BILL GARRETT, Davidson County
Trans:T20150057735 AFFIDAVITH
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Fees:22.00 Taxes:0.00
20150716-0069332

STATE OF TENNESSEE)
) ss:
COUNTY OF DAVIDSON)

AFFIDAVIT OF HEIRSHIP PURSUANT TO T.C.A. § 30-2-712

COMES NOW Jennifer Frank Siliski ("Affiant") who, first being duly sworn, does depose and testify under penalty of perjury as follows:

1. **AFFIANT.** My name is Jennifer Frank Siliski. I am an adult resident of the State of Tennessee and I am competent to give the testimony in this sworn Affidavit. The testimony herein is based on my personal knowledge of the Decedent.

2. **DECEDENT.** Michael Dyne Pruitt, died in Davidson County, Tennessee on May 28, 2015. His death certificate is attached as Exhibit A.

3. **DECEDENT'S HEIRS.** Michael Dyne Pruitt was unmarried at the time of his death, and was survived by one (1) child, Brittany Whitaker. Brittany Whitaker is the sole heir-at-law of Michael Dyne Pruitt.

4. **DECEDENT'S REAL PROPERTY.** Michael Dyne Pruitt was the sole owner of real property located at 2209 Hurdwood Drive, Nashville, Tennessee 37211. The property is currently titled in the name of Mike Pruitt. The legal description of the subject property is as follows:

> Being Lot No. 9 on the Plan of Section 2, Hurdwood Heights, of record in Book 2330, Page 38, Register's Office for Davidson County, Tennessee.
>
> Said Lot No. 9 fronts 68 feet on the west side of Hurdwood Drive and runs back 183.4 feet on the north line and 121.7 feet on the south line to a dead line in the rear, on which it measures 91.8 feet.
>
> Being the same property conveyed to Mike Pruitt by Quitclaim Deed from Beverly Pruitt on November 4, 1988, said deed being of record in Book 7698, Page 20, Register's Office of Davidson County, Tennessee.

5. **DECEDENT DIED INTESTATE.** Michael Dyne Pruitt died without leaving a document purporting to be his Last Will and Testament. No court proceeding for the intestate administration of Michael Dyne Pruitt's Estate has been initiated, nor is such proceeding necessary.

FURTHER AFFIANT SAYETH NOT.

Jennifer Frank Siliski, Affiant

6/26/15
Date

NOTARY ACKNOWLEDGMENT

Now having first been sworn, Jennifer Frank Siliski, appeared before me and proved 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.

Colleen O'Connell
Notary Public

COLLEEN O'CONNELL
STATE
TENNESSEE
NOTARY
PUBLIC
DAVIDSON COUNTY, TENN.

June 26, 2015
Date

My commission expires: Oct. 18, 2016

EXHIBIT A

Death Certificate of Michael Dyne Pruitt

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): Michael Dyne Pruitt
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): May 28, 2015
4. TIME OF DEATH (Approx.): 11:05 pm
5a. AGE-Last Birthday (Years): 58
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): March 24, 1957
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: [X] Inpatient [ ] ER/Outpatient [ ] DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: [ ] Hospice facility [ ] Nursing home/Long term care facility [ ] Decedent's home [X] Other residence [ ] Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): Southern Hills Medical Center
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS: [ ] Married [ ] Married, but separated [ ] Widowed [X] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: Carpenter
11b. KIND OF BUSINESS/INDUSTRY: Construction
12. SOCIAL SECURITY NUMBER: 410-04-3594
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 2209 Hurdwood Drive
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37211
14. WAS DECEDENT EVER IN US ARMED FORCES? [ ] Yes [X] 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
[X] 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)
[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): Jewell Chester Pruitt
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Loyce Fennell

DISPOSITION

20a. INFORMANT'S NAME: Loyce Knoblauch
20b. RELATIONSHIP TO DECEDENT: Mother
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 113 Antioch Pike, Nashville, TN 37211
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: ▶ Richard Morrison
22b. LICENSE NUMBER: 2403
22c. SIGNATURE OF EMBALMER: ▶ Richard Morrison
22d. LICENSE NUMBER: 3137
23a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Inc., 3620 Nolensville Road, Nashville, TN 37211
23b. LICENSE NUMBER OF FUNERAL HOME: 396

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Larry Bruce Kelly Jr DR
25. DATE FILED (Month, Day, Year): June 5, 2015

CERTIFIER

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

26. CERTIFIER (Check only one):
26a. [X] 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: 40616
27c. DATE SIGNED (Month, Day, Year): 6/5/15
27d. NAME AND ADDRESS: Saeed Nur-~~Bakhaz~~ Mohammed MD, 391 Wallace Road, 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.	Brain Herniation	
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.	intra cerebral Hemorrhage	
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 [X] 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? [ ] 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

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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

8056694

Date Issued: JUN 09 2015

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD