THIS INSTRUMENT WAS PREPARED BY:

M. Allison Thompson
Thompson Law Office PLLC
4525 Harding Pike, Ste 200
Nashville, Tennessee 37205

New Owner: John W. Gardner Jr.
Send tax notice to: 2606 Miles Road
Elgin, SC 29045

Map - Parcel No.: 06110007000

AFFIDAVIT OF INHERITANCE

STATE OF SOUTH CAROLINA)
COUNTY OF Kershaw)

The undersigned, being duly sworn, deposes and says:

I am the son of John W. Gardner, Sr., deceased, and I have personal knowledge of the matters stated below:

1. John W. Gardner, Sr. was married to Margaret E. Gardner and they had one child, namely John W. Gardner, Jr.

2. Margaret E. Gardner died on April 14, 1994. A copy of the death certificate is attached.

3. John W. Gardner, Sr. did not remarry. He was a resident of Davidson County and died on August 18, 2014. A copy of the death certificate is attached.

4. At his death, John W. Gardner, Sr. held a fee simple interest in the real estate known as 3835 Edwards Avenue, Nashville, Tennessee 37216, being situated in Davidson County, Tennessee, and described as follows:

   Being Lot No. 96 on the Map of Maplewood Heights Subdivision, a Plan of which is of record in Bood 547, page 77, said Register's Office.

   Said Lot No. 96 fronts 100 feet on the east side of Edwards Avenue and runs back between parallel lines 300 feet to a dead line.

   Being the same property conveyed to John W. Gardner, Sr. and wife, Margaret E. Gardner by deed from W.A. McWhirter and wife, Mary E. McWhirter, of record in Book 5241, page 612-613, at said Register's Office.

5. John W. Gardner, Sr. died intestate. Under the Tennessee laws of descent and distribution, the surviving child of John W. Gardner, Sr., namely, John W. Gardner, Jr., being the decedent's only child, received the real estate described above on the death of John W. Gardner, Sr.

BILL GARRETT, Davidson County
Trans:T20150015737 AFFIDAVITH
Recvd: 03/04/15 08:25 4 pgs
Fees:22.00 Taxes:0.00
20150304-0018688

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 a beneficiary.

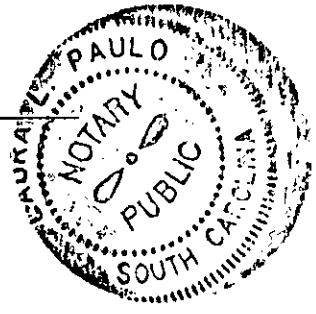
Feb 17-2015
Date

John W Gardner Jr
John W. Gardner Jr.

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared John W. Gardner, Jr., the within named bargainor, 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, sealed and delivered 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 and affixed my seal at my office in said County, on this 17th day of February, 2015.

Laura L. Paulo
Notary Public



My commission expires: 4/14/2021

STATE OF TENNESSEE
Office of Vital Records

1405201 — STATE FILE NUMBER

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): John William Gardner Sr
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): August 18, 2014
4. TIME OF DEATH (Approx.): 6:37 PM
5a. AGE-Last Birthday (Years): 90
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): May 18, 1924
7. BIRTHPLACE (City and State or Foreign Country): Camden, SC

TYPE/PRINT IN PERMANENT BLACK INK

8e. PLACE OF DEATH (Check only one)
- If death occurred in a hospital: [X] 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): Skyline Medical Center
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: [ ] Married [ ] Married, but separated [X] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage):
11a. DECEDENT'S USUAL OCCUPATION: Broker
11b. KIND OF BUSINESS/INDUSTRY: Real Estate
12. SOCIAL SECURITY NUMBER: [redacted]0898
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 3835 Edwards Ave
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37216
14. WAS DECEDENT EVER IN US ARMED FORCES? [X] Yes [ ] No

NAME OF DECEDENT (For use by Physician or Institution)

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
- [X] 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)
- [X] 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)
- [X] 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): William M Gardner
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Irsney Spires

DISPOSITION

20a. INFORMANT'S NAME: John Gardner
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 2606 MilesRd, Elgin, SC, 29045
21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Middle Tenn Vet Cem
21c. LOCATION - City or Town and State: Pegram, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: Wayne Slighter
22b. LICENSE NUMBER: 5243
22c. SIGNATURE OF EMBALMER: Todd L Yates
22d. LICENSE NUMBER: 4558
23a. NAME AND ADDRESS OF FUNERAL HOME: Cole&Garrett FH, 127NMainSt, Goodlettsville, TN, 37072
23b. LICENSE NUMBER OF FUNERAL HOME: 718

REGISTRAR

24. REGISTRAR'S SIGNATURE: Michael Edwards OR
25. DATE FILED (Month, Day, Year): August 21, 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. [X] 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: 50160
27c. DATE SIGNED (Month, Day, Year): August 19, 2014
27d. NAME AND ADDRESS: Erin M Carney, M D., 850 R S Gass Boulevard, Nashville, TN 37216; MEC14-1875

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.

		Approximate interval Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Complications of right hip fracture	
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	Due to (or as a consequence of): b.	
	Due to (or as a consequence of): c.	
	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? [ ] Yes [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [ ] No

30. MANNER OF DEATH: [ ] Natural [ ] Homicide [X] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [ ] No [X] 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): August 04, 2014
34b. TIME OF INJURY: UNK
34c. INJURY AT WORK? [ ] Yes [X] No
34d. PLACE OF INJURY - (e.g. home, farm, street, factory, office, building, etc.) (Specify): Outdoors
34e. DESCRIBE HOW INJURY OCCURRED: Fell
34f. LOCATION OF INJURY (Street and Number, City or Town, State): 3835 Edwards Avenue, Nashville, TN

PH-1658 (Rev. 8/2011) — RDA 1398

7204827

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.

Teresa S. Hendricks
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

7204827
Date Issued

CERTIFICATION OF VITAL RECORD

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

APR 27 1995

Linda S. Wadley M.D.
LOCAL REGISTRAR

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT: For use by physician or institution

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Margaret Elizabeth Gardner
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): April 14, 1995
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]3418
5a. AGE – LAST BIRTHDAY (Years): 74
5b. UNDER 1 YEAR – MOS. / DAYS
5c. UNDER 1 DAY – HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Feb 3, 1921
7. BIRTHPLACE (City and State or Foreign Country): Madison, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Nashville Memorial Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Madison Tn.
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): John Gardner
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Homemaker
12b. KIND OF BUSINESS/INDUSTRY: Domestic
13a. RESIDENCE – STATE: Tenn.
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 3835 Edwards Ave.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37216
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No
Specify, if yes:
15. RACE – American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Sam F. Buchanan
18. MOTHER'S NAME (First, Middle, Maiden Surname): Beulah Downs

INFORMANT

19a. INFORMANT'S NAME (Type/Print): John Gardner
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3935 Edwards Ave. Nashville, TN 37216

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Middle Tenn. Veterans Cemetery
20c. LOCATION – City or Town, State: Nashville, Tenn.
21a. SIGNATURE OF FUNERAL DIRECTOR: Stanley B. McAfee
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2396
21c. SIGNATURE OF EMBALMER: Jeff Croy
21d. LICENSE NUMBER OF EMBALMER: 3867
22a. NAME AND ADDRESS OF FUNERAL HOME: Cole & Garrett Funeral Home, P.O. Box 444, Goodlettsville, Tn 37070
22b. LICENSE NUMBER OF FUNERAL HOME: 718

REGISTRAR

23. REGISTRAR'S SIGNATURE: Marsha D. Sours
24. DATE FILED (Month, Day, Year): April 27, 1995

CERTIFIER

25a. PHYSICIAN – To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
1 [ ] SIGNATURE AND TITLE OF PHYSICIAN: Fernando Miranda
25b. LICENSE NUMBER: MD 11379
25c. DATE SIGNED (Month, Day, Year): 4-24-95
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): Fernando Miranda M.D., 610 W. Due West Av G-24, Madison, Tn 37115

CAUSE OF DEATH

SEE INSTRUCTIONS ON OTHER SIDE

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. Cancer Ovaries	years
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): b.	
	DUE TO (OR AS A CONSEQUENCE OF): c.	
	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: Bowel Obstruction, small

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 [ ] 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)

BIRTH NO

PH-1659
REV. 1/89