BILL GARRETT, Davidson County
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20140610-0050327

This Instrument Prepared By:
BONE MCALLESTER NORTON PLLC
131 Saundersville Road, Suite 131
Hendersonville, Tennessee 37075

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF _____)

Comes the affiant, Beulah M. Shumate, being first duly sworn according to law, pursuant to Section 30-2-712 of the Tennessee Code Annotated, hereby swears to the following of her own free will and based upon her personal knowledge and familiarity:

1. Helen Ruth Snell (the "decedent"), a resident of Davidson County, Tennessee, who was unmarried at the time of her death, died intestate on May 15, 2013, as evidenced by a copy of the death certificate attached as Exhibit A.

2. The decedent was married to Donald Wade Snell until his death on March 28, 2012, as evidenced by a copy of the death certificate attached as Exhibit B.

3. Decedent did not receive any benefits from the Bureau of Tenncare or any other state assistance for nursing facility services and/or home and community based services.

4. The decedent died and was unmarried at the time of her death and neither she nor Donald Wade Snell had children.

5. Helen Ruth Snell was not survived by a spouse and had no children. Her parents did not survive her. Under the laws of descent and distribution in the State of Tennessee, Helen Ruth Snell's estate passes to her brothers and sisters equally with the issue of a deceased brother or sister taking by representation. Helen Ruth Snell had two sisters, Elizabeth Morris and Donna Morgan who predeceased her and neither had issue. A brother, Walter Henry Morgan, Jr. predeceased Helen Ruth Snell. Walter Henry Morgan, Jr. had four children, all adults, namely Lynn Pervallo, Kathryn Morgan, Linda Morgan Boone, and Walter Henry Morgan, III. A brother, Forrest Moody Morgan, and a sister, Beulah M. Shumate survived Helen Ruth Snell.

   The following are each entitled to a one-third (1/3rd) interest in the real property described in paragraph 6 below: (1) Forrest Moody Morgan; (2) Beulah M. Shumate; and (3) the four children of Walter Henry Morgan, Jr.

6. This affidavit of heirship is given for general purposes, and specifically to confirm the vesting of title in the heirs at law of a certain tract or parcel of real property known as 821 Neely's Chase Drive, Madison, Davidson County Tennessee, more particularly described as follows:

> Land in Davidson County, Tennessee being Lot No. 8 on the Plan of Neely's Chase, of record in Book 7900, Page 196, Register's Office for Davidson County, Tennessee, to which plan reference is hereby made for a more complete and accurate description.
>
> Being the same property conveyed to Donald Snell (a/k/a Donald Wade Snell) and wife, Helen R. Snell by deed of record in Book 8333, Page 778 of the Register's Office of Davidson County, Tennessee.

7. The undersigned received a 1/3 interest in the real estate described above by virtue of the laws of descent and distribution.

8. The estate of Helen Ruth Snell is not taxable under Tennessee inheritance tax laws.

Further, affiant saith not.

Dated this 22 day of May, 2014.

Beulah M. Shumate
Affiant

STATE OF TENNESSEE)
COUNTY OF SUMNER)

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared BEULAH M. SHUMATE, the within named affiant, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person described in the foregoing, who signed, sealed and delivered the foregoing instrument in my presence, and who, upon oath, acknowledged that she executed the foregoing instrument for the purposes therein contained as her own free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said County, on this 22nd day of May, 2014.

Jennifer A. Mustain
Notary Public

My commission expires: 12/19/2016

JENNIFER A. MUSTAIN
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY

ATTACHMENT A

STATE OF TENNESSEE
Office of Vital Records

1303170

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Helen Ruth Snell
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): May 15, 2013
4. TIME OF DEATH (Spere.)
5a. AGE-Last Birthday (Years): 83
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): June 12, 1929
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee

TYPE/PRINT 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): Skyline Medical Center
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)
11a. DECEDENT'S USUAL OCCUPATION
11b. KIND OF BUSINESS/INDUSTRY

12. SOCIAL SECURITY NUMBER: [redacted]-3116
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Madison
13d. STREET AND NUMBER: 821 Neelys Chase Drive
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37115
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

USUAL RESIDENCE OF DECEDENT (For use by Physician or Investigator)

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): Walter Henry Morgan
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Hazel Marie McElhiney

INFORMANT

20a. INFORMANT'S NAME: Beulah Ann Shumate
20b. RELATIONSHIP TO DECEDENT: sister
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 353 Beech Drive, Madison, Tennessee 37115

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Spring Hill Cemetery
21c. LOCATION - City or Town and State: Nashville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Nathaniel Holman
22b. LICENSE NUMBER: 5974
22c. SIGNATURE OF EMBALMER: ▶ Nathaniel Holman
22d. LICENSE NUMBER: 5975
23a. NAME AND ADDRESS OF FUNERAL HOME: Spring Hill Funeral Home & Cemetery 5110 Gallatin Road Nashville, TN 37216
23b. LICENSE NUMBER OF FUNERAL HOME: 1046

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Jeff Harrison DR
25. DATE FILED (Month, Day, Year): May 22, 2013

CERTIFIER

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.

