BILL GARRETT, Davidson County
Trans:T20150069545 AFFIDAVITH
Recvd: 08/18/15 13:36 5 pgs
Fees:27.00 Taxes:0.00
20150818-0083145

This instrument prepared by:
Julie Cornell
109 Westpark Drive, Suite 300
Brentwood, TN 37027

Record and return to:
Same as preparer

Address of New Owner:	Send Tax Bills to:	Map/Parcel:
Julie J. Freetly	New Owner	161-07-0-107.00
5164 Hilson Drive		
Nashville, TN 37211		

AFFIDAVIT OF HEIRSHIP

The undersigned affiant, Ginger Eley, pursuant to Tenn. Code Ann. §30-2-712, upon her own personal knowledge and first being duly sworn, deposes and says under oath:

1. I am Ginger Eley. I am the niece of the late spouse of Decedent, Dean Dail Freetly.

2. Decedent, Dean Dail Freetly died on December 1, 2013, a resident of Nashville, Davidson County, Tennessee. A copy of Decedent's death certificate is attached to this affidavit as Exhibit A.

3. Decedent died intestate. Decedent's estate has been administered in the Probate Court for Davidson County, Tennessee, Docket Number 14P1849.

4. Decedent died a widower. Decedent's spouse, my mother's sister, Mary Alice Freetly, died on August 7, 2011, a resident of Nashville, Davidson County, Tennessee. A copy of Mary Alice Freetly's death certificate is attached to this affidavit as Exhibit B.

5. Decedent and his wife had four (4) children, whose names and addresses are:

Elaine Davidson	50 Annandale, Nashville, Tennessee 37215
Julie J. Freetly	5164 Hilson Lane, Nashville, Tennessee 37211
Mary Belles	2510 Gold Valley Drive, Murfreesboro, Tennessee 37130
David Freetly	Deceased

No other children were born to or adopted by Dean Dail Freetly or Mary Alice Freetly. David Freetly had no descendants at the time of his death.

6. At death, Decedent held a fee simple interest in a certain tract or parcel of real property located at 5164 Hilson Road, Nashville, Tennessee, Tax Parcel 161070107.00, more particularly described as:

> Being Lot No. 29 on the Plan of McMurray Woods Addition, Section 1, of record in Book 4675, Page 6 and 7, Register's Office for said County.
>
> Said Lot No. 29 fronts 75 feet on the northeasterly margin of Hilson Drive and extends back 163.1 feet on the southeasterly line and 139.81 feet on the northwesterly line to a line in the rear measuring 78.54 feet theron.
>
> Being the same property conveyed to Dean Dail Freetly and wife Mary Alice Freetly and Julie J. Freetly by deed from Victor Hazelwood, Trustee, of record in Instrument number 20010605-0058465, Register's Office for Davidson County, Tennessee.
>
> Mary Alice Freetly died on August 7, 2011. Her share of the property conveyed passed to Dean Dail Freetly as the surviving tenant by the entirety.

7. Title to the above described real property passed to Elaine Davidson, Julie J. Freetly and Mary Belles by the laws of intestate succession.

8. The actual consideration or value, whichever is greater, for this transfer is $0. This conveyance is made to implement a testamentary devise to a beneficiary and is exempt from tax by Tenn. Code Ann. § 67-4-409(a).

Further affiant saith not.

Executed this 4th day of August, 2015.

Ginger Eley

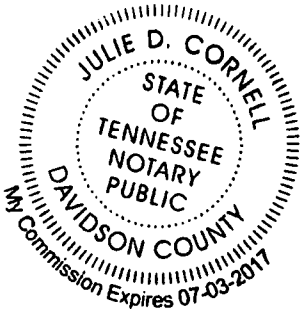
Ginger Eley, Affiant

State of Tennessee
County of Williamson

Before me, the undersigned Notary Public, personally appeared Ginger Eley, with whom I am personally acquainted, and who upon oath stated to me that the facts contained in the foregoing instrument are true and correct, and who signed the foregoing instrument in my presence, and who acknowledged that she executed the foregoing instrument for the purposes therein contained.

Witness my hand and official seal this the 4th day of August, 2015.

