BILL GARRETT, Davidson County
Trans:T20140086325 AFFIDAVITH
Recvd: 11/17/14 10:01 6 pgs
Fees:32.00 Taxes:0.00
20141117-0105669

This instrument was prepared by:
Michael Jones [*name*]
333 Commerce [*street or postal address*]
Nashville, TN 37201 [*city, state, zip code*]

GRANTEE(S): _____ [*names*]

SEND TAX NOTICES TO: _____
[*postal address, city, state, zip code*]

MAP PARCEL NUMBER: _____

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 David Leahy Brown. I will refer to myself in this Affidavit as the Affiant.
2. I reside at 302 Saint James Park, Nashville, TN 37215. [*street address, city, state, zip code*]
3. I have personal knowledge of the matters stated in this Affidavit.
4. On June 14, 2007 [*date of death*], Linda Cheryl Thomason Brown [*full name of decedent*] died at Nashville, TN [*place of death*]. I will refer to this person as the Decedent.
5. The real property to which this Affidavit applies is located at 302 Saint James Park, Nashville, TN 37215 [*address*] in Davidson County, Tennessee, more fully described as: [*complete legal description*] _____

   _____

   _____

   For prior title, see Book _____ [*number*], Page _____ [*number*] in the Register's Office of _____ County, Tennessee.
6. At the time of the Decedent's death, the Decedent resided at 302 Saint James Park, Nashville TN 37215 [*street address, city, state, zip code*]
7. The estate of the Decedent ..... [*select one*]
   - ☑ Was not administered in a proceeding supervised by a court.
   - ☐ Was administered in a proceeding supervised by a court in _____ [*county and state*] in the _____ [*court*] in case no. _____.

8. Facts concerning my relationship to the Decedent are: Husband

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: Copy of decedent's will attached

Affiant

Sworn to and subscribed before me this 3 day of November, 2014.

My Commission expires: March 8, 2016

Notary Public

MATT MCCARTY
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0703355

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Linda Cheryl Brown
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): June 14, 2007
4. SOCIAL SECURITY NUMBER: [redacted]4947
5a. AGE-LAST BIRTHDAY (years): 55
5b. UNDER 1 YEAR: MONTHS / DAYS
5c. UNDER 1 DAY: HOURS / MINUTES
6. DATE OF BIRTH (Month, Day, Year): July 5, 1951
7. BIRTHPLACE (City and State or Foreign Country): Fort Worth, TX
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): Inpatient / ER/Outpatient / DOA / Nursing Home / Residence / [X] Other (Specify) Hospice
9b. FACILITY NAME (If not institution, give street and number): Alive Hospice-St. Thomas
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS: Married
11. SURVIVING SPOUSE (If wife, give maiden name): Daniel L. Brown
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Management Consultant
12b. KIND OF BUSINESS/INDUSTRY: Consultant
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 302 St. James Park
CENSUS TRACT
13e. INSIDE CITY LIMITS? [X] Yes
13f. ZIP CODE: 37215
14. WAS DECEDENT 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): College (1-4 or 5+): 5+

PARENTS

17. FATHER'S NAME (First, Middle, Last): William Olin Thomason
18. MOTHER'S NAME (First, Middle, Maiden Surname): Mary Elizabeth Roberts

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Daniel L. Brown
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 302 St. James Park, Nashville, TN 37215

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): West Harpeth Crematory
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Whitley, Don
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3098
21c. SIGNATURE OF EMBALMER: No embalming
21d. LICENSE NUMBER OF EMBALMER: N/A
22a. NAME AND ADDRESS OF FUNERAL HOME: Harpeth Hills Funeral Home, 9090 Hwy 100 - PO Box 210242, Nashville, TN 37221
22b. LICENSE NUMBER OF FUNERAL HOME: 849

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda L. Bowers
24. DATE FILED (Month, Day, Year): June 18, 2007

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. 1 SIGNATURE AND TITLE OF PHYSICIAN: Melinda Henderson MD
25b. LICENSE NUMBER: 39361
25c. DATE SIGNED (Month, Day, Year): June 18 2007
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. 2 SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER
26c. DATE SIGNED (Month, Day, Year)

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

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Melinda Henderson, 4220 Harding Rd, Kings38, Nashville, TN 37205

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.	Breast cancer	20 years
DUE TO (OR AS A CONSEQUENCE OF): b.		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: 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: brain and lung mets

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 Accident 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. INJURY AT WORK? 1 Yes 2 [X] 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-1850 (REV. 8/98) STATE FILE 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 Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

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

[redacted]

Tonya Y Foreman
Tonya Y Foreman
Local Registrar

Date Issued JUN 1 8 2007

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

CERTIFICATION OF VITAL RECORD

WILL OF Linda Thomason Brown

I, Linda Thomason Brown, a resident of THE STATE OF CALIFORNIA, COUNTY OF San Francisco, declare that this is my will. My Social Security Number is: 410-78-4947.

FIRST: I revoke all wills and codicils that I have previously made.

SECOND: I am married to Daniel L. Brown.

THIRD: I give my residuary estate, i.e. the rest of my property not otherwise specifically disposed of by this will or in any other manner, to:

Daniel L. Brown.

However, if the beneficiary named in this section to receive this property fails to survive me by 45 days, the property shall go to:

William O. Thomason
Nashville, TN.

FOURTH: I direct that my personal representative petition the court for an order to administer my estate under the provisions of the Independent Administration of Estates Act.

FIFTH: I direct my personal representative to take all actions legally permissible to have the probate of my will done as simply and as free of court supervision as possible under the laws of the state having jurisdiction over this will, including filing a petition in the appropriate court for the independent administration of my estate.

SIXTH: If any beneficiary under this will in any manner, directly or indirectly, contests or attacks this will or any of its provisions, any share or interest in my estate given to the contesting beneficiary under this will is revoked and shall be disposed of in the same manner provided herein as if that contesting beneficiary had predeceased me without issue.

SEVENTH: If my spouse and I should die simultaneously, or under such circumstances as to render it difficult or impossible to determine who predeceased the other, I shall be conclusively presumed to have survived my spouse for purposes of this will.

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EIGHTH: If any person not my child who receives property under this will is a minor at the time of distribution, I direct my personal representative to distribute the property to the minor's custodian under the provisions of the Uniform Gifts to Minors Act, or the Uniform Transfers to Minors Act, enacted by THE STATE OF CALIFORNIA, if either is applicable.

NINTH: I name

Daniel L. Brown

as personal representative (executor) of this will, to serve without bond.

If this person or institution shall for any reason fail to qualify or cease to act as personal representative, I name

J. Buckner Brown

as personal representative (also without bond), instead.

TENTH: Any bequest or devise made in this will to two or more beneficiaries shall be divided equally among them, unless unequal shares are specifically indicated.

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WILL OF Linda Thomason Brown

I, Linda Thomason Brown, the testator, sign my name to this instrument, consisting of 3 pages, including this page signed by me, this 16th day of July, 1986.

I hereby declare that I sign and execute this instrument as my last will, that I sign it willingly, and that I execute it as my free and voluntary act for the purposes therein expressed.

I declare that I am of the age of majority or otherwise legally empowered to make a will, and under no constraint or undue influence.

Linda T. Brown
(Signed)

We, the witnesses, sign our names to this instrument, and do hereby declare that the testator willingly signed and executed this instrument as the testator's last will.

Each of us, in the presence of the testator, and in the presence of each other, hereby signs this will as witness to the testator's signing.

To the best of our knowledge the testator is of the age of majority or otherwise legally empowered to make a will, and under no constraint or undue influence.

We declare under penalty of perjury, that the foregoing is true and correct, this 6th day of July, 1986

Albert Rabellon residing at: 1364 Las Juntas Way "L" Walnut Creek, Ca. 94596

residing at: 1364 Las Juntas Way "L" Walnut Creek 94596

residing at: _____

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