THIS INSTRUMENT WAS PREPARED BY: Ralph Carter, Merritt, Webb, Wilson & Caruso PLLC 215 Centerview Drive, Suite 263, Brentwood, Tennessee 37027		
ADDRESS OF NEW OWNERS: Regina Hambrick & George Prescott Brown c/o Regina Hambrick 907 Lauren Court Nashville, TN 37217	**SEND TAX BILL TO:** New owners	**TAX IDENTIFICATION NO:** Map 162-13, Parcel 149.00

BILL GARRETT, Davidson County
Trans:T20140057942 AFFIDAVITH
Recvd: 08/07/14 14:44 3 pgs
Fees:17.00 Taxes:0.00
20140807-0071295

CORRECTED AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

COMES NOW the Affiant, Regina Hambrick, being first duly sworn according to law, and being of lawful age and a resident of the City of Nashville, County of Davidson and State of Tennessee, and hereby swears to the following of her own free will and based upon her personal knowledge and familiarity:

(1) Willie George Brown (the "Decedent"), died on May 27, 2013. Following the death of the Decedent, on June 28, 2013 George Prescott Brown, a biological son of the Decedent, caused to be filed with the Davidson County Register's Office an Affidavit of Heirship, bearing Instrument No. 20130628-0066543, which did not include Regina Hambrick as a biological child and proper heir at law of the Decedent. Regina Hambrick is a biological daughter and heir at law of the Decedent and, as such, is entitled to a portion of the subject real property. **THIS AFFIDAVIT IS OFFERED TO CORRECT THE ERRANT AFFIDAVIT OF HEIRSHIP FILED BY GEORGE PRESCOTT BROWN.**

(2) The Decedent, a resident of the City of Nashville, County of Davidson and State of Tennessee, who died on May 27, 2013, as evidenced by a copy of the death certificate attached to this Corrected Affidavit of Heirship, held a fee simple interest in the following described real estate, TO WIT:

> **Being Lot No. 18 on the Plan of Dreamland Estates. Southeast, Section I-A, as of record in Book 6050, page 381, Register's Office for Davidson County, Tennessee, to which reference is hereby made for a more complete description.**
>
> **Subject to restrictions filed of record in Book 6192, Page 926, Register's Office for Davidson County, Tennessee.**

(3) The Decedent died without a surviving spouse.

(4) During the Decedent's life, he was the father of two (2) biological children: George Prescott Brown and Regina Hambrick, and they are the Decedent's sole biological children and

remaining heirs at law. The Decedent never adopted any children.

(5) The above-described real property is improved property commonly known as 312 Cedarview Drive, Nashville, Tennessee 37211.

(6) The source of the Decedent's ownership in said property is a Warranty Deed, of record in Book 9731, Page 664, Register's Office for Davidson County, Tennessee.

(7) This Affidavit will confirm the vesting of title to the real property located at 312 Cedarview Drive, Nashville, Tennessee 37211, in fee simple and in equal shares to ~~Willie~~ Prescott Brown and Regina Hambrick after the death of Willie George Brown. George (RH)

Further, Affiant saith not.

Witness my hand this 7 day of August, 2014.

Regina Hambrick

Regina Hambrick

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, Rachel M Tran, the undersigned Notary Public in and for said County and State, the within named Affiant, Regina Hambrick, 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 7th day of, August, 2014.

RACHEL M. TRAN
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.
My Commission Expires MAR. 7, 2017

Rachel M. Tran

Notary Public
My commission expires: 03/07/2017

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

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

130340

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STA 2013 026816

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Willie George Brown
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): May 27, 2013
4. TIME OF DEATH (Approx.): 10:10 pm
5a. AGE-Last Birthday (Years): 75
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): July 13, 1937
7. BIRTHPLACE (City and State or Foreign Country): Kosciusko, Mississippi

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): 312 Cedarview Dr
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution)

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: Truck Driver
11b. KIND OF BUSINESS/INDUSTRY: Road Way Truck Line
12. SOCIAL SECURITY NUMBER: [redacted]1432
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 312 Cedarview Dr
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37211
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

PARENTS

18. FATHER'S NAME (First, Middle, Last): Elijah Brown
18. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Anice June

DISPOSITION

20a. INFORMANT'S NAME: George Brown
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 5133 Sing Hills Dr. Antioch, Tennessee 37013
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Greenwood (West)
21c. LOCATION - City or Town and State: Nashville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ William Taylor
22b. LICENSE NUMBER: 3285
22c. SIGNATURE OF EMBALMER: ▶ Patrick Tucker
22d. LICENSE NUMBER: 5072
23a. NAME AND ADDRESS OF FUNERAL HOME: J.W. Adkins Funeral Home 2510 12th Ave. So. Nashville, Tennessee 37204
23b. LICENSE NUMBER OF FUNERAL HOME: 0705

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Elijah Rhodes JR
25. DATE FILED (Month, Day, Year): June 5, 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: ▶
27b. LICENSE NUMBER: MD023572
27c. DATE SIGNED (Month, Day, Year): 06/07/13
27d. NAME AND ADDRESS: John A Williams 300 20th Ave N Nashville, TN

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.

		Approximate Interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Lung Cancer	
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.	

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 - 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)

TN-1659 (Rev. 10/2011)

RDA 1399

6516463

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

6516463

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued: May-07-2014

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

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