THIS DOCUMENT PREPARED BY:

Barbara J. Moss
Elder Law of Nashville PLC
4525 Harding Pike, Suite 200
Nashville, TN 37205

OWNERS: **Terry Copeland**
5524 Clovercrest Dr.
Brentwood, TN 37027

Tax Parcel: 11909028800

SEND TAX NOTICE TO: **Same**

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The undersigned, Sandra Wilcox, being duly sworn, deposes and says:

Marie L. Copeland, a resident of Davidson County, Tennessee, died on September 10, 2010 (death certificate attached). Her husband, Howard Copeland, who predeceased her, died on December 6, 1980 (death certificate attached). Marie L. Copeland died owning the following real estate:

> Land in Davidson County, Tennessee, being the westerly 50 feet of Lot No. 19 on the Plan of Tanksley Subdivision, as of record in Book 547, page 56, Register's Office for said County.
>
> Said part of Lot No. 19 fronts 50 feet on the southerly side of Collier Avenue, and extends back between parallel lines, 153 feet to an alley.
>
> Being the same property conveyed to Howard Copeland and wife, Marie L. Copeland, by deed from William Thomas Poynor, Jr. and wife Christine A. Poynor, of record in Book 2400, page 415, Resister's Office for said County.

This property is known as 305 Collier Ave., Nashville, Tennessee 37211.

BILL GARRETT, Davidson County
Trans:T20150002399 AFFIDAVITH
Recvd: 01/12/15 09:06 5 pgs
Fees:27.00 Taxes:0.00
20150112-0002798

At the time Marie Copeland died, she was widowed and she had two children, Terry Copeland and Glenda F. Copeland.

After Marie's death, Glenda F. Copeland, a resident of Davidson County, Tennessee, died on July 6, 2014, (death certificate attached). She was unmarried and had no children. As shown above, both of her parents (Marie L. and Howard Copeland) had predeceased her. She has a surviving brother, Terry Copeland.

The undersigned, Sandra Wilcox, was a niece of Marie L. Copeland and a cousin of Glenda F. Copeland. She knew the family for more than 50 years.

Signed this 29 day of December, 2014.

Sandra K. Wilcox
SANDRA WILCOX

BEFORE me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared SANDRA WILCOX, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person described in the foregoing, who signed the foregoing instrument in my presence, and who, upon oath, acknowledged that he executed the foregoing instrument for the purposes therein contained as his free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand affixed my seal at my office in said County, on this 29th day of December, 2014.

Notary Public

My Commission Expires: Dec. 25, 2018

NOTARY PUBLIC STATE OF OHIO

JENNIFER L LONG
Notary Public, State of Ohio
My Comm. Expires Dec. 25, 2018

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, the affidavit being used to evidence transfer of title to the property to beneficiaries.

