THIS INSTRUMENT PREPARED BY:
J. Ryan Johnson, Esq.
TURNER LAW OFFICES, P.C.
208 Third Avenue North, Suite 100
Nashville, TN 37201

BILL GARRETT, Davidson County
Trans:T20140090979 AFFIDAVITH
Recvd: 12/04/14 15:07 3 pgs
Fees:17.00 Taxes:0.00
20141204-0111349

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Affiant, WAYMOND LOUIS EVERETT, SR., after first being duly sworn, states that he is an adult citizen and residing at 4204 Hallmark Road, Nashville, Davidson County, Tennessee being sixty-eight (68) years of age, having been born on January 4, 1946. I will refer to myself in this Affidavit as Affiant. I have personal knowledge of the matters stated in this Affidavit.

On April 24, 2009, my wife, Linda Marie Everett died at the age of Sixty-One (61) in Davidson County, Tennessee. I will refer to this person as the Decedent. A copy of the death certificate is attached as Exhibit A.

The real property to which this Affidavit applies is located at 1065 21st Ave, N., Nashville, Tennessee 37212, in Davidson County, Tennessee. For prior title, see Instrument No. 20080707-006990, in the Register's Office in Nashville, Tennessee.

The estate of the Decedent was administered in a proceeding supervised by a court in Davidson County, Tennessee, in the Probate Court for Davidson County, in Case No. 09P930.

Affiant would state that the Decedent was survived by me, her husband, Waymond Everett, Sr., and two children, namely, Autumn Prather (D.O.B. 2/13/75) and Waymond Everett, Jr. (D.O.B. 01/04/84).

Additional facts pertinent to determine who is legally entitled to said property is as follows: Affiant would state that the Decedent owned said property at 1605 21st Ave. N., Nashville, Tennessee 37212, with her brother Lindsey Page, Jr., as Tenants in Common with an equal Fifty percent (50%) share of the property. Further, Affiant would state that Decedent did not leave a Last Will and Testament. Under the laws of intestacy, Decedent's Fifty percent interest in said property passes to her Husband, Waymond Everett, Sr., and two children, Autumn Prather and Waymond Everett, Jr. with each receiving an equal one-third (1/3) share. See, T.C.A. 31-2-104.

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

I, WAYMOND LOUIS EVERETT, SR., the undersigned, make oath that the facts stated in the foregoing Affidavit of Heirship are true to the best of my knowledge and belief.

Waymond Everett, Sr.
WAYMOND LOUIS EVERETT, SR.

SWORN TO AND SUBSCRIBED before me this the 25 day of November, 2014.

NOTARY PUBLIC

ROBERT PAGE
NOTARY PUBLIC
STATE OF TENNESSEE
DAVIDSON COUNTY
My Commission Expires JULY 3, 2017

My Commission Expires: 7-3-17

Copy

STATE OF TENNESSEE
Office of Vital Records

0902461

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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 Marie Everett
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): April 24, 2009
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE-LAST BIRTHDAY (Years): 61
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 24 HOURS: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): Aug. 2, 1947
7. BIRTHPLACE (City and State or Foreign Country): Davidson County, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 Inpatient 2 [X] ER/Outpatient 3 DOA; OTHER 4 Nursing Home 5 Residence 6 [X] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): St. Thomas Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Waymond Everett, Sr.
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Dance Instructor
12b. KIND OF BUSINESS/INDUSTRY: Metro Parks & Recreation
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN, OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 4204 Hallmark Road
CENSUS TRACT
13e. INSIDE CITY LIMITS? [X] Yes
13f. ZIP CODE: 37218
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): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12 Years; College (1-4 or 5+): 4 Years

PARENTS

17. FATHER'S NAME (First, Middle, Last): Lindsey Page, Sr.
18. MOTHER'S NAME (First, Middle, Maiden Surname): Rosa Hill

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Waymond Everett, Sr.
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4204 Hallmark Road Nashville, TN 37218

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 Cremation 3 Hospital Donation 4 Donation 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Middle Tennessee Veterans Cemetery
20c. LOCATION (City or Town, State): Pegram, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Melvin J. Smith
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4502
21c. SIGNATURE OF EMBALMER: ▶ Reid Y. VanNess
21d. LICENSE NUMBER OF EMBALMER: 4275
22a. NAME AND ADDRESS OF FUNERAL HOME: Smith Brothers Funeral Directors, Inc. 706 Monroe Street, Nashville, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 809

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Marshall E. Stanley DR
24. DATE FILED (Month, Day, Year): May 1, 2009

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: ▶ MD
25b. LICENSE NUMBER: 38651
25c. DATE SIGNED (Month, Day, Year): 4/29/09
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time 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):

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. Congestive heart failure
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
b. Vasculitis
DUE TO (OR AS A CONSEQUENCE OF):
c. Renal failure
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? 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:
31c. INJURY 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):

SEE INSTRUCTIONS ON OTHER SIDE

FH-1659 (REV. 6-99)

BATCH NO.

EXHIBIT A

3320082

I hereby certify the above to be a true and correct copy of the original document on file in th 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.

Sharon M. Leinbach
STATE REGISTRAR

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

MAY 01 2009
Date Issued

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD