BILL GARRETT, Davidson County
Trans:T20150027192 AFFIDAVITH
Recvd: 04/13/15 08:52 3 pgs
Fees:17.00 Taxes:0.00
20150413-0032044

This Instrument Prepared By:

John L. Whitfield, Jr., Esq.
Moody, Whitfield & Castellarin
95 White Bridge Road, Suite 509
Nashville, TN 37205

T.C.A. § 67-4-409(a)(5) provides the valuation oath is unnecessary.

AFFIDVIT OF INHERITANCE OF REAL ESTATE

Address New Owners As Follows:	**Send Tax Bills To:**	**Map and Parcel Numbers**
Sonja Teitloff 8083 Esterbrook Drive Nashville, TN 37221	SAME	128-14-55

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The undersigned, being duly sworn, deposes and says:

Jimmie J. Teitloff, a resident of Davidson County, State of Tennessee, who died June 29, 2011 as evidenced by a copy of the Death Certificate attached as Exhibit A held a joint tenants with right of survivorship interest in the following described real estate:

> LAND in Davidson County, Tennessee, being Lot No. 47, on the Plan of HARPETH PARK, Section 2, of record in Book 3700, page 58, Register's Office for said County, to which plan reference is hereby made for a more complete and accurate legal description.
>
> BEING the same property conveyed to Jimmie J. Teitloff and wife, Sonja C. Teitloff by deed from Lisa Emma Deschenes and husband, Michael P. Nicholl, of record in Instrument No. 2001720-0077026, Register's Office for Davidson County, Tennessee.
>
> The property herein conveyed is subject to restrictive covenants of record in Book 3990, page 68, said Register's Office, and to the matters set forth in the above referenced plan of record.
> This is improved property known as 8083 Esterbrook Drive, Nashville, TN 37221

The undersigned received 100% interest in the real estate described above by virtue of being the surviving tenant by the entirety. The estate of Jimmie J. Teitloff was not probated.

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 that the valuation oath is unnecessary, the Affidavit being used as evidence to transfer title of the property to a beneficiary.

FURTHER AFFIANT SAITH NOT.

Sonja Teitloff

Sonja Teitloff

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County, aforesaid, personally appeared, Sonja Teitloff, 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 Sonja Schmidli executed the foregoing instrument for the purposes therein contained as her 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 the 18th day of March, 2015.

Susan Long Oliver

Notary Public

SUSAN LONG OLIVER
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

My Commission Expires:

5-8-18

STATE OF TENNESSEE
Office of Vital Records

TYPE/PRINT IN PERMANENT, BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: 110751

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Jimmie Jerriel Teitloff
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): June 29, 2011
4. SOCIAL SECURITY NUMBER: [redacted]5450
5a. AGE-LAST BIRTHDAY (Years): 73
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): July 8, 1937
7. BIRTHPLACE (City and State or Foreign Country): Des Moines, Iowa
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] 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): Saint Thomas Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Sonja C. Johnson
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Sales
12b. KIND OF BUSINESS/INDUSTRY: Industrial Equipment
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 8083 Esterbrook Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37221
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [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): ; College (1-4 or 5+): 2

PARENTS

17. FATHER'S NAME (First, Middle, Last): James Teitloff
18. MOTHER'S NAME (First, Middle, Maiden Surname): Thelma Curnel

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Sonja C. Teitloff
19b. RELATIONSHIP TO DECEASED: Spouse
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 8083 Esterbrook Drive, Nashville, TN 37221

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): Harpeth Hills Memory Gardens
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Michael Illobre
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5352
21c. SIGNATURE OF EMBALMER: ▶ Illobre, Michael
21d. LICENSE NUMBER OF EMBALMER: 5353
22a. NAME AND ADDRESS OF FUNERAL HOME: West Harpeth Funeral Home, 6962 Charlotte Pike, Nashville, TN 37209
22b. LICENSE NUMBER OF FUNERAL HOME: 1016

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Linda L. Travers QR
24. DATE FILED (Month, Day, Year): July 1, 2011

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.
1 [X] SIGNATURE AND TITLE OF PHYSICIAN: ▶ [signature] MD
25b. LICENSE NUMBER: TN1875
25c. DATE SIGNED (Month, Day, Year): 06/30/2011
26a. 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.
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): Suite 330, 4220 Harding Rd, Nashville TN 37205

CAUSE OF DEATH

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.	Anoxic Encephalopathy	1 week
DUE TO (OR AS A CONSEQUENCE OF): b.	Sudden Cardiac Death	1 week
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): c.	Myocardial Infarction	1 week
d.	CAD	Chronic

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

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 [X] 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: M
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)

SEE INSTRUCTIONS ON OTHER SIDE

4-1659 (REV. 6/99)

BIRTH NO.

RDA 1309

4621983

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.

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

JUL 01 2011
Date Issued

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD