27d. NAME AND ADDRESS: 110 29th Ave N, Ste 201, Nashville, TN 37203

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. Distributive shock
Due to (or as a consequence of): b. Refractory lactic acidosis
Due to (or as a consequence of): c. Pneumonia
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: a. days; b. days; c. days; d.
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I: Shock liver, B-cell and Hodgkin's lymphoma
28a. WAS AN AUTOPSY PERFORMED? [ ] Yes [X] No
28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE ITEM 28? [ ] Yes [X] No
29. MANNER OF DEATH: [ ] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined
30. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [X] No [ ] Unknown
31. IF FEMALE: [X] 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
32. IF TRANSPORTATION INJURY, SPECIFY: [ ] Driver/Operator [ ] Passenger [ ] Pedestrian [ ] Other (Specify)
32a. DATE OF INJURY (Month, Day, Year)
32b. TIME OF INJURY
32c. INJURY AT WORK? [ ] Yes [ ] No
32d. PLACE OF INJURY - (e.g. Home, farm, street, factory, office building, etc.) (Specify)
32e. DESCRIBE HOW INJURY OCCURRED
32f. LOCATION OF INJURY (Street and Number, City or Town, State)

TN-VR-1 (Rev. 10/2011) RDA 1329

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.

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Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued: APR 5 2014

CERTIFICATION OF VITAL RECORD