BILL GARRETT, Davidson County
Trans:T20150020065 AFFIDAVITH
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Fees:62.00 Taxes:0.00
20150319-0023673

STATE OF TENNESSEE)
)
COUNTY OF Davidson)

AFFIDAVIT OF HEIRSHIP

1. My name is Ben M. Jacobs. I am an adult resident of the State of Tennessee and I am competent to give the testimony in this sworn Affidavit.

2. I am the court appointed Executor for the Estate of Douglas Lee Langford. The Estate has been opened for the purpose of probate in the Seventh Circuit Court for Davidson County, Tennessee under docket number 15P-139. See attached Order to Probate, marked as "Exhibit A."

3. Douglas Lee Langford died testate as a resident of Davidson County on 12/25/2014. See attached Death Certificate, marked as "Exhibit B."

4. Douglas Lee Langford left a duly executed Last Will and Testament, dated June 19, 2002. See attached Last Will and Testament, marked as "Exhibit C." Further, the Last Will and Testament has been admitted for probate by Court Order entered on February 11, 2015. See Exhibit A.

5. Douglas Lee Langford owned real property located at the following addresses within Davidson County, Tennessee:

5632 O'Brien Street, Nashville, TN 37209
505 Achievement Drive, Nashville, TN 37209

6. Pursuant to the terms of the Last Will and Testament of Douglas Lee Langford, Item III- Specific Gifts, any and all real property owned by Mr. Langford at the time of his death shall be given and devised to his son, Ryan Lee Jackson. See Exhibit C.

7. The Estate is solvent. To date, there have been no claims filed against the Estate. Executor (Affiant and acting Power of Attorney for Douglas Lee Langford prior to his death) expects that there will be more than sufficient assets to satisfy whatever nominal claims may be filed.

8. To my knowledge, Douglas Lee Langford was not a recipient of any benefits as a member of TennCare or Medicaid.

Ben M. Jacobs
Ben M. Jacobs

Now having first been sworn, the above named Affiant appeared before me and proved his/her identity to me by a government issued photograph identification card, and gave the testimony in this Affidavit for the purpose(s) stated herein. The Affiant did not appear to be under any undue influence or duress and appeared to be competent to provide the information contained herein.

Jennifer Sheppard

Notary Public

JENNIFER SHEPPARD
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TN

My commission expires: 3/07/20

PREPARED BY:
Jennifer Sheppard, BPR# 24699
Martin Heller Potempa & Sheppard, PLLC
2122 21st Avenue South
Nashville, TN 37212
(615) 800-7096 office

STATE OF TENNESSEE

I, RICHARD R. ROOKER, Clerk of the Circuit Court for Davidson County, in the State aforesaid, do hereby certify that the foregoing is a true and correct copy of the PETITION ORDER heretofore filed in the SEVENTH Circuit Court for Davidson County, Tennessee, on the 11 day of FEBRUARY, 2015, in Docket Number 15P139, IN RE: LANGFORD, DOUGLAS LEE, as same remains of record in the Minutes of said Court.

IN TESTIMONY WHEREOF, I hereunto subscribe my name and affix the seal of said Court, at office, in Nashville, the 27 day of FEBRUARY in the year 2015 and in the 238 year of American Independence.

RICHARD R. ROOKER, Clerk,

By: _____
Deputy Clerk

[SEAL]

EXHIBIT
A

Copy

IN THE SEVENTH CIRCUIT COURT FOR DAVIDSON COUNTY, TENNESSEE
AT NASHVILLE
PROBATE DIVISION

FILED
FEB 11 2015
By: [illegible] Clerk
Deputy

IN RE: THE ESTATE OF	)	
DOUGLAS LEE LANGFORD,	)	No. 15P-139
Decedent.	)	

ORDER TO PROBATE LAST WILL AND TESTAMENT AND FOR LETTERS TESTAMENTARY

This cause came to be heard on the 11th day of February 2015 in front of the Honorable Randy Kennedy, Seventh Circuit Court Judge for Davidson County, Tennessee. Based upon the sworn Petition, statements made by counsel and the entire record as a whole, this Court finds that the Petition is well taken and therefore granted. The following is hereby ordered:

It is therefore **ORDERED, ADJUDGED, and DECREED** that the Last Will and Testament of Douglas Lee Langford, executed on June 19, 2002, is hereby accepted by the Court and shall be admitted for the purpose of probate. Petitioner, Ben M. Jacobs, shall be appointed as the Executor of the Estate of Douglas Lee Langford. Letters Testamentary shall be issued accordingly.

It is further **ORDERED** pursuant to the terms of the Last Will and Testament of the Decedent, the requirements of bond, inventory and accountings shall be waived. Annual Status Reports shall be filed as required by law and local rules.

It is further **ORDERED** that the Clerk of the Court shall give notice of the Decedent's death to the Department of Revenue and to Creditors through publication or as otherwise required by law.

It is so **ORDERED.**

ENTERED this 11 day of Feb, 2015.

Copy

HONORABLE RANDY KENNEDY

APPROVED FOR ENTRY:

Jennifer Sheppard, BPR #24699
Martin Heller Potempa & Sheppard, PLLC
2122 21st Avenue South
Nashville, TN 37212
(615) 800-7096 office
jsheppard@mhpslaw.com

Attorney for the Estate

Certificate of Service

I hereby certify that a true and exact copy of the foregoing has been forwarded via U.S. Postal Service, postage prepaid, to the following persons this 11 day of Feb., 2015:

Ryan Langford
618 Ries Avenue
Nashville, TN 37209

Jonathan Langford
P.O. Box 23949
Silverthorne, CO 80498

Jared Langford
444 Capri Drive
Nashville, TN 37209

Mark Langford
7400 East Colony Drive
Nashville, TN 37221

Ben M. Jacobs
Ben.jacobs95@gmail.com

Jennifer Sheppard

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Douglas Lee Langford
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): December 25, 2014
4. TIME OF DEATH (Hours): 3:12 pm
5a. Age-Last Birthday (Years): 64
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): September 7, 1950
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN

(TYPEWRITE 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): Alive Hospice
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: Civil Engineer
11b. KIND OF BUSINESS/INDUSTRY: TDOT

12. SOCIAL SECURITY NUMBER: [redacted]
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 5632 O' Brien Street
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37209
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ 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
☒ 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): Willie Langford
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Wilma Pendergrass

DISPOSITION

20a. INFORMANT'S NAME: Beh Jacobs
20b. RELATIONSHIP TO DECEDENT: POA
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 9033 Old Charlotte Pike, Pegram, TN 37143

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

22a. SIGNATURE OF FUNERAL DIRECTOR: Michael P. Dellibra
22b. LICENSE NUMBER: 5352
22c. SIGNATURE OF EMBALMER: Michael P. Dellibra
22d. LICENSE NUMBER: 5353

23a. NAME AND ADDRESS OF FUNERAL HOME: WEST HARPETH FUNERAL HOME, 6962 Charlotte Pike Nashville, TN 37209
23b. LICENSE NUMBER OF FUNERAL HOME: 1016

REGISTRAR

24. REGISTRAR'S SIGNATURE: Deborah Chase
25. DATE FILED (Month, Day, Year): December 29, 2014

CERTIFIER

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

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.

27a. SIGNATURE OF CERTIFIER: [signature]
27b. LICENSE NUMBER: 48648
27c. DATE SIGNED (Month, Day, Year): 12/29/14
27d. NAME AND ADDRESS: Laura Tharpe, M.D. 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.

Approximate Interval: Onset to death

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Sepsis, MRSA
Due to (or as a consequence of): b. Left Shoulder Septic arthritis
Due to (or as a consequence of): c.
Due to (or as a consequence of): d.

