BILL GARRETT, Davidson County
Trans:T20140078286 AFFIDAVITH
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20141017-0095860

Record and Return Mail To:
This Instrument Prepared By:
RUSS COOK AND ASSOCIATES, P.C.
Attorneys at Law
5141 Virginia Way, Suite 220
Brentwood, Tennessee 37027
(615) 370-2444

Prepared from information supplied by the parties

Grantees:	Robert A. Miles 1516 Mock Orange Circle Nashville, TN 37217	Stacey M. Kizer 3514 Crystal Spring Lane Hermitage, TN 37076
Send tax notices to:	Robert A. Miles 1516 Mock Orange Circle Nashville, TN 37217	

Map and Parcel Number: 050 15 0 010.00

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 Brooke P. Miles ("Affiant").

2. I reside at 1516 Mock Orange Circle, Nashville, Tennessee 37217.

3. I have personal knowledge of the matters stated in this Affidavit; I am the daughter-in-law of Michael C. Miles.

4. Michael C. Miles ("Decedent") died intestate in Nashville, Davidson County, Tennessee on August 25, 2014. A copy of the Death Certificate for Michael C. Miles is attached as Exhibit A. There was no probate estate administration for Michael C. Miles.

5. Decedent's spouse, Teri Brannon Miles, died on July 29, 2011 in Nashville, Davidson County, Tennessee. A copy of the Death Certificate for Teri Brannon Miles is attached as Exhibit B. There was no probate estate administration for Teri Brannon Miles.

6. The real property to which this Affidavit applies is located at 3305 Doverside Drive, Nashville, Davidson County, Tennessee ("Real Property"), more fully described as:

Land in Davidson County, Tennessee, being Lot No. 661 on the Plan of Parkwood Estates, Section 4, of record in Book 3300, Pages 79 and 80, Register's Office for Davidson County, Tennessee, to which plan reference is here made for a complete legal description.

SAID Lot No. 661 fronts 99.08 feet on the northerly side of Doverside Drive and extends back 157.2 feet on the easterly line and 158.00 feet on the westerly line to a dead line in the rear, measuring 86.2 feet thereon. Improved and known as 3305 Doverside Drive, Nashville, Tennessee.

BEING the same property conveyed to Michael C. Miles and wife, Terri Miles* by deed from Albert Knox and Claude Jackson of record in Book 5093, page 925, Register's Office for Davidson County, Tennessee.

This conveyance is subject to restrictive covenants of record in Book 3434, page 270, and as amended in Book 3616, Page 269, said Register's Office; easements and setback lines as set forth on the above plan of record; and taxes for the current year which have been prorated and assumed by the Grantees herein.

*Terri Miles and Teri Brannon Miles being the same person.

7. Michael C. Miles and Teri Brannon Miles held title to the Real Property as Tenants by the Entirety.

8. Facts pertinent to determine who is legally entitled to the estate of Michael C. Miles at the time of his death are:

   a. Michael C. Miles was predeceased by his spouse, Teri Brannon Miles.

   b. Michael C. Miles was not married at the time of his death. He is survived by two children, Robert A. Miles and Stacey M. Kizer. Under the Tennessee Descent and Distribution Statute, Tenn. Code Ann. § 31-2-104(b)(1), the estate of Michael C. Miles is divided equally between his children, Robert A. Miles and Stacey M. Kizer. Therefore, Robert A. Miles and Stacey M. Kizer each received a fifty percent (50%) interest in the Real Property.

Signed this 13 day of October, 2014.

Brooke P. Miles

Brooke P. Miles, Affiant

Sworn to and subscribed before me by Brooke P. Miles this 13TH day of October, 2014.

Victoria Elliott

Notary Public

My Commission expires: APRIL 18, 2015

VICTORIA ELLIOTT
STATE OF TENNESSEE NOTARY PUBLIC
RUTHERFORD COUNTY

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Michael Claude Miles
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): August 25, 2014
4. TIME OF DEATH (Approx.): 1:34 pm
5a. AGE - Last Birthday (Years): 63
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): April 25, 1951
7. BIRTHPLACE (City and State or Foreign Country): Nshville, Tennessee

TYPE/PRINT IN PERMANENT BLACK INK

NAME OF DECEDENT (For use by Physician or Institution)

8a. IF DEATH OCCURRED IN A HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA
8b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: [ ] Hospice facility [ ] Nursing home/Long term care facility [ ] Decedent's home [ ] Other residence [ ] Other (Specify)
8c. FACILITY NAME (If not institution, give street and number): St. Thomas Midtown Hospital
8d. CITY OR TOWN: Nashville
8e. COUNTY OF DEATH: Davidson
9. MARITAL STATUS: [ ] Married [ ] Married, but separated [X] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: Wholesale Supply
11b. KIND OF BUSINESS/INDUSTRY: Printing
12. SOCIAL SECURITY NUMBER: [redacted]5999
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 3305 Doverside Drive
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37207
14. WAS DECEDENT EVER IN US 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

411P

PARENTS

18. FATHER'S NAME (First, Middle, Last): Verlin Claude Miles
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Florence Corrina Gobble

DISPOSITION

20a. INFORMANT'S NAME: Robert Miles
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1516 Mock Orange Circle Nashville Tennessee 37217
21a. METHOD OF DISPOSITION: [ ] Burial [X] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Music City Crematory
21c. LOCATION - City or Town and State: Nashville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: Hilton Tucker
22b. LICENSE NUMBER: 5953
22c. SIGNATURE OF EMBALMER
22d. LICENSE NUMBER
23a. NAME AND ADDRESS OF FUNERAL HOME: Ellis Funeral Home & Cremation Service 2627 Nolensville Pike Nashville TN 37211
23b. LICENSE NUMBER OF FUNERAL HOME: 775

REGISTRAR

24. REGISTRAR'S SIGNATURE: [signature]
25. DATE FILED (Month, Day, Year): August 26, 2014

CERTIFIER

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.

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

27a. SIGNATURE OF CERTIFIER: [signature] MD
27b. LICENSE NUMBER: TN 36819
27c. DATE SIGNED (Month, Day, Year): 08/26/14
27d. NAME AND ADDRESS: Bryan Ward MD 2000 Church Nashville TN 37236

MEDICAL CERTIFICATION

25. 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) 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

a. Sepsis — Due to (or as a consequence of):
b. Bullous cellulitis on Right lower extremity — Due to (or as a consequence of):
c. — Due to (or as a consequence of):
d.

Approximate Interval Onset to death

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
MRSA pyelonephritis; Pancytopenia; Nonalcoholic cirrhosis

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 [X] 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-1659 (Rev. 10/2011)

RDA 1399

EXHIBIT A

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.

7200064

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

7200064

Teresa S. Hendricks
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Tori Brannon Miles
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): July 29, 2011
4. SOCIAL SECURITY NUMBER: [redacted]-0772
5a. AGE-LAST BIRTHDAY (Years): 60
5b. UNDER 1 YEAR Months / Days
5c. UNDER 1 DAY Hours / Min.
6. DATE OF BIRTH (Month, Day, Year): Sep 12, 1950
7. BIRTHPLACE (City and State or Foreign Country): Shelbyville, TN
8. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 YES 2 [X] NO
9. PLACE OF DEATH (Check only one): 1 [X] Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Gateway Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Clarksville
9d. COUNTY OF DEATH: Montgomery
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Miko Miles
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Sales Representative
12b. KIND OF BUSINESS/INDUSTRY: Office Products
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN, OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 3305 Doverside Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37207
14. WAS DECEASED OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):
NAME OF DECEDENT (For use by Physician or Coroner)

CAUSES

17. FATHER'S NAME (First, Middle, Last): Robert Brannon
18. MOTHER'S NAME (Maiden Name): Evelyn Williamson

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Miko Miles
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3305 Doverside Drive Nashville, TN 37207

DISPOSITION

20a. METHOD OF DISPOSITION: 1 Burial 2 [X] Cremation 3 Removal from State 4 Donation 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Music City Crematory
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Hilton Tucker
21b. LICENSE NUMBER OF FUNERAL DIRECTOR:
21c. SIGNATURE OF EMBALMER: Bernard Sharum
21d. LICENSE NUMBER OF EMBALMER: 4242
22a. NAME AND ADDRESS OF FUNERAL HOME: Ellis Funeral Home & Cremation Service 2827 Nolensville Pike Nashville, TN 37211
22b. LICENSE NUMBER OF FUNERAL HOME: 775

REGISTRAR

23. REGISTRAR'S SIGNATURE: Jacqueline F Haynes DR
24. DATE FILED (Month, Day, Year): August 8, 2011

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.
[X] SIGNATURE AND TITLE OF PHYSICIAN: K Gowan MD
25b. LICENSE NUMBER: 32189
25c. DATE SIGNED (Month, Day, Year): 8/2/2011
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.
[ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER:
26c. DATE SIGNED (Month, Day, Year):
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print):

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS

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.
Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. COPD → Pneumonia → CHF → Atrial fibrillation
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSES (Disease or injury that initiated events resulting in death) LAST
b. → cardiac arrest → Respiratory failure
DUE TO (OR AS A CONSEQUENCE OF):
c. E Pneumonia
DUE TO (OR AS A CONSEQUENCE OF):
d.
SEE INSTRUCTIONS ON OTHER SIDE

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [X] No
30. MANNER OF DEATH: 1 [X] Natural 2 Accidental 3 Suicide 4 Homicide 5 Pending Investigation 6 Could not be Determined
31a. DATE OF INJURY (Month, Day, Year):
31b. TIME OF INJURY: M
31c. DIURY AT WORK? 1 Yes 2 No
31d. DESCRIBE HOW INJURY OCCURRED:
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify):
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

PH-1659 (REV. 3/98)
BIRTH NO.
RDA 1399

4860268

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.

EXHIBIT B

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

Teresa S. Hendricks
STATE REGISTRAR

Jacqueline F. Haynes, Deputy Registrar
Montgomery County

Date Issued AUG 09 2011

CERTIFICATION OF VITAL RECORD