STATE OF TENNESSEE
Office of Vital Records

1006320

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last)	Marie Esther Copeland
2. SEX	Female
3. DATE OF DEATH (Month, Day, Year)	September 10, 2010
4. SOCIAL SECURITY NUMBER	[redacted]-8179
5a. AGE-LAST BIRTHDAY (Years)	89
6. DATE OF BIRTH (Month, Day, Year)	Oct. 25, 1920
7. BIRTHPLACE (City and State or Foreign Country)	Vines Ridge, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES?	No
9. PLACE OF DEATH	Residence
10a. FACILITY NAME (If not institution, give street and number)	5524 Clovercrest Drive
10b. CITY, TOWN OR LOCATION OF DEATH	Brentwood
10c. COUNTY OF DEATH	Davidson
11. MARITAL STATUS	Widowed
12. SURVIVING SPOUSE	N/A
13a. DECEDENT'S USUAL OCCUPATION	Employee
13b. KIND OF BUSINESS/INDUSTRY	United Methodist Publishing House
14. RESIDENCE-STATE	Tennessee
15. COUNTY	Davidson
16. CITY, TOWN OR LOCATION	Brentwood
17. STREET AND NUMBER OR RURAL LOCATION	5524 Clovercrest Drive
18a. INSIDE CITY LIMITS?	Yes
18b. ZIP CODE	37027
19. WAS DECEDENT OF HISPANIC ORIGIN?	No
20. RACE	White
21. DECEDENT'S EDUCATION	12
22. FATHER'S NAME (First, Middle, Last)	Charlie Ledbetter
23. MOTHER'S NAME (First, Middle, Maiden Surname)	Cassie West
24a. INFORMANT'S NAME (Type/Print)	Terry Copeland
24b. RELATIONSHIP TO DECEDENT	Son
24c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	5524 Clovercrest Drive Brentwood, TN 37027
25a. METHOD OF DISPOSITION	Entombment
25b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	Woodlawn Cross Mausoleum
25c. LOCATION-City or Town, State	Nashville, Tennessee
26a. SIGNATURE OF FUNERAL DIRECTOR	Billy D. Orange
26b. LICENSE NUMBER OF FUNERAL DIRECTOR	5846
26c. SIGNATURE OF EMBALMER	Todd Lee Yates
26d. LICENSE NUMBER OF EMBALMER	4558
26e. NAME AND ADDRESS OF FUNERAL HOME	Woodlawn-Roesch-Patton Funeral Home and Memorial Park 660 Thompson Lane, Nashville, TN 37204
26f. LICENSE NUMBER OF FUNERAL HOME	933
27a. REGISTRAR'S SIGNATURE	[signature]
27b. DATE FILED (Month, Day, Year)	September 14, 2010
28a. I CERTIFY... SIGNATURE AND TITLE OF PHYSICIAN	[signature]
28b. LICENSE NUMBER	49186
28c. DATE SIGNED (Month, Day, Year)	9-15-2010
29a. 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. SIGNATURE AND TITLE OF MEDICAL EXAMINER	
29b. LICENSE NUMBER	
29c. DATE SIGNED (Month, Day, Year)	
30. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)	David Tribble, MD 718 Patterson Street Nashville, TN 37203
PART I. Enter the chain of events, diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Approximate interval between Onset and Death	
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Dementia
DUE TO (OR AS A CONSEQUENCE OF)	b.
DUE TO (OR AS A CONSEQUENCE OF)	c.
DUE TO (OR AS A CONSEQUENCE OF)	d.
CAUSE OF DEATH	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	Congestive Heart Failure
31a. WAS AN AUTOPSY PERFORMED?	No
31b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	No
32. MANNER OF DEATH	Natural
33a. DATE OF INJURY (Month, Day, Year)	
33b. TIME OF INJURY	
33c. INJURY AT WORK?	No
33d. DESCRIBE HOW INJURY OCCURRED	
33e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) (Specify)	
33f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

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 Department of Health. Alteration or erasure voids this certification.

4356845

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

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Forman, Local Registrar
Davidson County, Tennessee

SEP 16 2010
Date Issued

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

8005616

19044
19094

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

80 038729 8

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT BLACK INK.

DECEASED

PLACE WHERE DEATH OCCURRED (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE BEFORE ADMISSION)

PERSONAL AND STATISTICAL INFORMANT

IF BURIAL, CREMATION, REMOVAL, OR OTHER DISPOSITION, GIVE DATE

NAME OF CEMETERY OR CREMATORY

LOCATION (CITY OR TOWN AND STATE)

NAME OF FUNERAL DIRECTOR

LICENSE NO.

NAME AND ADDRESS OF FUNERAL HOME

EMBALMER

LICENSE NO.

SIGNATURE

DATE RECEIVED BY REGISTRAR

CERTIFIER

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICER HERE. ANY PHYSICIAN OR MEDICAL EXAMINER SIGNING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 72 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

