BILL GARRETT, Davidson County
Trans:T20140097614 AFFIDAVITH
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Fees:17.00 Taxes:0.00
20141231-0119325

THIS INSTRUMENT WAS PREPARED BY: Ralph Carter, Merritt, Webb, Wilson & Caruso PLLC 215 Centerview Drive, Suite 263, Brentwood, Tennessee 37027		
ADDRESS OF NEW OWNER: 4808 Cascade Drive Old Hickory, TN 37138	**SEND TAX BILL TO:** New owners	**TAX IDENTIFICATION NO:** Map-Parcel Numbers: 06412001800

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

COMES NOW the Affiant, Eugene J. Berry, being first duly sworn according to law, and being of lawful age and a resident of the City of Old Hickory, County of Davidson and State of Tennessee, and hereby swears to the following of his own free will and based upon his personal knowledge and familiarity:

(1) Eugene Berry, Jr. (hereinafter "Decedent"), a resident of the City of Old Hickory, County of Davidson and State of Tennessee, who died on February 13, 2014, as evidenced by a copy of the death certificate attached to this Affidavit, held a fee simple interest in the following described real estate, TO WIT:

Land in Davidson County, Tennessee, being Lot No. 288 on the Plan of Section Four, Sherwood Forest, as of record in Plat Book 4460, Pages 182 and 183, Register's Office for Davidson County, Tennessee, to which said plan reference is hereby made for a more complete and accurate legal description thereof.

Being the same property conveyed to Eugene Berry by Warranty Deed dated October 30, 2009 from Trine Anderson of record in Instrument No. 20091105-0102576, Register's Office for said County.

Subject to all matters as set forth on the plat of record in Plat Book 4460, Pages 182 and 183, Register's Office of said County.

(2) The Decedent died without a surviving spouse.

(3) During the Decedent's life, he was the father of six (6) total biological children, and they are the Decedent's sole remaining heirs at law: Eugene J. Berry, of Nashville, Tennessee, Robin Andrus, of Akron, Ohio, Gina Murray, of Harrisburg, Pennsylvania, Eugene Clanagan, of Akron, Ohio, Genetra Berry, of Indianapolis, Indiana, and Elgin Berry, of McKeesport, Pennsylvania. The Decedent never adopted any children.

(4) The above-described real property is improved property commonly known as 4808 Cascade

Drive, Old Hickory, Tennessee 37138.

(5) The source of the Decedent's ownership in said property is a Warranty Deed of record in Instrument Number 20091105-0102576 and recorded on November 5, 2009 in the Register's Office for Davidson County, Tennessee.

(6) This Affidavit will confirm the vesting of title to the subject real property in fee simple and in equal shares to Eugene J. Berry, Robin Andrus, Gina Murray, Eugene Clanagan, Genetra Berry and Elgin Berry after the death of their father, Eugene Berry, Jr.

Further, the Affiant saith not.

Witness my hand this 31st day of December, 2014.

Eugene J. Berry, Affiant

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, Eugene Berry, the undersigned Notary Public in and for said County and State, the within named Affiant, Eugene J. Berry, with whom I am personally acquainted (or proved to be on the basis of satisfactory evidence), and who acknowledged executing the within instrument for the purpose therein contained.

Witness my hand and official seal, this 31st day of, December, 2014.

LIZA THACKER STATE OF TENNESSEE NOTARY PUBLIC WILSON COUNTY

Notary Public
My commission expires: 6/14/16

THIS AFFIDAVIT WAS PREPARED FROM INFORMATION SUPPLIED BY THE PARTIES, INCLUDING THE LEGAL DESCRIPTION AND WITHIN NAMED HEIRS. ACCORDINGLY, THE DRAFTER OF THIS DOCUMENT MAKES NO WARRANTY ABOUT THE INFORMATION CONTAINED HEREIN OR THE STATUS OF THE TITLE TO THE SUBJECT PROPERTY.

T.C.A. § 67-4-409(A)(3)(D) EXEMPTS THIS INSTRUMENT FROM TAX AND T.C.A. § 67-4-409(A)(5) FURTHER PROVIDES THE VALUATION OATH IS UNNECESSARY AS THIS AFFIDAVIT BEING USED TO EVIDENCE TRANSFER OF TITLE TO THE PROPERTY TO A BENEFICIARY.

STATE OF TENNESSEE
Office of Vital Records

140100?

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Eugene Berry, Jr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): February 13, 2014
4. TIME OF DEATH (24 hour): 6:55 pm
5a. AGE-Last Birthday (Years): 69
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): March 7, 1944.
7. BIRTHPLACE (City and State or Foreign Country): Greensburg, Pa.
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): Summitt Medical Center
8c. CITY OR TOWN: Hermitage
8d. COUNTY OF DEATH: Davidson
9. MARITAL STATUS: ☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: Sales
11b. KIND OF BUSINESS/INDUSTRY: Retail Furniture
12. SOCIAL SECURITY NUMBER: [redacted]-3316
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Hermitage
13d. STREET AND NUMBER: 4808 Cascade
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37138
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

PARENTS

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's 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 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
18. FATHER'S NAME (First, Middle, Last): Eugene Berry, Sr.
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Elizabeth Colbert

INFORMANT

20a. INFORMANT'S NAME: Joanna Berry
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 4808 Cascade, Old Hickory, TN. 37138

DISPOSITION

21a. METHOD OF DISPOSITION: ☐ Burial ☒ 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, Tn.
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Terrell Broady
22b. LICENSE NUMBER: 1009
22c. SIGNATURE OF EMBALMER: ▶ Terrell Broady
22d. LICENSE NUMBER: 4117
23a. NAME AND ADDRESS OF FUNERAL HOME: Terrell Broady Funeral Home, Inc. 3855 Clarksville Pike, Nashville, Tn. 37218
23b. LICENSE NUMBER OF FUNERAL HOME: 1137

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ [signature]
25. DATE ACCEPTED (Month, Day, Year): February 20, 2014

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: ▶ [signature] MD
27b. LICENSE NUMBER: TN 27614
27c. DATE SIGNED (Month, Day, Year): 02/17/14
27d. NAME AND ADDRESS: Stacy F Vanis MD 222 22nd Ave N. #200 Nashville TN 37203

FOR 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. ACUTE on CHRONIC SYST + DIAST CHF — Due to (or as a consequence of): Approximate Interval: Onset to death: MONTH
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. DILATED CARDIOMYOPATHY — Due to (or as a consequence of): YEAR
c. HYPERTENSIVE — Due to (or as a consequence of): YEARS
d. OLD 5 — MONTH

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
28b. 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)

RDA 1300

PH-1659 (Rev. 10/2011)

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.

6431223

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

6431223

Date Issued FEB 20 2014

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

CERTIFICATION OF VITAL RECORD