Julie D. Cornell
Notary Public



My Commission Expires: 7/3/17

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): Dean Dail Freetly
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): December 1, 2013
4. TIME OF DEATH (Approx.):
5a. AGE-Last Birthday (Years): 83
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): [redacted]
7. BIRTHPLACE (City and State or Foreign Country): Muskogee, Oklahoma

TYPE/PRINT IN PERMANENT BLACK INK

5d. 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)

NAME OF DECEDENT (For use by Physician or Institution)

8b. FACILITY NAME (If not Institution, give street and number): NHC of Cool Springs
8c. CITY OR TOWN: Franklin
8d. COUNTY OF DEATH: Williamson

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: Univ. Prof./Minister
11b. KIND OF BUSINESS/INDUSTRY: Education

12. SOCIAL SECURITY NUMBER: [redacted]
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 2044 Sherbrooke Lane
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37211
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ 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
☐ 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): Dail Ray Freetly
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Mearle Moore

INFORMANT

20a. INFORMANT'S NAME: Elaine Davidson
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 50 Annandale - Nashville, Tennessee 37215

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ 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, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ John Andrew Pavlek
22b. LICENSE NUMBER: 5755
22c. SIGNATURE OF EMBALMER: ▶ Gerald Huley Clark III
22d. LICENSE NUMBER: 6493
23a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn Roesch Patton Funeral Home 660 Thompson Lane Nashville, TN 37204
23b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Elaine J. Boyd, III
25. DATE FILED (Month, Day, Year): December 06, 2013

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: ▶ Alex Shadzick
27b. LICENSE NUMBER: 30229 TN
27c. DATE SIGNED (Month, Day, Year): Dec 5, 2013
27d. NAME AND ADDRESS: Alex Shadzick MD 7105 S. Springs Dr Franklin TN 37064

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.	Aspiration	days
Sequentially list conditions, if any, leading to this cause. Listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b. Dysphagia Due to (or as a consequence of):	years
	c. Alzheimer's Dementia Due to (or as a consequence of):	years
	d. 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: ☒ 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

6014553

I hereby certify the above to be a true and correct representation of the record or document on file in department. This certified copy is valid only when printed on security paper showing the red embossed s of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of document is prohibited.

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

6014553

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued DEC 06 2013

EXHIBIT A

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

1104587

Amended by Affidavit of Informant 9/12/2011 /JT

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2011 036518

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last): Mary Alice Freetly
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): August 07,2011
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]
5a. AGE-LAST BIRTHDAY (Years): 78
5b. UNDER 1 YEAR MOS.
5c. UNDER 1 DAY HOURS
6. DATE OF BIRTH (Month, Day, Year): [redacted]
7. BIRTHPLACE (City and State or Foreign Country): Woodlawn, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 X No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 Inpatient 2 ER/Outpatient 3 DOA; OTHER 4 Nursing Home 5 X Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 6650 Holt Road 910
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville 094
9d. COUNTY OF DEATH: Davidson 19
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Dean Dail Freetly
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Secretary
12b. KIND OF BUSINESS/INDUSTRY: David Lipscomb University
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2044 Sherbrooke Lane
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37211
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes O X No
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+): 4
PARENTS
17. FATHER'S NAME (First, Middle, Last): Walther Jerome Seay
18. MOTHER'S NAME (First, Middle, Maiden Surname): Olene Marie Clark
INFORMANT
19a. INFORMANT'S NAME (Type/Print): Elaine Davidson
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 50 Annandale Nashville, TN 37215
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): Woodlawn Memorial Park
20c. LOCATION-City or Town, State: Nashville, Tennessee
FUNERAL DIRECTOR
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Robert E. Fuqua
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 6060
21c. SIGNATURE OF EMBALMER: ▶ Dawn Renee' Everett
21d. LICENSE NUMBER OF EMBALMER: 6024
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn-Roesch-Patton Funeral Home and Memorial Park 660 Thompson Lane, Nashville, TN 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 933
REGISTRATION
23. REGISTRAR'S SIGNATURE: ▶ [signature]
24. DATE FILED (Month, Day, Year): August 12, 2011
CERTIFICATION
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]
25b. LICENSE NUMBER: 42577
25c. DATE SIGNED (Month, Day, Year): 8/11/11
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): David B. Trible M.D. 1719 Patterson Street, Nashville, TN 37203 Sharon F. Green M.D.
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. endometrial cancer
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated 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.
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
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)

PH-1659 (REV. 6/08) 4, 11, 12B, 13d-F, 17, 18,

BIRTH NO.

RDA 1389

4897030

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
Tonya Y. Forman, Local Registrar
Davidson County, Tennessee

9/27/2011
Date Issued

EXHIBIT
tabbies B

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD