BILL GARRETT, Davidson County
Trans:T20140077776 AFFIDAVITH
Recvd: 10/15/14 14:12 6 pgs
Fees:32.00 Taxes:0.00
20141015-0095314

THIS INSTRUMENT PREPARED BY:
Zale Dowlen #026816
Dowlen & Raney
4525 Harding Pike, Suite 200
Nashville, Tennessee 37205
zale.dowlen@outlook.com
(615) 497-0763

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The Undersigned Affiant, after being first duly sworn, hereby makes oath and states as follows:

1. Affiant is an adult, competent to make the following statements, and personally familiar with Georgia Lee Barbee , the deceased, and his/her family.
2. Affiant is a citizen and resident of Nashville, Davidson County, Tennessee and was personally acquainted with the deceased her entire life.
3. The real property for which this Affidavit relates is described on the attached Exhibit A, which is **Parcel 092 05 0 193.00**.
4. Georgia Lee Barbee passed away on April 17th, 2012.
5. She was predeceased by her husband, George P. Barbee, who died on or about February 23rd, 1997.
6. The following are the only persons ever born to or adopted by the deceased: Vanessa D. Greer and Gladys A. Greer.
7. The deceased had a Will. It is also attached.
8. It was the wishes of the deceased for the property on Exhibit A to go to her children: **Vanessa D. Greer and Gladys A. Greer** as well as her grandchildren; **Leland D. Greer, Venessa L. Greer and Kendall W. Greer.**
9. This Affidavit of Heirship is freely given pursuant to Tennessee Code Annotated § 30-2-712 *et. seq.*, to help establish and reflect the heirship and ownership with respect to the foregoing property or elsewhere.
10. The new address owners should be: **Vanessa D. Greer, Gladys A. Greer, Leland D. Greer, Venessa L. Greer and Kendall W. Greer.**

11. The address for the tax bills should be: **Vanessa D. Greer, 917 33rd Avenue North, Nashville, Tennessee 37209.**

12. I have been advised of the penalties for giving false statements on this affidavit pursuant Tennessee Code Annotated § 30-2-712 (f) which states:

Whoever willfully, corruptly and falsely swears to any statement in any such affidavit known by the person to be false, or about which the person does not have sufficiently definite knowledge to justify the making of such a sworn statement, and the statement is false, commits a Class E felony.

FURTHER AFFIANT SAITH NOT.

ZALE DOWLEN STATE OF TENNESSEE NOTARY PUBLIC SUMNER COUNTY, TN

Vanessa D. Greer

Vanessa D. Greer, Affiant
917 33rd Avenue North
Nashville, Tennessee 37209

Sworn to and subscribed before me, this 30th day of September, 2014.

Zale Dowlen
Notary Public

My Commission Expires: 12/19/2016

EXHIBIT A

PROPERTY DESCRIPTION

LAND in Davidson County, Tennessee, being lot numbers 15 and 16 of block No. 43 on the map of Fisk University Place, as of record in book 421, pages 4 and 5, in the Register's Office for said County.

Said lot numbers 15 and 16 front together 50 feet on the westerly side of 33rd Avenue North, formerly Killarney Street, and run back parallel lines, 150 feet to an alley.

Being the same property conveyed to George P. Barbee and wife Georgia Lee Barbee by quitclaim from George P. Barbee and Ethel H. Barbee, recorded in Book **8540**, page **462**, in the Davidson County Register's Office.

Subject to any and all easements, restrictions, plats and other matters of record.

This is the improved property known as "917 33rd Avenue North, Nashville, Tennessee 37209".

LAST WILL AND TESTAMENT

OF

GEORGIA LEE BARBEE

I, Georgia Lee Barbee, a citizen and resident of Davidson County, Tennessee, being of sound mind and disposing memory, do hereby make, publish and declare this to be my Last Will and Testament, hereby revoking any and all previous Wills and codicils thereto heretofore made by me at any time.

ITEM NO. 1

I hereby desire and direct that of all of just debts, including my funeral expenses and the costs of administration be paid out of my general estate by my Executor, hereinafter named, as soon as possible after my death. To this end, I hereby authorize my Executor, to sell any or all of my property, real, personal or mixed, if necessary, and to execute any and all papers necessary to to effectuate any such necessary sale. I hereby direct my Executor to pay to all estate inheritance taxes and other valid taxes which may be due and owing at the time of my death, as an expense of administration.

ITEM NO. 2

I hereby give and devise to my husband, George P. Barbee and to my children, Vanessa D. Greer, Galdys A. Greer, and to my grandchildren, Leland D. Greer, Venessa L. Greer, Kendall W. Greer, equally, share and share alike, all my right, title and interest of every kind, both legal equitable in and to any and all real estate of which I may die Seized and possessed.

ITEM NO. 3

I hereby give and bequeath, share and share alike, equally to my husband, George P. Barbee, my daughter, Vanessa D. Greer and my daughter, Gladys A. Greer, all of my personal property of every kind, with the exception of my automobile which I give to my daughter, Vanessa D. Greer.

This is Page No. 1 of My Last Will and Testament.

Georgia Lee Barbee

Georgia Lee Barbee

ITEM NO. 4

It is my further wish and desire that my funeral expenses be held to a minimum, in keeping with a nice and dignified funeral and that no unnecessary expense be incurred.

ITEM NO. 5

I hereby nominate and appoint my husband, George P. Barbee, of Nashville, Tennessee, to be Executor of this, My Last Will and Testament and desire and request that he be permitted to serve as Executor without being required to make bond.

IN WITNESS WHEREOF, I have hereunto set my hand this 12th day of November, 1991.

Georgia Lee Barbee
GEORGIA LEE BARBEE

Signed, sealed, published and declared by the testator, Georgia Lee Barbee, to be here Last Will and Testament in the presence of all of us at the same time and at one time, and we, in her presence and in the presence of each other have hereto signed our name as attesting witnesses and we do hereby attest to the sound and disposing mind of the testator and to the performance of the act of execution at the date and place herein above set out.

WITNESSES:

Pinky Kay Matthews

J. C. Polyzach

ADDRESS:

3301 Creekwood Dr S 144
Nashville TN 37207

7538 HARPER ROAD
JOELTON, TENN. 37080

STATE OF TENNESSEE
Office of Vital Records

1292476

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Georgia Lee Brown Barbee
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): April 17, 2012
4. TIME OF DEATH (Military): 9:00 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): January 4, 1931
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN

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): Baptist Hospital
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)
11a. DECEDENT'S USUAL OCCUPATION: Nurse Technician
11b. KIND OF BUSINESS/INDUSTRY: Baptist Hospital
12. SOCIAL SECURITY NUMBER: [redacted]-9463
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TN
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 917 33rd Avenue North
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37209
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

NAME OF DECEDENT (For use by Physician or Medical Examiner)

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): Ira Brown
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Margaret Murray

DISPOSITION

20a. INFORMANT'S NAME: Vanessa D. Greer
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 917 33rd Avenue North
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Centl Pk Coronal Bapt. Church Cem
21c. LOCATION - City or Town and State: Old Hickory, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Melvin J. Smith
22b. LICENSE NUMBER: 4502
22c. SIGNATURE OF EMBALMER: ▶ Reid VanNess
22d. LICENSE NUMBER: 4275
23a. NAME AND ADDRESS OF FUNERAL HOME: Smith Brothers Funeral Director, Inc., 706 Monroe Street, Nashville, TN 37208
23b. LICENSE NUMBER OF FUNERAL HOME: 809

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Linda K Bowden, RR
25. DATE FILED (Month, Day, Year): April 30, 2012

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

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: ▶ Semenya, MD
27b. LICENSE NUMBER: MD 28718
27c. DATE SIGNED (Month, Day, Year): 4/26/12
27d. NAME AND ADDRESS: Joyce Semenya, 1035 14th Ave N, Nashville, Tn 37208

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.
IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Coronary Artery Disease
Due to (or as a consequence of)
b. Hypertension
Due to (or as a consequence of)
c. Type II Diabetes Mellitus
Due to (or as a consequence of)
d. Dyslipedemia
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
Approximate Interval Onset to Death

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)

PH-1569 (Rev. 10/2011) RDA 1300

5287269

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.

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Foreman
Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

5/1/2012
Date Issued

CERTIFICATION OF VITAL RECORD