BILL GARRETT, Davidson County
Trans:T20150087440 AFFIDAVITH
Recvd: 10/14/15 09:54 7 pgs
Fees:37.00 Taxes:0.00
20151014-0104374

This instrument prepared by:

David C. Risner, Esquire
P.O. Box 594
Kingston Springs, TN 37082
(615) 952-2345

AFFIDAVIT OF HEIRSHIP

New Owner and Address:	**Send Tax Bills to:**	**Map No: 130-01-0 Parcel No: 116.00**
Edward Austin Mason, Jr. 548 Mt. Pleasant Road Kingston Springs, TN 37082	SAME	

The affiant, Lise McLean, having duly been sworn according to law, being of lawful age, pursuant to T.C.A. 30-2-712, as amended, hereby giving under oath the following of her own free will as a disinterested person and based upon her personal knowledge and familiarity with the hereafter named individuals and family in excess of twenty (20) years, as a family friend, hereby deposes and says as follows:

1. Edward Austin Mason, Sr., and wife, Lois Hewitt Mason, owned the fee simple interest as tenants by the entirety in the following real property located in Davidson County, Tennessee, described as follows, to wit:

> Being Lot No. 2 of Block "L" on the 2nd revised Plan Highlands of Belle Meade No. 2, as of record in Book 1130, pages 71 and 72, Register's Office for said County.
>
> Said Lot No. 2 fronts 140 feet on the westerly side of Don Allen Avenue and runs back 160 feet on the southerly line and 164.74 feet on the northerly line to an alley, measuring 140.09 feet thereon.
>
> Being the same property conveyed to Edward Austin Mason and wife, Lois Hewitt Mason as tenants by the entirety by deed from Edward Austin Mason, of record in Book 4336, page 622, Register's Office for Davidson County, Tennessee.

This is the same description as in the previous deed.

This is improved property commonly known as **6011 Don Allen Avenue, Nashville, Tennessee 37205.**

2. Edward Austin Mason, Sr., married, died intestate on the 9th day of February, 2004, in Davidson County, Tennessee, survived by his wife, Lois Hewitt Mason . (See attached Exhibit 1--Certificate of Death).

3. Lois Hewitt Mason, widowed, died on the 27th day of March, 2011, in Cheatham County, Tennessee. (See attached Exhibit 2--Certificate of Death). Ms. Mason died leaving a typed and signed document purporting to be the Will of Lois Hewitt Mason thereby leaving all of her personal and real property to her only child, Edward Austin Mason, Jr., in the event her husband pre-deceased her, thereby passing to her only son the same as if she had died intestate. (See attached Exhibit 3–Purported Will of Lois Hewitt Mason).

4. The named contingent beneficiary and next of kin/heir at law of Lois Hewitt Mason is:

Name	Age	Relationship	Address
Edward Austin Mason, Jr.	51	Son	548 Mt. Pleasant Road Kingston Springs, TN 37082

5. To the best of my knowledge, no Petition for Probate for the decedents has been filed and no claims against the property are pending.

6. This affidavit of statement of facts is being made to ascertain the heirs at law of the decedents named herein and for registration in the Register of Deeds Office for Davidson County, Tennessee pursuant to the aforesaid statute.

Further, affiant saith not.

Witness my hand this 9 day of October, 2015.

Lise McLean
1003 Pointe Trace Drive
Kingston Springs, TN 37082

ACKNOWLEDGMENT

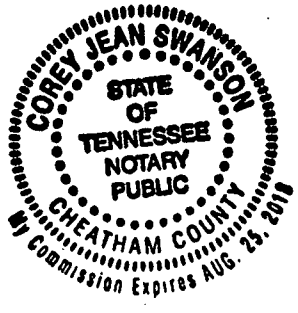
STATE OF TENNESSEE)
)ss:
COUNTY OF CHEATHAM)

Personally appeared before me, the undersigned, a Notary Public in and for the aforesaid County and State, the within named, Lise McLean, 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 purpose contained therein.

Sworn to and subscribed before me
on this 9 day of October, 2015.

Corey Jean Swanson
Notary Public

My commission expires: Aug. 25, 2018



METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0400928

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Edward Austin Mason, Sr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): February 9, 2004
4. SOCIAL SECURITY NUMBER: [redacted]500
5a. AGE-LAST BIRTHDAY: 80
8. DATE OF BIRTH: December 15, 1923
7. BIRTHPLACE: Lavergne, TN
9. PLACE OF DEATH: Hospital: 1 [X] Inpatient; Other: 4 Nursing Home
9b. FACILITY NAME: Baptist
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS: Married
11. SURVIVING SPOUSE: Lois Hewitt
12a. DECEDENT'S USUAL OCCUPATION: Salesman
12b. KIND OF BUSINESS/INDUSTRY: USS Agri-Chemicals
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 6009 Don Allen Ave.
13e. INSIDE CITY LIMITS: [X] Yes
13f. ZIP CODE: 37205
14. WAS DECEDENT OF HISPANIC ORIGIN? [X] No
15. RACE: White
16. DECEDENT'S EDUCATION: 12

PARENTS

17. FATHER'S NAME: Jesse Carson Mason
18. MOTHER'S NAME: Marie Austin Lampley

INFORMANT

19a. INFORMANT'S NAME: Lois Mason
19b. RELATIONSHIP TO DECEASED: wife
19c. MAILING ADDRESS: 6009 Don Allen Ave. Nashville, TN 37205