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS

27a. SIGNATURE OF CERTIFIER: ▶ [signature]
27b. LICENSE NUMBER: TN 48422
27c. DATE SIGNED (Month, Day, Year): 5/21/13
27d. NAME AND ADDRESS: Skyline Med Ctr 3441 Dickerson Pk, Nashville TN 37207

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. Sudden cardiac death — 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. — Due to (or as a consequence of):
c. — 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.
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 - (e.g. home, farm, street, factory, office, building, etc.) (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

TH-1659 (Rev. 9/2011) RDA 1399

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.

5797815

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

Date Issued MAY 28 2013

CERTIFICATION OF VITAL RECORD

ATTACHMENT B

STATE OF TENNESSEE
Office of Vital Records

1201-903

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Donald Wade Snell
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): March 28, 2012
4. TIME OF DEATH (Hours): 11:35 am
5a. AGE-Last Birthday (Years): 84
5b. UNDER 1 DAY: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): June 10, 1927
7. BIRTHPLACE (City and State or Foreign Country): Williamson County, TN

DISPOSITION PERMANENT BLACK INK

8a. IF DEATH OCCURRED IN A HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA
8b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: [X] Hospice facility [ ] Nursing home/Long term care facility [ ] Decedent's home [ ] Other residence [ ] Other (Specify)
8c. FACILITY NAME (If not institution, give street and number): Aliva Hospice @ Skyline Madison Campus
8d. CITY OR TOWN: Madison
8e. COUNTY OF DEATH: Davidson
9. MARITAL STATUS: [X] Married [ ] Married, but separated [ ] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Helen Morgan
11a. DECEDENT'S USUAL OCCUPATION: Superintendent
11b. KIND OF BUSINESS/INDUSTRY: Newspaper Printing Corp
12. SOCIAL SECURITY NUMBER: [redacted]-3882
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Madison
13d. STREET AND NUMBER: 821 Neelys Chase Drive
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37115
14. WAS DECEDENT EVER IN US ARMED FORCES? [X] Yes [ ] No

3-31-14

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
[X] 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 HISP ANIC 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)
[X] 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):
[X] 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): Emmet Wade Snell
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Yula Harrison

DISPOSITION

20a. INFORMANT'S NAME: Helen Snell
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 821 Neelys Chase Drive Madison, TN 37115
21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, other place): Spring Hill Cemetery
21c. LOCATION - City or Town and State: Nashville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Nathaniel Holman
22b. LICENSE NUMBER: 5974
22c. SIGNATURE OF EMBALMER: ▶ Nathaniel Holman
22d. LICENSE NUMBER: 5975
23a. NAME AND ADDRESS OF FUNERAL HOME: Spring Hill Funeral Home & Cemetery 5110 Gallatin Road Nashville, TN 37216
23b. LICENSE NUMBER OF FUNERAL HOME: 1046

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Linda F Bowers, RE
25. DATE FILED (Month, Day, Year): April 5, 2012

CERTIFIER

26. CERTIFIER (Check only one):
26a. [X] 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: ▶ [signature]
27b. LICENSE NUMBER: 44186
27c. DATE SIGNED (Month, Day, Year): 4-03-2012
27d. NAME AND ADDRESS: David B Tribble MD 1718 Patterson Street, 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. COPD complicated by Pneumothorax and Aspiration pneumonia
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
Due to (or as a consequence of): b. _____
Due to (or as a consequence of): c. _____
Due to (or as a consequence of): d. _____
Approximate Interval Onset to death: a. _____ b. _____ c. _____ d. _____
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
29a. WAS AN AUTOPSY PERFORMED? [ ] Yes [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [ ] No
30. MANNER OF DEATH: [X] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [X] 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 1390

VH-1650 (Rev. 9/2011)

5284495

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

Local Registrar
Tennessee

Date Issued

CERTIFICATION OF VITAL RECORD