BILL GARRETT, Davidson County
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20140912-0083759

This instrument was prepared by:
Julie F. Travis, Esq.
Russ Cook & Associates, P.C.
5141 Virginia Way, Suite 220
Brentwood, TN 37027

GRANTEE(S): MARY G. BROCKMAN AND TERESA G. BROCKMAN
CO-TRUSTEES
LOUIS E. AND MARY GALE BROCKMAN REVOCABLE LIVING TRUST
5384 TROUSDALE DRIVE
NASHVILLE, TENNESSEE 37220

SEND TAX NOTICES TO: GRANTEE

PARCEL ID: 051 00 0 002.00

AFFIDAVIT OF HEIRSHIP

Tennessee Code Annotated § 30-2-712

STATE OF TENNESSEE

COUNTY OF WILLIAMSON

The undersigned, being duly sworn, makes oath as follows:

1. My full name is Teresa Gale Brockman ("Affiant").

2. I reside at 2015 Galbraith Drive, Nashville, Tennessee 37215.

3. I have personal knowledge of the matters stated in this Affidavit; I am the daughter of Louis E. Brockman and Mary Gale Brockman.

4. Louis E. Brockman ("Decedent") died in Nashville, Davidson County, Tennessee on May 4, 2014. A Death Certificate for Louis E. Brockman is attached as Exhibit A.

5. The Davidson County Probate Court (Docket No. 14P-1003) admitted the *Last Will and Testament* ("Will") of Louis E. Brockman to probate for the limited purpose of muniment of title.

6. A certified copy of the Order of Probate for Muniment of Title was recorded at Instrument No. 20140804-0069717 and a certified copy of the *Last Will and Testament* of Louis E. Brockman was recorded at Instrument No. 20140804-0069716, Register's Office Davidson County, Tennessee.

7. Decedent's Will named The Louis E. and Mary Gale Brockman Revocable Living Trust, dated April 1, 2011 ("Trust"), as the residuary beneficiary, which included any real property.

8. A copy of a *Certificate of Trust Existence and Authority* is attached as Exhibit B.

9. The real property to which this Affidavit applies is located at 500 Vanoke Drive, Madison, Tennessee 37220, legally described as:

   A tract of land lying in the Eleventh Civil District of Davidson County, Tennessee: Beginning at a Pin Oak, the northwest corner of the original Williams or Kemper tract; thence south, 3 ¾ degrees west 23 8/10 poles; thence east 111 19/100 poles to a stake in the east line of said original tract; thence with said line north 4 ½ degrees east 23 8/10 poles to a stake, the northeast corner of the original tract; thence west with the north line of said tract 111 5/10 poles to the beginning, containing 16 56/100 acres, more or less and being off the north end of the said Williams original tract.

   Legal description taken from prior deed of record, *see* Book 689, Page 58, Register's Office for Davidson County, Tennessee.

   Being the same property conveyed in full to Louis E. Brockman by intestate succession as described in an *Affidavit of Inheritance* recorded at Instrument No. 20081203-0117115, Register's Office Davidson County, Tennessee. Louis E. Brockman subsequently conveyed a one-half interest in the real property to The Louis E. and Mary Gale Brockman Revocable Living Trust, dated April 1, 2011, by Quit Claim Deed recorded at Instrument No. 20110404-0025446, Register's Office Davidson County, Tennessee.

10. Affiant has executed this *Affidavit of Heirship* in order to evidence the transfer of Decedent's remaining one-half interest in the real property to the beneficiary of Decedent's testate estate, the Trust.

Signed this 10 day of September, 2014, by:

Teresa G. Brockman

Teresa G. Brockman, Affiant

Sworn to and subscribed before me by Teresa G. Brockman, this 10th day of September, 2014.