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.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I: Alcohol Abuse, COPD, ASCVD

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-1858 (Rev. 10/2011) RDA 1389

EXHIBIT B

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.

7476166

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

7476166

Teresa S. Hendricks, STATE REGISTRAR
John J. Dreyzehner, MD, MPH, FACOEM, COMMISSIONER
Date Issued: DEC 29 2014

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE

I, RICHARD R. ROOKER, Clerk of the Circuit Court for Davidson County, in the State aforesaid, do hereby certify that the foregoing is a true and correct copy of the LAST WILL AND TESTAMENT heretofore filed in the SEVENTH Circuit Court for Davidson County, Tennessee, on the 11 day of FEBRUARY, 2015, in Docket Number 15P139, IN RE: LANGFORD, DOUGLAS LEE, as same remains of record in the Minutes of said Court.

IN TESTIMONY WHEREOF, I hereunto subscribe my name and affix the seal of said Court, at office, in Nashville, the 27 day of FEBRUARY in the year 2015 and in the 238 year of American Independence.

RICHARD R. ROOKER, Clerk,

By: _____
Deputy Clerk

[SEAL]

EXHIBIT C

Copy

Last Will and Testament

OF

DOUGLAS LEE LANGFORD

FILED
FEB 11 2015
RICHARD R. BOOKER, Clerk
BY: [illegible] Deputy

Item I

Declarations

1.1 My Will: My name is Douglas Lee Langford and this is my Will. I revoke any earlier dated Testamentary instrument of mine.

1.2 My Family: I have one child, Ryan Lee Jackson Langford, born July 2, 1982, and I refer to him as my son in this Will.

Item II

Payment of Funeral and Administration

expenses, debts and Taxes

2.1 Debts and Administration Expenses: My Executor should pay my unpaid funeral expenses and the expense of administering my debts.

2.2 Taxes: My Executor shall pay my lawful inheritance, estate or other death taxes, including interest and penalties thereon, from my general estate. My Executor shall not apportion these taxes against a beneficiary of my probate estate.

Item III

Specific Gifts

3.1 Gift to Son: I give all of the real property I may own on the date of my death, my automobiles, boats, motors and trailers, tools, household goods, furniture, furnishing and personal effects to my son, Ryan Lee Jackson Langford, per stirpes.

Item IV

Disposition of Residuary Estate

4.1 Residuary Estate: I devise that my residuary estate be given per stirpes and divided as follows: one-third to my son, Ryan Lee Jackson Langford; one-third to my nephew, Jonathan Langford; and one-third to my nephew, Jared Langford.

Douglas Lee Langford
DOUGLAS LEE LANGFORD

Copy

Item V

5.1 Appointment: I appoint Ben Michael Jacobs as Executor of my estate. Should he be unable or unwilling to serve, I appoint my son, Ryan Lee Jackson Langford, as my alternate Executor.

5.2 Resignation: My Executor may resign upon advance written notice of not less than thirty (30) days to the Court having jurisdiction over my estate, and the Court will appoint a successor Executor. However, the resignation is not effective until the successor Executor is appointed. The resigning Executor shall deliver the assets under its control and any evidences of title to the successor Executor and also shall make an accounting, unless excused from doing so by the successor Executor.

5.3 Bond: I excuse the Executor appointed herein from making bond.

5.4 General Provision Applicable to Executor: The following provisions apply to my Executor:

(a) My Executor has each power set forth in Tennessee Code Annotated, Section 35-50-110, which I incorporate by reference into this Will.

(b) A successor Executor has each duty, right and power given to the Executor originally appointed. A successor Executor is not liable for an act or default of a predecessor Executor, nor for a loss or an expense from or occasioned by an act done or neglected to be done by a predecessor Executor. The successor Executor may accept the account rendered and assets delivered to it by its predecessor as a complete discharge to the predecessor Executor.

