BILL GARRETT, Davidson County
Trans:T20140092780 AFFIDAVITH
Recvd: 12/11/14 12:50 3 pgs
Fees:17.00 Taxes:0.00
20141211-0113524

AFFIDAVIT OF HEIRSHIP

New Owner	Send Tax Bills To:	
Martha A. Farrar **1001 Carriage Way** **Nashville, Tennessee 37076**	**same**	**Map/Par 086-03-0-003.00**

This Instrument prepared by: Dan R. Alexander, attorney at law, 2016 8th Avenue South, Nashville, Tennessee 37204 615-297-0097

In Re: a certain tract or parcel of land in Davidson County, Tennessee, described as follows:

LAND in Davidson County, Tennessee, being Lot No.13, on the Plan of Jackson's Retreat Subdivision, Phase 1, Section 2, as shown on plat of record in Plat Book 5200, page 334, in the Register's Office for Davidson County, Tennessee.

Said Lot No. 13 fronts 65.0 feet on the southerly side of Old Lebanon Dirt Road and fronts 70.0 feet on the easterly margin of Carriage Way Ct said frontages being joined by a curve having a length of 39.27 feet and runs back 95.0 feet on the easterly line and 90.0 feet on the southerly line to a point of intersection.

Being the same property conveyed to Billy R. Farrar and wife Martha A. Farrar by deed and deed of correction of record in the Office of the Register of Deeds for Davidson County, Tennessee in Book 10123 page 992 dated December 18, 1990 and Instrument Number 2006-1004-0123515 dated September 15, 2006.

This is improved property known as 1001 Carriage Way, Nashville, Davidson County, Tenn. 37076.

Comes now, Martha A. Farrar, and after first being duly sworn according to law, attests and states as follows:

1. Affiant is the lawfully wedded wife of the late, Billy B.raden Farrar. The Affiant and Billy Braden. Farrar were lawfully married on the January 2 December 1992.

2. Billy B. Farrar died on July 18, 2013 while a citizen and resident of Nashville, Davidson County, Tennessee. (See attached Death Certificate as Exhibit No. 1)

3. The above described real property was purchased by Affiant, Martha A. Farrar and Billy B. Farrar as evidenced by a Deed and Deed of Correction date September 15, 2006 of record as instrument number 2006-1004-0123516 in the Register of Deeds Office for

Davidson County, Tennessee. Affiant and Billy B. Farrar remained lawfully married and owners of the real property until the death of Billy B. Farrar on the 18th day of July 2013.

4. The Last Will and Testament of Billy B. Farrar was dated the 8th day of July 2013. The Last Will and Testament of Billy B. Farrar has been admitted to Probate for muniment of title in the Probate Court of Davidson County, Tennessee on December 11th 2014 under docket number 14P-1967. (Copy of Last Will and Testament Exhibit No. 2)

5. At the time of his death, Billy B. Farrar, was survived by his lawfully married wife, Martha A. Farrar.

6. The only lawful heir to the Estate of the late Billy B. Farrar is his wife, Martha A. Farrar.

7. All interest in the real property above described vested in Martha A. Farrar both because they owned the property as tenants by the entirety and by virtue of the attached Last Will and Testament of Billy Braden Farrrar.

8. **FURTHER AFFIANT SAITH NOT.**

Martha A. Farrar

State of Tennessee)
County of Davidson)

Personally appeared before me, the undersigned authority, a Notary Public in and for the within named Martha A. Farrar, the bargainor(s) with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at office this 11th day of December 2014.

My Commission Expires: 9-21-2014

Notary Public

STATE OF TENNESSEE
Office of Vital Records

DUPLICATE

130460 0 — TENNESSEE DEPARTMENT OF HEALTH — CERTIFICATE OF DEATH — STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Billy Braden Farrar
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): July 18, 2013
4. TIME OF DEATH (Approx.): 3:11 AM
5a. AGE-Last Birthday (Years): 72
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): March 28, 1941
7. BIRTHPLACE (City and State or Foreign Country): Prentiss Miss.

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): St. Thomas
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (To be completed by Physician or Institution)

9. MARITAL STATUS: ☑ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Martha Abernathy
11a. DECEDENT'S USUAL OCCUPATION: Musician
11b. KIND OF BUSINESS/INDUSTRY: Music
12. SOCIAL SECURITY NUMBER: [redacted]-7072
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Hermitage
13d. STREET AND NUMBER: 1001 Carriage Way
13e. INSIDE CITY LIMITS: ☑ Yes ☐ No
13f. ZIP CODE: 37076
14. WAS DECEDENT EVER IN US ARMED FORCES? ☑ 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
☑ 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): Marshall Farrar
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Essie Shamlin

DISPOSITION

20a. INFORMANT'S NAME: Martha Farrar
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1001 Carriage Way Ct, Hermitage, TN 37076-2843
21a. METHOD OF DISPOSITION: ☑ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Entombment ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Hermitage Memorial Gardens
21c. LOCATION - City or Town and State: Old Hickory, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Brad Raines
22b. LICENSE NUMBER: 4992
22c. SIGNATURE OF EMBALMER: ▶ Dawn Renee Everett
22d. LICENSE NUMBER: 6024
23a. NAME AND ADDRESS OF FUNERAL HOME: Hermitage Funeral Home 535 Shute Ln, Old Hickory, TN 37138
23b. LICENSE NUMBER OF FUNERAL HOME: 540

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Wesley Rhodes JR
25. DATE FILED (Month, Day, Year): July 29 2013

CERTIFIER

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.

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

27a. SIGNATURE OF CERTIFIER: ▶ CD
27b. LICENSE NUMBER: 45572
27c. DATE SIGNED (Month, Day, Year): 07/25/13
27d. NAME AND ADDRESS: A. Meadows 1718 Patterson Street, Nashville, TN 37203

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. Appendiceal adenocarcinoma w/ peritoneal carcinomatosis — Due to (or as a consequence of)
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)
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.

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-1659 (Rev. 10/2011) RDA 1399

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6162816

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

6162816

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FAGOEM
COMMISSIONER

Date Issued JUL 29 2013

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796 1870

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD