THIS INSTRUMENT WAS PREPARED BY: Ralph Carter, Merritt, Webb, Wilson & Caruso PLLC 215 Centerview Drive, Suite 263, Brentwood, Tennessee 37027		
ADDRESS OF NEW OWNER: 131 Pepper Ridge Circle Antioch, TN 37013	**SEND TAX BILL TO:** New owner	**TAX IDENTIFICATION NO:** P/O 163-388

BILL GARRETT, Davidson County
Trans:T20140050046 AFFIDAVITH
Recvd: 07/14/14 12:04 3 pgs
Fees:17.00 Taxes:0.00
20140714-0061755

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

COMES NOW the Affiant, Brian T. Shelton, being first duly sworn according to law, and being of lawful age and a resident of the City of Antioch, County of Davidson and State of Tennessee, and hereby swears to the following of his own free will and based upon his personal knowledge and familiarity:

(1) Sherri L. Shelton (hereinafter "Decedent"), a resident of the City of Antioch, County of Davidson and State of Tennessee, who died on May 13, 2014, as evidenced by a copy of the death certificate attached to this Affidavit, held a fee simple interest in the following described real estate, TO WIT:

Land in Davidson County, Tennessee, being Unit 203 Hamilton Crossings Townhomes, a Planned Unit Development, of record in Instrumebt No. 20040212-0016945, Register's Office for Davidson County, Tennessee.

Being the same property conveyed to Sherri L. Shelton, unmarried, via Warranty Deed of record in Instrument No. 20041221-0151292, Register's Office for Davidson County, Tennesseee.

(2) The Decedent died without a surviving spouse.

(3) During the Decedent's life, she was the mother of one (1) biological child, Brian T. Shelton, and he is the Decedent's sole remaining heir at law. The Decedent never adopted any children.

(4) The above-described real property is improved property commonly known as 3001 hamilton Church Road, #203, Antioch, Tennessee.

(5) The source of the Decedent's ownership in said property is a warranty deed executed on December 10, 2004 and of record in Instrument No. 20041221-0151292, Registers Office for Davidson County, Tennessee.

(6) This Affidavit will confirm the vesting of title to the subject real property to Brian T. Shelton after the death of his mother, Sherri L. Shelton.

Further, Affiant saith not.

Witness my hand this 17 day of July, 2014

Brian T. Shelton

STATE OF TENNESSEE)
COUNTY OF ~~DAVIDSON~~ WILLIAMSON)

Personally appeared before me, Mark Mankey, the undersigned Notary Public in and for said County and State, the within named Affiant, Brian T. Shelton, with whom I am personally acquainted (or proved to be on the basis of satisfactory evidence), and who acknowledged executing the within instrument for the purpose therein contained.

Witness my hand and official seal, this 17 day of, July, 2014.

MARK MANKEY
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

Notary Public
My commission expires: 1/27/15

THIS AFFIDAVIT WAS PREPARED FROM INFORMATION SUPPLIED BY THE AFFIANT HERETO, INCLUDING THE LEGAL DESCRIPTION AND WITHIN NAMED HEIR. NO TITLE SEARCH WAS PERFORMED PRIOR TO DRAFTING THIS DOCUMENT. ACCORDINGLY, THE DRAFTER OF THIS DOCUMENT MAKES NO WARRANTY ABOUT THE STATUS OF TITLE TO THE SUBJECT PROPERTY OR VERACITY OF ANY INFORMATION CONTAINED HEREIN.

T.C.A. § 67-4-409(A)(3)(D) EXEMPTS THIS INSTRUMENT FROM TAX AND T.C.A. § 67-4-409(A)(5) FURTHER PROVIDES THE VALUATION OATH IS UNNECESSARY AS THIS AFFIDAVIT BEING USED TO EVIDENCE TRANSFER OF TITLE TO THE PROPERTY TO A BENEFICIARY.

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

1 DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Sherri Le-Once Shelton
2 SEX: female
3 DATE OF DEATH (Month, Day, Year): May 13, 2014
4 TIME OF DEATH: 1:40 PM
5a AGE-Last Birthday (Years): 46
5b UNDER 1 YEAR: Months / Days
5c UNDER 1 DAY: Hours / Minutes
6 DATE OF BIRTH (Month, Day, Year): June 19, 1967
7 BIRTHPLACE (City and State or Foreign Country): Savannah, TN.

TYPE/PRINT IN PERMANENT BLACK INK

6a IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
6b IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing Home/Long term care facility ☒ Decedent's home ☐ Other residence ☐ Other (Specify)
6c PLACE OF DEATH (Check only one)
8a FACILITY NAME (If not institution, give street and number): 3001 Hamilton Church Road #203
8b CITY OR TOWN: Antioch
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: Laborer
11b KIND OF BUSINESS/INDUSTRY: Nissan
12 SOCIAL SECURITY NUMBER: [redacted]-8697
13a RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b COUNTY: Davidson
13c CITY OR TOWN: Antioch
13d STREET AND NUMBER: 3001 Hamilton Church Rd #203
13e INSIDE CITY LIMITS: ☒ Yes ☐ No
13f ZIP CODE: 37013
14 WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

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

18 FATHER'S NAME (First, Middle, Last): Colee Shelton
19 MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Dorothy Roberts McDaniels
20a INFORMANT'S NAME: Brian Shelton
20b RELATIONSHIP TO DECEDENT: Son
20c MAILING ADDRESS (Street and Number, City, State, Zip Code): 3001 Hamilton Church Rd #203 Antioch
21a METHOD OF DISPOSITION: ☐ Donation ☐ Entombment ☐ Removal from State ☒ Cremation ☐ Other (Specify)
21b PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Music City
21c LOCATION - City or Town and State: Nashville, TN
22a SIGNATURE OF FUNERAL DIRECTOR: Terrell A. Broady
22b LICENSE NUMBER: 4009
22c SIGNATURE OF EMBALMER: Terrell A. Broady
22d LICENSE NUMBER: 4117
23a NAME AND ADDRESS OF FUNERAL HOME: Terrell Broady Funeral Home, Inc. 3855 Lillie Pk. Nashville, TN 37218
23b LICENSE NUMBER OF FUNERAL HOME: 1137
24 REGISTRAR'S SIGNATURE: [signature]
25 DATE FILED (Month, Day, Year): May 16, 2014

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.

27a SIGNATURE OF CERTIFIER: [signature]
27b LICENSE NUMBER: 31292
27c DATE SIGNED (Month, Day, Year): May 14, 2014
27d NAME AND ADDRESS: Amy Hawes, M.D. 850 R.S. Gass Boulevard Nashville TN 37216 MEC14 1133

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.

		Approximate interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a	Pending further studies	
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 Due to (or as a consequence of):	

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)

RM 1653 (Rev. 9-2011)
RDA 1396

6732849

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

6732849
Date Issued

CERTIFICATION OF VITAL RECORD