****

ADDRESS NEW OWNER:	**SEND TAX BILL TO:**	**MAP-**
Betty Joyce Stewart	Same.	73-11
2353 Ridgeland Drive		**Parcel**
Nashville, TN 37214		46

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This Instrument Prepared By:
PAULA OGLE BLAIR, ATTORNEY AT LAW
211 Donelson Pike, Suite 214, Nashville, Tennessee 37214
FROM INFORMATION BY OTHERS

BILL GARRETT, Davidson County
Trans:T20150105181 AFFIDAVITH
Recvd: 12/14/15 10:46 3 pgs
Fees:17.00 Taxes:0.00
20151214-0125250

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Comes the Affiant, Betty Joyce Stewart, being of lawful age and a resident of the State of Tennessee for more than six (6) months, being first duly sworn according to law, and, pursuant to Tennessee Code Annotated § 30-2-712, hereby swears to the following of her own free will and based upon her personal knowledge and familiarity:

1. Ronald K. Stewart (the Decedent) died on January 12, 2005. A copy of the Death Certificate is attached to this Affidavit.

2. The Decedent had a surviving spouse, Betty Joyce Stewart, who is also your Affiant.

3. At the time of his death, the Decedent owned property located in Nashville, Davidson County, Tennessee, and more particularly described as follows:

BEING land in Davidson County, Tennessee, being Lot No. 206 on Plan of Section II, sunset View, as of record in Book 2663, Page 52, Register's Office for Davidson County, Tennessee.

BEING the same property conveyed to Ronald K. Stewart, Jr. on August 5, 1971 by Leslie Sneed Ladd, Jr. and wife, Mary Katherine Ladd, filed of record in Book 4527 Page 484, Register's Office for Davidson County, Tennessee on August 10, 1971.

5. This Affidavit will confirm the vesting of title to the real property described herein, after the death of Ronald K. Stewart in Betty Joyce Stewart.

FURTHER AFFIANTS SAYETH NAUGHT.

Betty Joyce Stewart
BETTY JOYCE STEWART

Sworn to and subscribed before me this 24th day of September, 2015.

Karen Matthews
NOTARY PUBLIC

My commission expires: Nov. 18, 2017

KAREN MATTHEWS
STATE OF TENNESSEE
NOTARY PUBLIC
RUTHERFORD COUNTY

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

050227

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)	2. SEX	3. DATE OF DEATH (Month, Day, Year)
Ronald Keith Stewart, Jr.	Male	January 12, 2005

4. SOCIAL SECURITY NUMBER (of Deceased)	5a. AGE-LAST BIRTHDAY (Years)	5b. UNDER 1 YEAR MOS. / DAYS	5c. UNDER 1 DAY HOURS / MIN.	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)
413-44-3937	73			June 21, 1931	Whites Creek, 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 [X] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
Summit Medical Center	Hermitage	Davidson

10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	12b. KIND OF BUSINESS/INDUSTRY
Married	Betty Elrod	Truck Driver - Long Haul	Long Haul Trucking

13a. RESIDENCE-STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER OR RURAL LOCATION
Tennessee	Davidson	Nashville	2353 Ridgeland Drive

CENSUS TRACT

13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.)	15. RACE-American Indian, Black, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed)	
1 [X] Yes 2 [ ] No	37214	[ ] Yes [X] No	White	Elementary/Secondary (0-12)	College (1-4 or 5+)
		Specify, if yes:		10	

NAME OF DECEDENT, For use by physician or medical examiner

PARENTS

17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden Surname)
Ronald Stewart, Sr.	Bertha Gifford

INFORMANT

19a. INFORMANT'S NAME (Type/Print)	19b. RELATIONSHIP TO DECEASED	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
Betty Stewart	Wife	2353 Ridgeland Drive Nashville, Tennessee 37214

DISPOSITION

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION-City or Town, State
1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)	Hermitage Memorial Gardens	Hermitage, Tennessee

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER OF FUNERAL DIRECTOR	21c. SIGNATURE OF EMBALMER	21d. LICENSE NUMBER OF EMBALMER
[signature]	4997	[signature]	5780

22a. NAME AND ADDRESS OF FUNERAL HOME	22b. LICENSE NUMBER OF FUNERAL HOME
Hermitage Funeral Home 535 Shute Lane, P. O. Box 757, Hermitage, Tennessee 37076	540

REGISTRAR

23. REGISTRAR'S SIGNATURE	24. DATE FILED (Month, Day, Year)
[signature]	January 20, 2005

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 [ ] SIGNATURE AND TITLE OF PHYSICIAN	25b. LICENSE NUMBER	25c. DATE SIGNED (Month, Day, Year)
[signature]	MD 1650	1/18/05

25a. 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)
John Chauvin, 510 Hospital Drive, Suite 410, Madison, Tennessee 37115

CAUSE OF DEATH

29. 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)

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Ventricular Fibrillation
DUE TO (OR AS A CONSEQUENCE OF):
b. Coronary Artery Disease
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

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

29a. WAS AN AUTOPSY PERFORMED?	29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
1 [ ] Yes 2 [ ] No	1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH	31a. DATE OF INJURY (Month, Day, Year)	31b. TIME OF INJURY	31c. INJURY AT WORK?	31d. DESCRIBE HOW INJURY OCCURRED
1 [ ] Natural 5 [ ] Pending investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide			1 [ ] Yes M 2 [ ] No	

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. 6/99)

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

JAN 20 2005
Date Issued

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

CERTIFICATION OF VITAL RECORD