This Instrument Was Prepared By:
John L. Chambers, Attorney
Adams and Reese LLP
424 Church Street, Suite 2700
Nashville, TN 37219

Davidson County AFFIDAVITH
Recvd: 06/04/15 13:53 10 pgs
Fees:52.00 Taxes:0.00
20150604-0052421

Address New Owner As Follows:	Send Tax Bills To:	Map-Parcel Numbers
Cynthia Kahanek 6916 Stone Run Drive Nashville, TN 37211		MAP 180-03-0-A PARCEL 005.00

AFFIDAVIT OF HEIRSHIP TO REAL PROPERTY

Decedent: Elroy D. Kahanek

Heirs: Cynthia Kahanek, aka Cindy Kahanek; Kimberly Gray

Property: 6916 Stone Run Drive, Nashville, TN 37211

County: Davidson, Tennessee

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The undersigned, Cynthia Kahanek, after being duly sworn according to law, and being eighteen years of age or older, makes oath as follows:

1. This Affidavit of Heirship is submitted in accordance with Tennessee Coded Annotated § 30-2-712.

2. On March 11, 2014, Elroy D. Kahanek, (the "Decedent") died intestate a resident of Davidson County, State of Tennessee.

3. Decedent was my husband, and I am familiar with Decedent's personal family history.

4. Attached to this Affidavit is a copy of the Affidavit of Patricia Shows, the sister of Decedent, which is correct in all its contents except for a typographical error wherein she states that Decedent died on March 11, 2004 (attached as Exhibit 1).

5. A copy of the Death Certificate of my husband, Elroy D. Kahanek, is attached as Exhibit 2.

6. At the time of Decedent's death, the Decedent owned real property located in Davidson County, Tennessee, known as 6916 Stone Run Drive, Nashville, TN 37211, and which is more fully described in Exhibit 3 attached hereto (the "Property").

7. Decedent did not leave a will and no administration of the estate is commenced at this time.

8. Decedent was married to the undersigned, Ms. Cynthia Kahanek, at the time of his death and left one surviving child, Kimberly Gray, who currently resides in California. Decedent did not have any other children during his lifetime.

9. Therefore, pursuant to Tennesdsee Code Annotated § 30-2-104, Decedent's surviving spouse, Cynthia Kahanek, and Decedent's daughter, Kimberly Gray, became the owners in fee simple of the Property upon the Decedent's death.

10. Affiant makes this Affidavit of her own free will, without collusion with any person, and of her own knowledge. Affiant, had no interest, legal or otherwise, in said Property prior to Decedent's death, it having been owned solely by Decedent.

11. WITNESS my hand this 2 day of June, 2015.

Cynthia Kahanek
CYNTHIA KAHANEK

Sworn to and subscribed before me this the 2nd day of June, 2015.

Debra S. Frazier
Notary Public

DEBRA S. FRAZIER
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires March 10, 2019

My Commission expires 3/10/19

EXHIBIT 1

This Instrument was Prepared By:
Zachary D. Oswald, Attorney
Legal Aid Society of Middle TN
300 Deaderick Street
Nashville, TN 37201

AFFIDAVIT OF HEIRSHIP TO REAL PROPERTY

Decedent: Elroy D. Kahanek

Heir: Cynthia Kahanek, aka Cindy Kahanek

Property: 6916 Stone Run Drive, Nashville, TN 37211

County: Davidson, Tennessee

STATE OF MISSISSIPPI)
COUNTY OF JONES)

The undersigned, Patricia SHOWS, after being duly sworn according to law, and being eighteen years of age or older, makes oath as follows:

1. This Affidavit of Heirship is submitted in accordance with Tennessee Code Annotated § 30-2-712.

2. On March 11, 2004, Elroy D. Kahanek, (the "Decedent") died a resident of Davidson County, State of Tennessee.

3. Decedent was my brother, and I was familiar with Decedent's family history.

4. At the time of Decedent's death, the Decedent owned real property located in Davidson County, Tennessee, known as 6916 Stone Run Drive, Nashville, TN 37211, and which is more fully described in Exhibit A attached hereto (the "Property").

5. The Decedent did not leave a will, and no administration of an estate for the Decedent has commenced at this time.

6. The Decedent was married to Ms. Cynthia Kahanek at the time of his death, and left one surviving child, Kimberly Gray, who currently resides in California. The Decedent did not have any other children during his lifetime.

7. Therefore, pursuant to Tennessee Code Annotated § 30-2-104, Decedent's daughter and surviving spouse became the owners in fee simple of the property upon the Decedent's death.

8. Affiant makes this Affidavit of her own free will, without collusion with any person, and of her own knowledge. Affiant has no interest, legal or otherwise, in said real property.

WITNESS my hand this the 22nd day of April, 2015.

PATRICIA SHOWS

Sworn to and subscribed before me this the 22nd day of April, 2015.

STATE OF MISSISSIPPI ELIZABETH T. WOOD ID No 47472 NOTARY PUBLIC Comm Expires November 17, 2016 JONES COUNTY

Elizabeth T Wood
Notary Public

My Commission Expires Nov. 17, 2016

STATE OF MISSISSIPPI)
COUNTY OF JONES)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, PATRICIA SHOWS, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that she executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at Nashville, Tennessee, this the _____ day of _____, _____.

_____
Notary Public

My Commission Expires _____

EXHIBIT 2

STATE OF TENNESSEE
Office of Vital Records

14015585

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Elroy David Kahanek
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): March 11, 2014
4. TIME OF DEATH (Military): 11:45 pm
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): March 27, 1941
7. BIRTHPLACE (City and State or Foreign Country): Bastrop, TX

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: Inpatient / ER/Outpatient / OOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: Hospice facility / Nursing home/long term care facility / [X] Decedent's home / Other residence / Other (Specify)

8b. FACILITY NAME (If not inpatient, give street and number): 6916 Stone Run Dr.
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: [X] Married / Married, but separated / Widowed / Divorced / Never married / Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Cynthia Williamson
11a. DECEDENT'S USUAL OCCUPATION: Song Writer/Promoter
11b. KIND OF BUSINESS/INDUSTRY: Atlantic Records
12a. SOCIAL SECURITY NUMBER: [redacted]-7293
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 6916 Stone Run Dr.
13e. INSIDE CITY LIMITS: [X] Yes / No
13f. ZIP CODE: 37211
14. WAS DECEDENT EVER IN U.S. ARMED FORCES? [X] 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 / [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 / [X] Samoan / Other Pacific Islander (Specify) / Other (Specify) / [X] Unknown

3VB

PARENTS

18. FATHER'S NAME (First, Middle, Last): Herman G. Kahanek
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Helen E. Heffman

INFORMANT

20a. INFORMANT'S NAME: Cynthia Kahanek
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 6916 Stone Run Dr., Nashville, TN 37211

DISPOSITION

21a. METHOD OF DISPOSITION: [X] Burial / Cremation / Donation / Entombment / Removal from State / Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Woodlawn Memorial Park
21c. LOCATION (City or Town, and State): Nashville, TN

22a. SIGNATURE OF FUNERAL DIRECTOR: Wendell L. Byrd
22b. LICENSE NUMBER: 2556
22c. SIGNATURE OF EMBALMER: Nickless Lafayette Keith, Jr.
22d. LICENSE NUMBER: 6544
23a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Hickory Chapel, 5852 Nolensville Rd., Nashville, TN 37211
23b. LICENSE NUMBER OF FUNERAL HOME: 760

REGISTRAR

24. REGISTRAR'S SIGNATURE: Deborah Cloos DR
25. DATE FILED (Month, Day, Year): March 14 2014

CERTIFIER

26. CERTIFIER (Check only one)
[X] 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.

PHYSICIAN OR MEDICAL EXAMINER EXPLAINING CAUSE OF DEATH MUST COMPLETE IF ONSET WITHIN 48 HOURS.

27a. SIGNATURE OF CERTIFIER: Jian-Wei Li
27b. LICENSE NUMBER: 38448 TN
27c. DATE SIGNED (Month, Day, Year): 3/14/14
27d. NAME AND ADDRESS: Jian-Wei MD, 5431 Edmondson Pike, Ste. 10, Nashville, TN 37211

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. Heart Failure	
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): COPD	
	Due to (or as a consequence of): Atrial Fibrillation	
	Due to (or as a consequence of):	

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: [X] Natural / Homicide / Accident / Pending Investigation / Suicide / Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [X] 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 - (e.g., home, farm, street, factory, office building, etc.) (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

RDA 1339

PH-1629 (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.

6433406

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

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

6433406

Date Issued: MAR 14 2014

CERTIFICATION OF VITAL RECORD

EXHIBIT 3

DESCRIPTION OF REAL PROPERTY

A CERTAIN TRACT OR PARCEL OF LAND IN DAVIDSON COUNTY, STATE OF TENNESSEE, DESCRIBED AS FOLLOWS, TO-WIT:

Land in Davidson County, Tennessee, Being Lot No. 5 Stone Creek Park Subdivision, Section 1-A, according to the plan of record in Plat Book 9700, page 329, Register's Office for Davidson County, Tennessee, to which plan reference is hereby made for a more complete and accurate description thereof.

Being a portion of the same property conveyed to Zaring Homes, Inc., by deed from Gillespie Land Development, LLC, of record in Book 11061, page 983, Register's Office for Davidson County, Tennessee.

Also being that same Property conveyed to Elroy D. Kahanek by Zarin Homes, Inc. by deed of record in Book 11352, page 699, Registers Office for Davidson County, Tennessee.

CERTIFICATE OF AUTHENTICITY

I, David J. Tarpley, do hereby make oath that I am a licensed attorney and the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and exact copy of the original document executed and authenticated according to law.

David J. Tarpley

State of Tennessee
County of Davidson

Personally appeared before me, Elma Bolling, a notary public in and for this county and state, David J. Tarpley, with whom I am personally acquainted, and who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed this 4th day of June, 2015.

Elma Bolling
Notary Public

My commission expires:

