THIS INSTRUMENT PREPARED BY: **Martin Heller Potempa & Sheppard** 2122 21st Avenue South Nashville, Tennessee 37212 (615) 800-7096 BILL GARRETT, Davidson County Trans:T20160001412 AFFIDAVITH Recvd: 01/07/16 09:47 5 pgs Fees:27.00 Taxes:0.00 20160107-0001522	STATE OF TENNESSEE COUNTY OF DAVIDSON The actual consideration for this transfer is: $0.00 KARA BRYANT, AFFIANT Subscribed and sworn to before me, this 4th day of January, 2016. NOTARY PUBLIC My Commission Expires: Oct. 18, 2016 COLLEEN O'CONNELL STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY, TENN.

Address New Owners:	**Send Tax Bills To:**	**Tax Information:**
Jama Lutcavich **1009 Due West Ave.** **Madison, TN 37115** **Kara Bryant** **1009 Due West Ave.** **Madison, TN 37115**	Same as new owners	Map & Parcel No.: 051010041.00

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

AFFIDAVIT OF HEIRSHIP

1. My name is Kara Bryant. I am an adult resident of the State of Tennessee, I am competent to give the testimony in this sworn Affidavit, and my testimony herein is based upon my personal knowledge.

2. I am the daughter of James H. Langford, Deceased (hereinafter the "Decedent"). I have one adult sibling, Jama Lutcavich. We are Decedent's only heirs.

3. Decedent died in Davidson County, Tennessee on November 17, 2015, and was not married at the time of his death. Decedent's Certificate of Death is attached hereto as **Exhibit 1**.

4. Decedent owned a certain parcel of improved real property at the time of his death located in Davidson County, Tennessee at 1009 Due West Avenue, Madison, TN 37115, more fully and particularly described as:

BEING the north 251 feet of Lot No. 71 on the unrecorded Map of Due West Valley Acres, in the 11th Civil District of said County, and described as follows:

Beginning at a point in the south margin of Due West Avenue, at the corner of Lots 71 and 72; said point begins 200 feet west of the westerly margin of a 50 foot street; thence with the line between said lots, southerly 251 feet to a point; thence westerly 104, more or loess, to the line between Lots Nos. 70 and 71; thence with the line between said lots, northerly 251 feet to the wouth margin of Due West Avenue; thence with the margin of the same, easterly 100 feet to the point of beginning.

Being the same property conveyed unto James H. Langford and wife, Betty H. Langford, by Deed recorded May 24, 1966, in Deed book 4019, page 733, of the Register's Office for Davidson County, Tennessee.

5. Betty H. Langford died on July 14, 2003. Her interest in said property transferred by operation of law to Decedent upon her death, whereon Decedent became the outright owner. A copy of Betty Langford's Certificate of Death is attached hereto as **Exhibit 2.**

6. Probate has not been opened with respect to Decedent's estate. Kara Bryant (affiant) and Jama Lutcavich are Decedent's only heirs-at-law.

7. Pursuant to Tenn. Code Ann. § 30-2-712, Affiant hereby declares that title to the parcel of improved real property located at 1009 Due West Ave., Madison, TN 37115, more particularly described herein, vested by operation of law in Jama Lutcavich and Kara Bryant and remains so vested as of the date of this Affidavit.

FURTHER AFFIANT SAYETH NOT.

SWORN this 4th day of January, 2016.

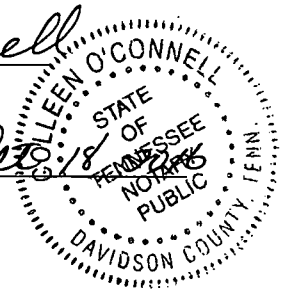
Kara Bryant, Affiant

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Now having first been sworn, the above-named Kara Bryant, Affiant, 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.

Sworn to and subscribed before me, the undersigned Notary Public, this 4th day of January, 2016.

Colleen O'Connell
Notary Public



My commission expires: Oct 18, 2018

STATE OF TENNESSEE
Office of Vital Records

STATE FILE NUMBER 507712

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix)	2. SEX	3. DATE OF DEATH (Month, Day, Year)
James Harlon Langford	Male	November 17, 2015

4. TIME OF DEATH (24hr)	5a. AGE-Last Birthday (Years)	5b. UNDER 1 YEAR: Months	Days	5c. UNDER 1 DAY: Hours	Minutes	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)
	86					July 13, 1929	Cookeville, TN

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)	8c. CITY OR TOWN	8d. COUNTY OF DEATH
Creekside Health & Rehabilitation Center	Madison	Davidson

9. MARITAL STATUS	10. SURVIVING SPOUSE (If wife, give name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION	11b. KIND OF BUSINESS/INDUSTRY
☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown		Machinist	Tool & Die Manufacturing

12. SOCIAL SECURITY NUMBER	13a. RESIDENCE-STATE OR FOREIGN COUNTRY	13b. COUNTY	13c. CITY OR TOWN
[redacted]9595	TN	Davidson	Madison

13d. STREET AND NUMBER	13e. INSIDE CITY LIMITS	13f. ZIP CODE	14. WAS DECEDENT EVER IN US ARMED FORCES?
1009 Due West Ave.	☒ Yes ☐ No	37115	☒ Yes ☐ No

James Harlon Langford
NAME OF DECEDENT (For use by Physician or Institution)

3/14

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)	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)
Aaron Langford	Pauline Hicks

DISPOSITION

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
Jana Tonya Iutcavich	Daughter	1009 Due West Ave., Madison, TN 37115

21a. METHOD OF DISPOSITION	21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	21c. LOCATION - City or Town and State
☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____	Cookeville City Cemetery	Cookeville, TN

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
▶Ken Haney	6009	▶Lydia Silcox	6462

23a. NAME AND ADDRESS OF FUNERAL HOME	23b. LICENSE NUMBER OF FUNERAL HOME
Dyer Funeral Home, 798 S Willow Ave, Cookeville TN 38501	801

REGISTRAR

24. REGISTRAR'S SIGNATURE	25. DATE FILED (Month, Day, Year)
▶ [signature] (DE)	Dec 2, 2015

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXCLUDING 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	27b. LICENSE NUMBER	27c. DATE SIGNED (Month, Day, Year)
▶Thomas B. Miller MD	2539	12/1/15

27d. NAME AND ADDRESS: 166 E. Main, Hendersonville TN 37075

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.	Clostridium Difficile Colitis	4 days
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.	Due to (or as a consequence of):	
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.
Colitis / AFIT / Pulmonary Emboli

29a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No

30. MANNER OF DEATH	31. DID TOBACCO CONTRIBUTE TO DEATH?	32. IF FEMALE:
☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined	☐ Yes ