BILL GARRETT, Davidson County
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20150917-0094479

This Instrument Prepared By:
Bradley Arant Boult Cummings LLP
1600 Division Street, Suite 700
Nashville, Tennessee 37203

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

On this 14th day of September, 2015, before me personally appeared **Brenda Jeane Sharp, Barry Kelso and Dawn Kelso Perkerson**, (collectively the "Affiants"), who having been duly sworn, state upon their personal knowledge:

1. That they are at least eighteen (18) years of age and are citizens and residents of Tennessee;

2. That Affiants are the only children born to their mother, **Alma Odell Albright Blankenship** ("Decedent");

3. That Decedent died intestate in Tennessee on February 28, 2014. A copy of the Decedent's death certificate is attached as Exhibit A.

4. At the time of the Decedent's death, the Decedent was not married.

5. No estate administration has been opened for Decedent.

6. That Decedent was survived by Affiants, being Decedent's sole heirs at law.

This Affidavit of Heirship is freely given to help establish and reflect the heirship with respect to any assets owned by Alma Odell Albright Blankenship.

Further, Affiants saith not.

END OF AFFIDAVIT
SIGNATURES TO FOLLOW ON SEPARATE SIGNATURE PAGE

IN WITNESS WHEREOF, the Brenda Jeane Sharpe has executed this Affidavit of Heirship this 14th day of September, 2015.

Brenda Jeane Sharpe

Brenda Jeane Sharpe

Subscribed and sworn to before me this 14th day of September, 2015.

Notary Public

My Commission Expires:

10/31/19

BRIAN S. SHELTON
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

ADDRESS OF AFFIANT:

Brenda Jeane Sharpe
6096 Beckwith Road
Mt. Juliet, TN 37122

IN WITNESS WHEREOF, the Barry Kelso has executed this Affidavit of Heirship this 14th day of September, 2015.

Barry Kelso

Subscribed and sworn to before me this 14th day of September, 2015.

Notary Public

My Commission Expires:

10/31/17

BRIAN S. SHELTON
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY
My Commission Expires OCT 31, 2017

ADDRESS OF AFFIANT:

Barry Kelso
22 Belcaro Circle
Nashville, TN 37215

IN WITNESS WHEREOF, Dawn Kelso Perkerson has executed this Affidavit of Heirship this 14th day of September, 2015.

Dawn Kelso Perkerson

Subscribed and sworn to before me this 14th day of September, 2015.

Notary Public

My Commission Expires:

10/31/17

ADDRESS OF AFFIANT:

Dawn Kelso Perkerson
1421 Myatt Loop
Burns, TN 37029

BRIAN S. SHELTON
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

My Commission Expires OCT 31, 2017

EXHIBIT A

Death Certificate

STATE OF TENNESSEE
Office of Vital Records

0401283

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH — STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Alma Odell Albright
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): February 28, 2014
4. TIME OF DEATH (Approx.): 3:30 pm
5a. AGE-Last Birthday (Years): 92
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): March 16, 1921
7. BIRTHPLACE (City and State or Foreign Country): Morgan Co., Alabama

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: Sales Clerk
11b. KIND OF BUSINESS/INDUSTRY: Sales

12. SOCIAL SECURITY NUMBER: [redacted]9475
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville

13d. STREET AND NUMBER: 7824 Old Charlotte Pike
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37209
14. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

NAME OF DECEDENT, (For use by Physician or Jurisdiction)

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

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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): Emmett Lee Miller Sr.
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Lydia Rebecca McLemore

INFORMANT

20a. INFORMANT'S NAME: Brenda Jeane Sharpe
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 6096 Beckwith Road, Mt. Juliet, Tennessee 37122

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Harpeth Hills Memory Gardens
21c. LOCATION - City or Town and State: Nashville, Tennessee

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Philip Charland
22b. LICENSE NUMBER: 6596
22c. SIGNATURE OF EMBALMER: ▶ Michael P. Illobre
22d. LICENSE NUMBER: 5353

23a. NAME AND ADDRESS OF FUNERAL HOME: Harpeth Hills Funeral Home, 9090 Highway 100, Nashville, Tennessee 37221
23b. LICENSE NUMBER OF FUNERAL HOME: 849

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ [signature]
25. DATE FILED (Month, Day, Year): March 5, 2014

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER (INCLUDING CAUSE OF DEATH. MUST COMPLETE AND SIGN WITHIN 48 HOURS.)

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.

27a. SIGNATURE OF CERTIFIER: ▶ Mitul W Gorm MD
27b. LICENSE NUMBER: MD 013402
27c. DATE SIGNED (Month, Day, Year): 3/4/14
27d. NAME AND ADDRESS: Richard Garman 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.
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Pneumonia
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. End stage dementia Due to (or as a consequence of)
c. Due to (or as a consequence of)
d. Due to (or as a consequence of)
Approximate Interval: Onset to death

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
CHF - S/P Aortic Valve Replacement, AS, CVD, Stroke
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)

TN-1650 (Rev. 10/2011) — RDA 1399

6432263

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

6432263

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued: MAR 05 2014

GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD