This instrument prepared by:

GEORGE J. DUZANE
Attorney at Law
603 Woodland Street
Nashville, TN 37206
(615) 259-1214

Sent tax bills to:
Patricia R. Lane
368 Dorr Dr.
Goodlettsville, TN 37072

BILL GARRETT, Davidson County
Trans:T20150049253 AFFIDAVITH
Recvd: 06/19/15 14:27 3 pgs
Fees:17.00 Taxes:0.00
20150619-0059019

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE
COUNTY OF DAVIDSON

We, **PAUL W. LANE and PATRICIA R. LANE,** after being duly sworn according to law, depose and state as follows:

1. We are the heirs of **SARAH M. LANE**, residing as follows:

Paul W. Lane
791 Dry Creek Rd.
Goodlettsville, TN 37072

Patricia R. Lane
368 Dorr Dr.
Goodlettsville, TN 37072

2. We are over the age of 18 years and are of sound mind and disposing memory.

3. Our mother, Sarah M. Lane, died on April 24th, 2015. Her death certificate is attached as Exhibit A. She did leave a will; however, we are the only two (2) heirs to the Estate of Sarah M. Lane. Our father, Paul William Lane, predeceased our mother on December 13th, 1993.

4. At the time of her death, Sarah M. Lane owned real property located in Goodlettsville, Davidson County, Tennessee, described as follows:

> Land in Davidson County, Tennessee, being Lot No. 51 on the Plan of Emerald Cove, of record in Book 6900, Pages 629, 630 and 631, amended in Book 9112, Page 29, Register's Office for said County, reference to which is hereby made for a more complete and accurate description.
>
> BEING the same property conveyed to Sarah M. Lane by Warranty Deed dated May 31st, 1994 from Edward Randall Phillips, II et ux, Michelle Phillips, d/b/a Randall Phillips Homes and of record in Book 9367, Page 698, Register's Office for Davidson County, Tennessee.
>
> This is improved property known as 383 Dorr Drive, Goodlettsville, TN 37072.

5. As the surviving heirs of Sarah M. lane, we are entitled to inherit the real estate located at 383 Dorr Drive, Goodlettsville, TN 37072.

DATED this 11 day of JUNE, 2015.

Paul W. Lane

PAUL W. LANE

Sworn to and subscribed before me this 11 day of June, 2015.

NOTARY PUBLIC
My Commission Expires: 3/20/19

GEORGE J. DUNN
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.

Patricia R. Lane

PATRICIA R. LANE

Sworn to and subscribed before me this 11 day of June, 2015.

NOTARY PUBLIC
My Commission Expires: 3/20/19

GEORGE J. DUNN
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.

EXHIBIT A

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): Sarah M Lane
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): April 24, 2015
4. TIME OF DEATH (Approx.):
5a. AGE-Last Birthday (Years): 88
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): December 13, 1926
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN

TYPE/PRINT 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): West Meade Place
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: Administrative Assistant
11b. KIND OF BUSINESS/INDUSTRY: US Dept.of Agriculture

12. SOCIAL SECURITY NUMBER: [redacted]-9948
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Goodlettsville
13d. STREET AND NUMBER: 383 Dorr Dr
13e. INSIDE CITY LIMITS: ☑ Yes ☐ No
13f. ZIP CODE: 37072-1316
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

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PARENTS

18. FATHER'S NAME (First, Middle, Last): Walter Hugh McCulley
18. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Nellie Vaughn

DISPOSITION

20a. INFORMANT'S NAME: Paul W. Lane Jr.
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 791 Dry Creek Rd, Goodlettsville, TN 37072-4006
21a. METHOD OF DISPOSITION: ☐ Donation ☐ Entombment ☑ Burial ☐ Cremation ☐ Removal from State ☐ Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Forest Lawn Memorial Gardens
21c. LOCATION - City or Town and State: Goodlettsville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Robert E Pigua
22b. LICENSE NUMBER: 6060
22c. SIGNATURE OF EMBALMER: ▶ Dawn Renee' Everett
22d. LICENSE NUMBER: 6024
23a. NAME AND ADDRESS OF FUNERAL HOME: Forest Lawn Funeral Home & Memorial Gardens, 1150 South Dickerson Road, Goodlettsville, TN 37072
23b. LICENSE NUMBER OF FUNERAL HOME: 927

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Michael Eldridge MC
25. DATE FILED (Month, Day, Year): 4/27/15

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. ☐ 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: ▶ [signature]
27b. LICENSE NUMBER: MD 013402
27c. DATE SIGNED (Month, Day, Year): 4/27/15
27d. NAME AND ADDRESS: Richard Berman MD 300 20th Ave North Nashville Tenn 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.	Respiratory failure	
Due to (or as a consequence of)	COPD	
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 — 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.
Coronary artery disease AV stenosis

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-1659 (Rev. 10/2011) RDA 1399

7701863

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

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

7701863

Date Issued: APR 24 2015

CERTIFICATION OF VITAL RECORD