CAUSE

NAME OF DECEASED (First, Middle, Last)	Howard	Copeland	DATE OF DEATH (Month, Day, Year) 12/6/80
AGE (Last Birthday)	64	DATE OF BIRTH (Month, Day, Year) 11/15/1916	RACE White
SEX	Male		
COUNTY OF DEATH	Davidson	CITY, TOWN OR LOCATION Nashville	INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes
HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)	General Hospital		Inpt 7
STATE OF BIRTH (If not in U.S.A., name country)	Tennessee 43	CITIZEN OF WHAT COUNTRY USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
SURVIVING SPOUSE (If wife, give maiden name)	Marie Ledbetter Copeland		
SOCIAL SECURITY NUMBER	[redacted]-7903	KIND OF BUSINESS OR INDUSTRY Army	OCCUPATION (Type of work done in occupation, even if retired) Production Control
KIND OF BUSINESS OR INDUSTRY	Avco		
RESIDENCE—STATE	Tennessee	COUNTY Davidson	CITY, TOWN, OR LOCATION Nashville
STREET AND NUMBER	305 Collier Ave	INSIDE CITY LIMITS (Specify Yes or No) Yes	CENSUS TRACT NO.
FATHER'S NAME	Lark Copeland	MOTHER'S MAIDEN NAME Eunice Hill	INFORMANT'S NAME, MAILING ADDRESS (Street and Number or R.F.D. No., City or Town, State, Zip) Brentwood Tennessee Terry Copeland 5524 Clovercrest
BURIAL, CREMATION, REMOVAL, OTHER (Specify)	Burial	DATE (Month, Day, Year) 12/9/80	CEMETERY OR CREMATORY—NAME Welch
LOCATION (City or Town, State)	Monterey Tennessee		
FUNERAL DIRECTOR	B. K. Lutts	LICENSE NO. 2430	EMBALMER B. H. Lutts
LICENSE NO.	1921	FUNERAL HOME—NAME AND ADDRESS Woodlawn Thompson Lane Nash. TN	SIGNATURE Marguerite M Thompson
DATE RECEIVED BY REGISTRAR (Month, Day, Year) 12-19-80			
MEDICAL EXAMINER—On the basis of my investigation, death occurred on the date and due to the cause(s) stated.	SIGNATURE T. E. Simpkins M.D.	TITLE MD	DATE SIGNED (Month, Day, Year) 12-17-80
CERTIFIER—NAME (Type or Print) T. E. Simpkins, M.D.	MAILING ADDRESS (Street and No. or R.F.D. No., City or Town, State, Zip) 1120 Dickerson Rd., Nashville, Tn. 37207		
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			
IMMEDIATE CAUSE (Final disease or condition resulting in death)	Ventricular Fibrillation		APPROX. INTERVAL: ONSET TO DEATH 45 min.
DUE TO, OR AS A CONSEQUENCE OF:	Acute Myocardial Infarction		4 hrs
DUE TO, OR AS A CONSEQUENCE OF:	A.S.V.D.		
PART II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not resulting in the underlying cause given in PART I (a))			AUTOPSY (Yes or No) No
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (Specify)	DATE OF INJURY (Month, Day, Year)	HOUR	DESCRIBE HOW INJURY OCCURRED
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY (At home, farm, street, factory, office building, etc. (Specify))	LOCATION (Street or R.F.D. No., City or Town, State)	

FORM NO. 10-10 REVISED 1-70

7307307

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.

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

7307307

Teresa S. Hendricks
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued Oct-02-2014

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

1401329

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Glenda Faye Copeland
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): July 06, 2014
4. TIME OF DEATH (Approx.):
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): June 4, 1942
7. BIRTHPLACE (City and State or Foreign Country): Vines Ridge, TN

7. TYPEWRITE IN PERMANENT INK (CLICK HERE)

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): 524 Foothill Drive
8c. CITY OR TOWN: Nashville
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: Social Worker
11b. KIND OF BUSINESS/INDUSTRY: State of Tennessee

12. SOCIAL SECURITY NUMBER: [redacted]-2945
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville

13d. STREET AND NUMBER: 524 Foothill Drive
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37217
14. WAS DECEDENT EVER IN U.S. 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, MBW, 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): Howard Copeland
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Marie Ledbetter

INFORMANT

20a. INFORMANT'S NAME: Terry Copeland
20b. RELATIONSHIP TO DECEDENT: Brother
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 5524 Clovercrest Dr. Brentwood, TN 37027

DISPOSITION

21. METHOD OF DISPOSITION: ☐ Burial ☐ Cremation ☐ Donation ☒ Entombment ☐ Removal from State ☐ Other (Specify)
21a. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Woodlawn Memorial Park
21c. LOCATION - City or Town and State: Nashville, Tennessee

22a. SIGNATURE OF FUNERAL DIRECTOR: John Andrew Pavlek
22b. LICENSE NUMBER: 5755
22c. SIGNATURE OF EMBALMER: Dawn Renee' Everett
22d. LICENSE NUMBER: 6024

23a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn-Roesch-Patton Funeral Home-660 Thompson Ln Nashville, TN 37204
23b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

24. RECEIVED BY (SIGNATURE): [signature]
25. DATE FILED (Month, Day, Year): July 14, 2014

CERTIFIER

25. CERTIFIER (Check only one)
25a. ☐ PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.
25b. ☒ 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: Erin M. Carney
27b. LICENSE NUMBER: 60160
27c. DATE SIGNED (Month, Day, Year): July 07, 2014
27d. NAME AND ADDRESS: Erin M Carney, M.D.; 850 R.S. Gass Boulevard, Nashville, TN 37216; MEC14-1528

MEDICAL (CAUSE OF DEATH)

28. PART I. Enter the chain of events (disease, 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. Pending further studies — 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. — Due to (or as a consequence of):
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)

FH-1558 (Rev. 9/2011) RDA 1399

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7198441

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

7198441

Teresa S. Hendricks
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued

CERTIFICATION OF VITAL RECORD