Notary Public

My Commission expires: 7-1-17

JULIE F. TRAVIS
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

STATE OF TENNESSEE
Office of Vital Records

1402758

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH — STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Louis Eugene Brockman
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): May 4, 2014
4. TIME OF DEATH (Approx.):
5a. AGE-Last Birthday (Years): 85
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): May 30, 1928
7. BIRTHPLACE (City and State or Foreign Country): Crump, 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): 5384 Trousdale Drive
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): Mary Gale Bassett
11a. DECEDENT'S USUAL OCCUPATION: Civil Engineer
11b. KIND OF BUSINESS/INDUSTRY: State of Tennessee

12. SOCIAL SECURITY NUMBER: 408-48-1805
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 5384 Trousdale Drive
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37220
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

NAME OF DECEDENT (If not done by Physician or Institution)

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

5+1pl

PARENTS

18. FATHER'S NAME (First, Middle, Last): Louis Lohman Brockman
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Launah Earl Morris

DISPOSITION

20a. INFORMANT'S NAME: Mary Gale Brockman
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 5384 Trousdale Drive - Nashville, TN 37220
21a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Nashville Cremation Service
21c. LOCATION - City or Town and State: Nashville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Amanda J. Williams
22b. LICENSE NUMBER: 6184
22c. SIGNATURE OF EMBALMER: ▶ n/a
22d. LICENSE NUMBER: n/a
23a. NAME AND ADDRESS OF FUNERAL HOME: Brentwood Roesch-Patton Funeral Home 9010 Church St. E. Brentwood, TN 37027
23b. LICENSE NUMBER OF FUNERAL HOME: 911

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Deborah Childs DC
25. DATE FILED (Month, Day, Year): May 6, 2014

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 ENDORSING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

27a. SIGNATURE OF CERTIFIER: ▶ Glenn Bounds MD
27b. LICENSE NUMBER: 29715389
27c. DATE SIGNED (Month, Day, Year): 5/6/2014
27d. NAME AND ADDRESS: Dr. Bounds 300 20th Ave. N. 9th Fl. 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.	Cardiopulmonary Arrest 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.	Coronary Artery Disease 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)

RDA 1398

TN-1650 (Rev. 10/2011)

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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.

6441654

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

6441654

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued: MAY 06 2014

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

Attachment A

CERTIFICATE OF TRUST EXISTENCE AND AUTHORITY

The Louis E. and Mary Gale Brockman Revocable Living Trust U/A dated April 1, 2011

STATE OF TENNESSEE)
) ss
COUNTY OF WILLIAMSON)

I, Julie F. Travis, an attorney with Russ Cook & Associates, PC and counsel for the Co-Trustees of the above-referenced trust, certify that:

1. Louis E. Brockman and Mary Gale Brockman were the Trustors of a revocable trust entitled the "The Louis E. and Mary Gale Brockman Revocable Living Agreement dated April 1, 2011" ("Living Trust" or "Agreement"). The initial Trustees were Trustors, Louis E. Brockman and Mary Gale Brockman.

2. The Trustors address was 5384 Trousdale Drive, Nashville, TN 37220.

3. Trustor Louis E. Brockman died on May 4, 2014.

4. Trustor Mary Gale Brockman amended the Agreement on September 10, 2014 to add her daughter, Teresa Gale Brockman, as her Co-Trustee.

5. The name and address of all persons who are now Trustees of the Living Trust are as follows:

Mary Gale Brockman	Teresa Gale Brockman
5384 Trousdale Drive	2015 Galbraith Drive
Nashville, TN 37220	Nashville, TN 37215

6. The name of the Successor Trustee who is not now trustee of the trust is as follows:

Kelly B. Worrell
P.O. Box 1247
Winthrop, WA 98862

Attachment B

7. The real property subject to the Agreement is as follows:

   a. 5384 Trousdale Drive, Nashville, Tennessee 37220. For prior deed of record *see* Instrument No. 20110404-0025445, Register's Office Davidson County, Tennessee; and,

   b. 500 Vanoke Drive, Madison, Tennessee 37220. For prior conveyances of record, *see* Instrument No. 20110404-0025446 and Instrument No. 20081203-0117115, Register's Office Davidson County, Tennessee.

8. The Agreement creating the trust remains in full force and effect. The Agreement has not been revoked, modified, or amended in any manner that would cause the representations contained in this Certificate to be incorrect.

9. The Agreement is governed by the laws of the State of Tennessee.

Dated: 9-10-14

/s/ _____
Julie F. Travis
Attorney for Mary Gale Brockman and Teresa Gale Brockman, Co-Trustees

The Louis E. and Mary Gale Brockman Revocable Living Trust U/A dated April 1, 2011

Subscribed and sworn to before me by Julie F. Travis this 10th day of September, 2014.

Joan D. Jackson
Notary Public

My Commission Expires: 2-26-17

JOAN D. JACKSON
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY