THIS DOCUMENT PREPARED BY:

Barbara J. Moss
Elder Law of Nashville PLC
4525 Harding Pike, Suite 200
Nashville, TN 37205

OWNERS: **Robert L. McLin**
Karlene Early
Wendell R. Early
Karen E. Korwek

Parcel ID: Tax Map 18C
Group A
Parcel 2.00

SEND TAX NOTICE TO: **Karlene Early**
805 Due West Ave. N.
Madison, TN 37115

BILL GARRETT, Davidson County
Trans:T20140057955 AFFIDAVITH
Recvd: 08/07/14 15:00 3 pgs
Fees:17.00 Taxes:0.00
20140807-0071309

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The undersigned, Linda Lavender, being duly sworn, deposes and says:

Martha T. McLin, a resident of Davidson County, Tennessee, who died on May 17, 2014, (death certificate attached) died intestate holding a fee simple interest in the following described real estate:

> Land in Davidson County, Tennessee, being Lot No. 91 on the map of Due West Valley Acres, not of record, in the 11th Civil District of Davidson County, Tennessee, described according to a copy of a survey thereof made by H. R. Swann, Jr., Surveyor, dated April 20, 1947, as follows:
>
> BEGINNING at a point in the Southerly margin of Due West Avenue, at the corner of Lot Nos. 91 and 92; thence with the line between said two lots; Southwesterly 500 feet to a point; thence Northwesterly 46.24 feet to the corner of Lot Nos. 90 and 91; thence with the line between said two lots, Northeasterly 500 feet to the margin of said Due West Avenue; thence with the margin of same, Southeasterly 100 feet to the point of beginning.
>
> Being the same property conveyed by Anna Sue M. Wright to Martha T. McLin, a single person, by deed identified as Instrument Number 20071003-0117839, Register's Office of Davidson County, Tennessee.

This property is known as 803 Due West Avenue North, Madison, Tennessee 37115.

The following four individuals each received undivided ownership interests as shown as tenants in common of the real estate described above by virtue of the laws of descent and distribution, being the spouse and children:

Robert L. McLin	*decedent's husband*	*1/3 undivided ownership interest*
Karlene Early	*decedent's daughter*	*2/9 undivided ownership interest*
Wendell R. Early	*decedent's son*	*2/9 undivided ownership interest*
Karen E. Korwek	*decedent's daughter*	*2/9 undivided ownership interest*

The undersigned, Linda Lavender, was Martha T. McLin's friend for more than twenty years. At her death, Martha T. McLin was married to Robert L. McLin and she was survived by her three children, Karlene Early, Wendell R. Early and Karen E. Korwek.

Signed this 2 day of July, 2014.

LINDA LAVENDER

BEFORE me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared LINDA LAVENDER, 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 the foregoing instrument in my presence, and who, upon oath, acknowledged that he executed the foregoing instrument for the purposes therein contained as his free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand affixed my seal at my office in said County, on this 2nd day of July, 2014.

Notary Public

SANDRA A. STOWERS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

My Commission Expires: 11-6-17

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, the affidavit being used to evidence transfer of title to the property to beneficiaries.

STATE OF TENNESSEE
Office of Vital Records

1403145

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix)	Martha Ellen McLin
2. SEX	Female
3. DATE OF DEATH (Month, Day, Year)	May 17, 2014
4. TIME OF DEATH (Approx.)	12:00 AM
5a. AGE-Last Birthday (Years)	81
5b. UNDER 1 YEAR: Months / Days	
5c. UNDER 1 DAY: Hours / Minutes	
6. DATE OF BIRTH (Month, Day, Year)	March 9, 1933
7. BIRTHPLACE (City and State or Foreign Country)	Knoxville, TN
8a. PLACE OF DEATH (Check only one)	[X] Hospice facility; [ ] Inpatient [ ] ER/Outpatient [ ] DOA; [ ] Nursing home/Long term care facility [ ] Decedent's home [ ] Other residence [ ] Other (Specify)
8b. FACILITY NAME (If not institution, give street and number)	Trevecca Health Care
8c. CITY OR TOWN	Nashville
8d. 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)	Robert McLin
11a. DECEDENT'S USUAL OCCUPATION	Bookkeeper
11b. KIND OF BUSINESS/INDUSTRY	K-Mart
12. SOCIAL SECURITY NUMBER	[redacted]474
13a. RESIDENCE-STATE OR FOREIGN COUNTRY	Tennessee
13b. COUNTY	Davidson
13c. CITY OR TOWN	Madison
13d. STREET AND NUMBER	803 Due West Ave. N.
13e. INSIDE CITY LIMITS	[X] Yes [ ] No
13f. ZIP CODE	37115
14. WAS DECEDENT EVER IN U.S. 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)	[ ] 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 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)	[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
18. FATHER'S NAME (First, Middle, Last)	James Edward Tauscher
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)	Nellie Maria Tillary
20a. INFORMANT'S NAME	Karlene Early
20b. RELATIONSHIP TO DECEDENT	Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code)	805 Due West Ave. N. Madison, TN 37115
21a. METHOD OF DISPOSITION	[ ] Donation [ ] Entombment [ ] Burial [X] Cremation [ ] Removal from State [ ] Other (Specify) ____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	Affiliated Crematory
21c. LOCATION - City or Town and State	Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR	
22b. LICENSE NUMBER	6054
22c. SIGNATURE OF EMBALMER	
22d. LICENSE NUMBER	
23a. NAME AND ADDRESS OF FUNERAL HOME	Phillips-Robinson Funeral Home, 2707 Gallatin Road, Nashville, Tennessee 37216
23b. LICENSE NUMBER OF FUNERAL HOME	331
24. REGISTRAR'S SIGNATURE	Deah Clodfelter
25. DATE FILED (Month, Day, Year)	May 21 2014
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.
27a. SIGNATURE OF CERTIFIER	
27b. LICENSE NUMBER	27476
27c. DATE SIGNED (Month, Day, Year)	5/20/14
27d. NAME AND ADDRESS	Roy Hagerman MD, FACC, 2004 Medical Park Blvd, Suite 410, Franklin, TN 37067
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. CA-Mac aortic valve thrombus; Due to (or as a consequence of): b. CAD; Due to (or as a consequence of): c. AFIB; 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.	CHF, COPD
29a. WAS AN AUTOPSY PERFORMED?	[ ] Yes [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	[ ] Yes [X] No
30. MANNER OF DEATH	[X] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH?	[ ] Yes [ ] Probably [ ] No [X] Unknown
32. 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
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 1399

PH-1659 (Rev. 10/2011)

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.

6740339

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

6740339

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued:

CERTIFICATION OF VITAL RECORD