(c) I excuse my Executor from filing an inventory and making reports to the Court having jurisdiction over my estate.

(d) My Executor shall have full authority to sell at a public or private sale my personal property without Court approval, to satisfy my last debts, if necessary. My realty shall be treated in all respects as personal property.

Item VI

Miscellaneous

6.1 Interpretive Provisions:

(a) Children and Descendants: A reference to my child includes each child of mine, share and share alike. If a child does not survive me, then the reference to my children includes my descendants per stirpes, by my deceased child.

Douglas Lee Langford
DOUGLAS LEE LANGFORD

Copy

(b) My Executor: A reference to my Executor includes each person or organization serving as the legal representative of my Last Will.

6.2 Insurance Proceeds: My Executor shall distribute my life insurance proceeds according to the dispositive provisions of this Will, but, when applicable, may make the distribution on a non-prorata basis. Despite the foregoing, my Executor may use all or part of the life insurance proceeds to pay all or part of my funeral and administrative expenses, federal estate and Tennessee inheritance taxes and lawful debts, after giving due regard for the financial welfare of the beneficiaries of my Will. A liability shall not be imposed upon my Executor for using, or refusing to use, the proceeds other than for the benefit of the beneficiaries of my Will.

6.3 Casualty Insurance Proceeds: If a gift is not in existence or is damaged by virtue of a casualty insured against, the beneficiary of the gift will receive the insurance proceeds recovered as a substitute for the gift if it is completely destroyed, or the damaged property and insurance proceeds recovered if partially destroyed.

Item VII

Signature

7.1 This Will consists of three (3) pages (each of which I have signed or initialed) covering Items I through VII, inclusive. I now sign this as my Last Will and Testament on this the 19 day of June, 2002, and pursuant to Tennessee Code Annotated 32-2-110. I request the attesting witnesses to make affidavit attached to this Will.

Douglas Lee Langford
DOUGLAS LEE LANGFORD

ATTEST TO EXECUTION OF THE WILL:

Thomas P. Lubeck
WITNESS

305 14th Ave N
Nashville TN 37203
ADDRESS

Julie Mayo
WITNESS

305 14th Ave N
Nashville TN 37203
ADDRESS

Copy

STATE OF TENNESSEE
COUNTY OF DAVIDSON

I make oath or affirm that:

1. The Testator, Douglas Lee Langford, signed the foregoing Last Will on the date shown on the Will, and at the time of such signing he informed me he signed it as his Last Will.

2. He signed this Will when I was in his sight and presence. Contemporaneously with the signing, he requested me to sign the Will as his attesting witness, which I did in the sight and presence of a second witness.

3. The Testator is more than eighteen (18) years of age, and I am also more than eighteen (18) years of age.

4. In my judgment the Testator is legally competent to make a Will.

WITNESS

Sworn to and subscribed before me this 19th day of June, 2002.

NOTARY PUBLIC

My Commission Expires: 4-28-04

LARRY D. CRAIG
NOTARY PUBLIC AT LARGE
STATE OF TENNESSEE

Copy

STATE OF TENNESSEE
COUNTY OF DAVIDSON

I make oath or affirm that:

1. The Testator, Douglas Lee Langford, signed the foregoing Last Will on the date shown on the Will, and at the time of such signing he informed me he signed it as his Last Will.

2. He signed this Will when I was in his sight and presence. Contemporaneously with the signing, he requested me to sign the Will as his attesting witness, which I did in the sight and presence of a second witness.

3. The Testator is more than eighteen (18) years of age, and I am also more than eighteen (18) years of age.

4. In my judgment the Testator is legally competent to make a Will.

WITNESS

Sworn to and subscribed before me this 19th day of June, 2001.

NOTARY PUBLIC

My Commission Expires: 4-28-04

LARRY D. CRAIG
NOTARY PUBLIC AT LARGE
STATE OF TENNESSEE