This instrument was prepared by:
Susan S. Lafferty, CPA, Esq.
4525 Harding Road, Suite 200
Mail to: P.O. Box 292977
Nashville, TN 37229

BILL GARRETT, Davidson County
Trans:T20140066362 AFFIDAVIT
Recvd: 09/05/14 15:14 3 pgs
Fees:17.00 Taxes:0.00
20140905-0081674

GRANTEE(S): Sylvia Patton

SEND TAX NOTICES TO: Sylvia Patton, 3917 Mallard Drive, Nashville, TN 37218

MAP NUMBER: 59-13 PARCEL NUMBER: 122.00

AFFIDAVIT OF HEIRSHIP
Tennessee Code Annotated § 30-2-712.

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The undersigned, being duly sworn, deposes and says:

1. My full name is Sylvia B. Patton. I will refer to myself in this Affidavit as the Affiant.
2. I reside at 3917 Mallard Drive, Nashville, Tennessee 37218.
3. I have personal knowledge of the matters stated in this Affidavit.
4. On November 22, 2010, Jocelyn Avanee' Patton died at Skyline Medical Center, Nashville, Tennessee in Davidson County. I will refer to this person as the Decedent.
5. The real property to which this Affidavit applies is located at 3917 Mallard Drive, Nashville, Tennessee 37218 in Davidson County, Tennessee, more fully described as: Land in Davidson County, Tennessee, being all of Lot No. 237 of Teppard Heights Subdivision. For prior title, see Book 2663, Page 65 in the Register's Office of Davidson County, Tennessee.
6. At the time of the Decedent's death, the Decedent resided at 3917 Mallard Drive, Nashville, Tennessee 37218.
7. The estate of the Decedent was not administered in a proceeding supervised by a court.

8. Facts concerning my relationship to the Decedent are: I am Decedent's mother.

9. Additional facts pertinent to determine who is legally entitled to the estate of the Decedent at the time of the Decedent's death are:

   a. Decedent's father predeceased her.

   b. Decedent was never married and had no children.

Sylvia B. Patton

Affiant, Sylvia B. Patton

Sworn to and subscribed before me this 29 day of August, 2014

My Commission expires: 11-6-17

Notary Public

STATE OF TENNESSEE
Office of Vital Records

Local File # 00 1881 5407

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Jocelyn Avanee Patton
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): November 22, 2010
4. SOCIAL SECURITY NUMBER: 408-88-4698
5. AGE-Last Birthday (Years): 40
6. DATE OF BIRTH (Month, Day, Year): Nov 6, 1970
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES?: No
9a. PLACE OF DEATH (Check only one): Hospital
9b. FACILITY NAME (If not institution, give street and number): Skyline Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS: Never Married
11. SURVIVING SPOUSE (If wife, give maiden name)
12a. DECEDENT'S USUAL OCCUPATION: Customer Service
12b. KIND OF BUSINESS/INDUSTRY: Comcast Co.
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 3917 Mallard Drive
13e. CENSUS TRACT
13f. INSIDE CITY LIMITS?
13g. ZIP CODE: 37218
14. WAS DECEDENT OF HISPANIC ORIGIN? (If Yes, specify Cuban, Mexican, Puerto Rican, etc.): No
15. RACE-American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12)

PARENTS

17. FATHER'S NAME (First, Middle, Last): James Frank Patton Jr.
18. MOTHER'S NAME (First, Middle, Maiden Surname): Sylvia Hopkins

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Sylvia Patton
19b. RELATIONSHIP TO DECEASED: Mother
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3917 Mallard Drive Nashville, Tn 37218

DISPOSITION

20a. METHOD OF DISPOSITION: Burial
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Greenwood Cemetery Main
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Terrell A Burr
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4009
21c. SIGNATURE OF EMBALMER: Terrell A Burr
21d. LICENSE NUMBER OF EMBALMER: 4117
22a. NAME AND ADDRESS OF FUNERAL HOME: Terrell Broady Funeral Home, INc. 3855 Clarksville Pike Nashville, TN. 37218
22b. LICENSE NUMBER OF FUNERAL HOME: 1137

REGISTRAR

23. REGISTRAR SIGNATURE
24. DATE FILED (Month, Day, Year): December 8 2010

CERTIFIER

25a. ON THE BASIS OF MY KNOWLEDGE, death occurred at the date and place, and due to the cause(s) and manner as stated.
25b. SIGNATURE AND TITLE OF PHYSICIAN
25c. LICENSE NUMBER: 24707
25d. DATE SIGNED (Month, Day, Year): 12-7-2010
26a. 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 as stated.
26b. SIGNATURE AND TITLE OF MEDICAL EXAMINER
26c. LICENSE NUMBER
26d. DATE SIGNED (Month, Day, Year)

PHYSICIAN OR MEDICAL EXAMINER COMPLETES CERTIFICATE UNIT COMPLETES AND SIGNS MEDICAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): MURRAY M. AMOS, MD 3443 DICKERSON PIKE STE 150 Nashville, TN 37207

CAUSE OF DEATH

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.
Immediate Cause (Final disease or condition resulting in death): a. Sepsis — Approximate Interval: Onset and Death: 24
Due To (Or As A Consequence Of): b. Urinary tract infection
Sequentially list conditions, if any, leading to the immediate cause. Enter UNKNOWN if cause is unknown. Enter CAUSE (Disease or injury that initiated events resulting in death) LAST: 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: Non ischemic cardiomyopathy.
29a. WAS AN AUTOPSY PERFORMED? No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? No

30. MANNER OF DEATH: Natural
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY
31c. INJURY AT WORK? No
31d. DESCRIBE HOW INJURY OCCURRED
31e. PLACE OF INJURY-At home, farm, street, factory, office building/area, (Specify)
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

SIGN NO.

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.

4506113

FEB 08 2011

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

Date Issued

CERTIFICATION OF VITAL RECORD