BILL GARRETT, Davidson County
Trans:T20140086465 AFFIDAVITH
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20141117-0105852

MAP-PARCEL NUMBERS
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AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Comes the Affiant, being first **MARIANNE C. ESTES**, duly sworn according to law, and being of lawful age and a resident of the State of Tennessee, pursuant to Tennessee Code Annotated § 30-2-712, and hereby swears to the following of her own free will and based upon her personal knowledge and familiarity:

1. George Estes (the Decedent) died on August 20, 2014. A copy of the Certificate of Death is attached to this Affidavit.

2. The Decedent is survived by his Wife, Marianne C. Estes.

3. At the time of his death, the Decedent owned property located at 2610 Paddle Wheel Drive, Nashville, Tennessee 37214, and more particularly described as follows:

> Being Unit No. 3B on the Plan of River Trace Estates, Phase 1, Section 1, or record in Plat Book 6250 at page 996 and 997, Register's Office for Davison County, Tennessee, to which reference is herby made for a more complete descripton.
>
> Being the same property conveyed to George I. Estes and wife, Marianne Estes on October 15, 1987 by Warranty Deed of record in Book 7388, Page 112, Register's Office for Davidson County, Tennessee.

This conveyance is subject to any and all existing restrictions and easements of record.

4. George I. Estes owned the real property with his Wife, Marianne C. Estes, as tenants by the entirety, giving Marianne C. Estes the right of survivorship.

5. This Affidavit will confirm the vesting of title to the real property described herein, after the death of George I. Estes, to and in Marianne C. Estes.

FURTHER AFFIANT SAYETH NAUGHT.



Marianne C Estes
AFFIANT

Sworn to and subscribed before me this 14th day of November, 2014.

Kristina Cadovec
NOTARY PUBLIC

My commission expires:

PREPARED BY:

PAULA OGLE BLAIR, #15862
Attorney for Marianne Estes
211 Donelson Pike, Suite 214
Nashville, TN 37214
(615) 882-0190

STATE OF TENNESSEE
Office of Vital Records

1405400

FILED
SEP 17 2014
130 RUSKIN PARK

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): George Iverson Estes
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): August 20, 2014
4. TIME OF DEATH (Approx.)
5a. AGE-Last Birthday (Years): 70
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): December 12, 1943
7. BIRTHPLACE (City and State or Foreign Country): Macon, Georgia

PERSONAL DATA (Type or Print in Permanent Black Ink)

8a. PLACE OF DEATH (Check only one)
If death occurred in a hospital: [X] Inpatient [ ] ER/Outpatient [ ] DOA
If death occurred somewhere other than a hospital: [ ] Hospice facility [ ] Nursing home/Long term care facility [X] Decedent's home [ ] Other residence [ ] Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): Centennial Medical Center
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson
9. MARITAL STATUS: [X] Married [ ] Married, but separated [ ] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Marianne Wendt
11a. DECEDENT'S USUAL OCCUPATION: US Army
11b. KIND OF BUSINESS/INDUSTRY: US Government
12. SOCIAL SECURITY NUMBER: [redacted]
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 2010 Paddlewheel Drive
13e. INSIDE CITY LIMITS? [X] Yes [ ] No
13f. ZIP CODE: 37214
14. WAS DECEDENT EVER IN U.S. ARMED FORCES? [X] Yes [ ] 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 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): Jack Emmanuel Estes
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Laura Mae Estes

DISPOSITION

20a. INFORMANT'S NAME: Angela L. Grace
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 501 Pyle Lane, Hopkinsville, KY 42240
21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Kentucky Veterans Cemetery West
21c. LOCATION - City or Town and State: Hopkinsville, Kentucky
22a. SIGNATURE OF FUNERAL DIRECTOR: Franklin Todd Giles
22b. LICENSE NUMBER: 5907
23a. SIGNATURE OF EMBALMER: Nathaniel J. Holman
23b. LICENSE NUMBER: 5975
23c. NAME AND ADDRESS OF FUNERAL HOME: Hughart & Beard Funeral Home, 2504 S. Virginia St., Hopkinsville, KY 42240
23d. LICENSE NUMBER OF FUNERAL HOME: 203

REGISTRAR

24. REGISTRAR'S SIGNATURE: Deborah Hardie DR
25. DATE FILED (Month, Day, Year): September 3, 2014

CERTIFIER

26. DEATH IS (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]
27b. LICENSE NUMBER: 46599
27c. DATE SIGNED (Month, Day, Year): 8/26/14
27d. NAME AND ADDRESS

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. Respiratory failure	22 days
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. Due to (or as a consequence of): Renal failure	22 days
	c. Due to (or as a consequence of): Atrial fibrillation	27 days
	d. Due to (or as a consequence of): Incisional hernia repair	28 days

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 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [ ] 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 [ ] No [X] 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): [illegible]
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-1459 (Rev. 10/2011) RDA 1389

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.

7200882

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

Teresa S. Hendricks
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

7200882

Date Issued: SEP 03 2014

CERTIFICATION OF VITAL RECORD