Please Record and Return To:
SIGNATURE TITLE SERVICES, LLC
1517 Hunt Club Blvd.
Ste 200
Gallatin, TN 37066

Record and Return Mail To:
This Instrument Prepared By:
RUSS COOK AND ASSOCIATES, P.C.
Attorneys at Law
5141 Virginia Way, Suite 220
Brentwood, Tennessee 37027
(615) 370-2444

Prepared from information supplied by the parties

Grantees:	Robert A. Miles 1516 Mock Orange Circle Nashville, TN 37217	Stacey M. Kizer 3514 Crystal Spring Lane Hermitage, TN 37076
Send tax notices to:	Robert A. Miles 1516 Mock Orange Circle Nashville, TN 37217	

Map and Parcel Number: 050 15 0 010.00

AFFIDAVIT OF HEIRSHIP

Tennessee Code Annotated § 30-2-712

BILL GARRETT, Davidson County
Trans:T20150004043 AFFIDAVITH
Recvd: 01/16/15 10:19 4 pgs
Fees:22.00 Taxes:0.00
20150116-0004700

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The undersigned, being duly sworn, deposes and says:

1. My full name is Evelyn W. Brannon ("Affiant").

2. I reside at 1516 Mock Orange Circle, Nashville, Tennessee 37217.

3. I have personal knowledge of the matters stated in this Affidavit; I was the mother-in-law of Michael C. Miles.

4. Michael C. Miles ("Decedent") died intestate in Nashville, Davidson County, Tennessee on August 25, 2014. A copy of the Death Certificate for Michael C. Miles is attached as Exhibit A. There was no probate estate administration for Michael C. Miles.

5. Decedent's spouse (my daughter) Teri Brannon Miles, died on July 29, 2011 in Nashville, Davidson County, Tennessee. A copy of the Death Certificate for Teri Brannon Miles is attached as Exhibit B. There was no probate estate administration for Teri Brannon Miles.

6. The real property to which this Affidavit applies is located at 3305 Doverside Drive, Nashville, Davidson County, Tennessee ("Real Property"), more fully described as:

Land in Davidson County, Tennessee, being Lot No. 661 on the Plan of Parkwood Estates, Section 4, of record in Book 3300, Pages 79 and 80, Register's Office for Davidson County, Tennessee, to which plan reference is here made for a complete legal description.

SAID Lot No. 661 fronts 99.08 feet on the northerly side of Doverside Drive and extends back 157.2 feet on the easterly line and 158.00 feet on the westerly line to a dead line in the rear, measuring 86.2 feet thereon. Improved and known as 3305 Doverside Drive, Nashville, Tennessee.

BEING the same property conveyed to Michael C. Miles and wife, Terri Miles* by deed from Albert Knox and Claude Jackson of record in Book 5093, page 925, Register's Office for Davidson County, Tennessee.

This conveyance is subject to restrictive covenants of record in Book 3434, page 270, and as amended in Book 3616, Page 269, said Register's Office; easements and setback lines as set forth on the above plan of record; and taxes for the current year which have been prorated and assumed by the Grantees herein.

*Terri Miles and Teri Brannon Miles being the same person.

7. Michael C. Miles and Teri Brannon Miles held title to the Real Property as Tenants by the Entirety.

8. Facts pertinent to determine who is legally entitled to the estate of Michael C. Miles at the time of his death are:

   a. Michael C. Miles was predeceased by his spouse, Teri Brannon Miles.

   b. Michael C. Miles was not married at the time of his death. He is survived by two children, Robert A. Miles and Stacey M. Kizer. Under the Tennessee Descent and Distribution Statute, Tenn. Code Ann. § 31-2-104(b)(1), the estate of Michael C. Miles is divided equally between his children, Robert A. Miles and Stacey M. Kizer. Therefore, Robert A. Miles and Stacey M. Kizer each received a fifty percent (50%) interest in the Real Property.

Signed this 24th day of December, 2014.

DUANE J. CRAIG
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

Evelyn W. Brannon

Evelyn W. Brannon, Affiant

Sworn to and subscribed before me by Evelyn W. Brannon this 24th day of December, 2014.

Notary Public

My Commission expires: 11/6/2017

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1a. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Michael Claude Miles
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): August 25, 2014
4. TIME OF DEATH (Approx.): 1:34 pm
5a. AGE (Last Birthday) (Years): 63
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 24 HOURS: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): April 25, 1951
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee

PLACE OF DEATH AND MANNER OF DISPOSITION

8a. PLACE OF DEATH (Check only one): Inpatient / ER/Outpatient / DOA
8b. IF DEATH OCCURRED IN A HOSPITAL: Hospice facility / Nursing home/Long term care facility / Decedent's home / Other residence / Other (Specify)
8c. FACILITY NAME (If not institution, give street and number): St. Thomas Midtown Hospital
8d. CITY OR TOWN: Nashville
8e. COUNTY OF DEATH: Davidson

PERSONAL AND STATISTICAL PARTICULARS

9. MARITAL STATUS: Married / Married, but separated / Widowed / Divorced / Never married / Unknown
9a. SURVIVING SPOUSE (If wife, give name prior to first marriage)
10. DECEDENT'S USUAL OCCUPATION: Wholesale Supply
11. KIND OF BUSINESS/INDUSTRY: Printing
12. SOCIAL SECURITY NUMBER: [redacted]5990
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 3305 Dovecote Drive
13e. INSIDE CITY LIMITS: Yes / No
13f. ZIP CODE: 37207
14. WAS DECEDENT EVER IN U.S. ARMED FORCES?: Yes / No

15a. 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, 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

15b. 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

18. INFORMANT'S NAME: Verlin Claude Miles
19. MAIDEN NAME PRIOR TO FIRST MARRIAGE (If no, leave blank, Unk): Florence Corrine Gobble
20a. INFORMANT'S NAME: Robert Miles
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1518 Mock Orange Circle Nashville Tennessee 37217

DISPOSITION

21a. METHOD OF DISPOSITION: Burial / Cremation / Donation / Removal from State / Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Mount City Crematory
21c. LOCATION (City or Town and State): Nashville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR OR AGENT: Milton Tucker
22b. LICENSE NUMBER: 5853
22c. SIGNATURE OF EMBALMER
22d. LICENSE NUMBER
22e. NAME AND ADDRESS OF FUNERAL HOME: Ellis Funeral Home & Cremation Service 2027 Nolensville Pike Nashville TN 37211
22f. LICENSE NUMBER OF FUNERAL HOME: 775

REGISTRAR

23a. REGISTRAR'S SIGNATURE: Michael Edwards DR
23b. DATE FILED (Month, Day, Year): August 26, 2014

CERTIFICATION

24. CERTIFIER (Check only one): I PRONOUNCED - To the best of my knowledge, death occurred at the date and time, and due to the cause(s) and manner stated. / I MEDICAL EXAMINER - On the basis of examination, and/or investigation, in my opinion, death occurred at the date, and time, and due to the cause(s) and manner stated.
25. SIGNATURE OF CERTIFIER: MD
26. CERTIFIER'S NUMBER: TN 36819
27a. DATE SIGNED (Month, Day, Year): 08/26/14
27b. CERTIFIER'S NAME AND ADDRESS: BRYAN Hays MD 2000 Church Nashville TN 37236

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. Sepsis
Due to (or as a consequence of): b. Bullous cellulitis on Right lower extremity
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.: MRSA pyelonephritis; Pancytopenia; Nonalcoholic cirrhosis
28a. WAS AN AUTOPSY PERFORMED? Yes / No
28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? Yes / No

29. MANNER OF DEATH: Natural / Homicide / Accident / Pending Investigation / Suicide / Could not be determined
30. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes / Probably / No / Unknown
31. 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

INJURY

32. IF TRANSPORTATION INJURY, SPECIFY: Driver/Operator / Passenger / Pedestrian / Other (Specify)
33a. DATE OF INJURY (Month, Day, Year)
33b. TIME OF INJURY
33c. INJURY AT WORK? Yes / No
33d. PLACE OF INJURY - (e.g. Home, farm, street, factory, office building, etc.)
33e. DESCRIBE HOW INJURY OCCURRED
33f. LOCATION OF INJURY (Street and Number, City or Town, State)

RDA 1330

944-1838 (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.

EXHIBIT A

7200064

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

7200064

Teresa S. Hegdricks
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last): Tori Brannon Miles
2. SEX: Female
3. DATE OF DEATH: July 29, 2011
4. SOCIAL SECURITY NUMBER: [redacted]0772
5. AGE: 40
6. DATE OF BIRTH: Sep 19, 1970
7. PLACE OF DEATH: Gateway Medical Center
8. CITY, TOWN, OR LOCATION OF DEATH: Clarksville
9. COUNTY OF DEATH: Montgomery
10. MARITAL STATUS: Married
11. SURVIVING SPOUSE: Mike Miles
12. USUAL OCCUPATION: Sales Representative
13. KIND OF BUSINESS/INDUSTRY: Office Products
14. RESIDENCE - STATE: TN
15. COUNTY: Davidson
16. CITY, TOWN, OR LOCATION: Nashville
17. STREET AND NUMBER OF RESIDENCE: 3926 Doverside Drive
18. INSIDE CITY LIMITS?: Yes
19. ZIP CODE: 37207
20. WAS DECEDENT OF HISPANIC ORIGIN?: No
21. RACE: White
22. HIGHEST LEVEL OF EDUCATION: 12
23. FATHER'S NAME: Robert Brannon
24. MOTHER'S NAME: Evelyn Williamson
25. INFORMANT'S NAME: Mike Miles
26. RELATIONSHIP TO DECEASED: Husband
27. MAILING ADDRESS: 3926 Doverside Drive Nashville, TN 37207
28. METHOD OF DISPOSITION: Burial
29. PLACE OF DISPOSITION: Music City Crematory
30. LOCATION: Nashville, TN
31. SIGNATURE OF FUNERAL DIRECTOR: Hilton Tucker
32. LICENSE NUMBER OF FUNERAL DIRECTOR:
33. SIGNATURE OF EMBALMER: Bernard Shamm
34. LICENSE NUMBER OF EMBALMER: 4262
35. NAME AND ADDRESS OF FUNERAL HOME: Ellis Funeral Home & Cremation Service 2827 Molenaville Pike Nashville, TN 37211
36. LICENSE NUMBER OF FUNERAL HOME: 778
37. SIGNATURE OF CERTIFIER: Jacqueline F Haynes DR
38. DATE SIGNED: August 8, 2011
39. SIGNATURE AND TITLE OF PHYSICIAN: K Brannan MD
40. LICENSE NUMBER: 34189
41. DATE SIGNED: 8/2/2011
42. SIGNATURE AND TITLE OF MEDICAL EXAMINER:
43. LICENSE NUMBER:
44. DATE SIGNED:
45. NAME AND ADDRESS OF CERTIFIER (INFORMANT OR MEDICAL EXAMINER) (Typed/Printed):

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. Do not abbreviate.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. COPD → Pneumonia → CVA → Atrial fibrillation
Due To (Or As A Consequence Of):
Sequentially list conditions, if any, leading to the immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST:
b. → cardiac arrest → respiratory failure
Due To (Or As A Consequence Of):
c. E Pneumothorax
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.

46. WAS MEDICAL EXAMINER OR CORONER CONTACTED?: No
47. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?: No
48. MANNER OF DEATH: Natural
49. DATE OF INJURY: (Month, Day, Year)
50. TIME OF INJURY:
51. INJURY AT WORK?: No
52. DESCRIBE HOW INJURY OCCURRED:
53. PLACE OF INJURY: (e.g., home, street, factory, office building, etc.) (Specify)
54. LOCATION: (Street and Number or Rural Route Number, City or Town, State)

STATE FILE NUMBER:

4860268

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.

EXHIBIT B

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

Teresa S. Hendricks
STATE REGISTRAR

Jacqueline F. Haynes, Deputy Register
Montgomery County

Date Issued: AUG 09 2011

CERTIFICATION OF VITAL RECORD