DISPOSITION

20a. METHOD OF DISPOSITION: [X] Burial
20b. PLACE OF DISPOSITION: Spring Hill Cemetery
20c. LOCATION: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Margo Lamb
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4604
21c. SIGNATURE OF EMBALMER: Rick Smith
21d. LICENSE NUMBER OF EMBALMER: 5195
22a. NAME AND ADDRESS OF FUNERAL HOME: Spring Hill 5110 Gallatin Rd. Nashville, TN 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 1046

REGISTRAR

23. REGISTRAR'S SIGNATURE: [signature]
24. DATE FILED: February 24, 2004

CERTIFIER

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: John E Anderson MD
25b. LICENSE NUMBER: MD018613
25c. DATE SIGNED: 2/17/04
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)
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

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.	CARDIAC ARREST	1 MINUTE
DUE TO (OR AS A CONSEQUENCE OF): b.	ACUTE MYOCARDIAL INFARCTION	10 DAYS
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST. DUE TO (OR AS A CONSEQUENCE OF): c.	CORONARY ATHEROSCLEROSIS	10 YEARS
d.		

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: ACUTE CHOLECYSTITIS

29a. WAS AN AUTOPSY PERFORMED? [ ] Yes [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? [ ] Yes [ ] No

30. MANNER OF DEATH: [ ] Natural [ ] Accident [ ] Suicide [ ] Homicide [ ] Pending Investigation [ ] Could not be Determined
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY
31c. INJURY AT WORK? [ ] Yes [ ] 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. 6/95) BIRTH NO. RDA 1399

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 Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

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

Tonya Y Ruttlen
Tonya Y Ruttlen
Local Registrar

FEB 24 2004
Date Issued

CERTIFICATION OF VITAL RECORD

Exhibit 1

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Lois Hewitt Mason
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): March 27, 2011
4. SOCIAL SECURITY NUMBER: [redacted]82
5a. AGE-LAST BIRTHDAY (Years): 83
5b. UNDER 1 YEAR — MOS.: 4 DAYS:
5c. UNDER 1 DAY — HOURS: MIN.: 1
6. DATE OF BIRTH (Month, Day, Year): November 29, 1927
7. BIRTHPLACE (City and State or Foreign Country): Nashville, 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): 548 Mount Pleasant Road
9c. CITY, TOWN, OR LOCATION OF DEATH: Kingston Springs
9d. COUNTY OF DEATH: Cheatham
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name): N/A
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Clerical
12b. KIND OF BUSINESS/INDUSTRY: Genesco
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Cheatham
13c. CITY, TOWN OR LOCATION: Kingston Springs
13d. STREET AND NUMBER OR RURAL LOCATION: 548 Mount Pleasant Road
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 No
13f. ZIP CODE: 37082
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes 0 [X] No — Specify, if yes:
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+):

NAME OF DECEDENT (To be filled in by physician or institution)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Alexander Leslie Hewitt
18. MOTHER'S NAME (First, Middle, Maiden Surname): Reesie Lee Eubank

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Edward Mason, Jr.
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 548 Mount Pleasant Road Kingston Springs, TN 37082

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): Spring Hill Cemetery
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: James Dudney
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3171
21c. SIGNATURE OF EMBALMER: John Phifer
21d. LICENSE NUMBER OF EMBALMER: 5319
22a. NAME AND ADDRESS OF FUNERAL HOME: Spring Hill Funeral Home & Cemetery 5110 Gallatin Road Nashville, TN 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 1046

REGISTRAR

23. REGISTRAR'S SIGNATURE: Suzette Clay O.R.
24. DATE FILED (Month, Day, Year): April 13, 2011

CERTIFIER

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
25b. LICENSE NUMBER
25c. DATE SIGNED (Month, Day, Year)
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): 4/5/2011
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

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.

SEE INSTRUCTIONS ON OTHER SIDE

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Lung Cancer	15 months
DUE TO (OR AS A CONSEQUENCE OF):	b.	
Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR AS A CONSEQUENCE OF):	
	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? 1 Yes 2 No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No

30. MANNER OF DEATH: 1 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: M
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)

4764834

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

Date Issued APR 13 2011

CERTIFICATION OF VITAL RECORD

Exhibit 2

WILL OF LOIS HEWITT MASON

I, Lois Hewitt Mason, a resident of Metro Nashville and Davidson County, Tennessee, hereby make and publish this my last will expressly revoking all others.

I give, devise, and bequeath to my beloved husband, Edward Austin Mason, Sr., all of my property, real and personal, provided he survives my death by at least thirty days. If he does not so survive my death I give, devise, and bequeath all of my property, real and personal, to our son, Edward Austin Mason, Jr., to be his absolutely.

I appoint my husband, Edward Austin Mason, Sr. to be my executor without bond and if he should predecease me or be unable or unwilling to serve I appoint our son, Edward Austin Mason, Jr. to be my executor, also without bond.

In testimonium whereof I have this day March 19, , 1983 executed my will.

Lois Hewitt Mason
Testatrix

We hereby certify as attesting witnesses that the testatrix, Lois Hewitt Mason, in our joint sight and presence executed the above will, declaring it to be her last will and testament. We further certify that in her sight and presence and in the joint sight and presence of each of us we signed the will as attesting witnesses thereof, all on the date appearing in the will.

Mary Margaretta Jordan
Name

7110 Sunset Place
Address

Exhibit 3

We hereby certify as attesting witnesses that the testatrix, Lois Hewitt Mason, in our joint sight and presence executed the above will, declaring it to be her last will and testament. We further certify that in her sight and presence and in the joint sight and presence of each of us we signed the will as attesting witnesses thereof, all on the date appearing in the will.

Mary Margaretta Jordan
Name

2110 Sunset Place
Address

James William Shaw Jr.
Name

2110 Sunset Place
Address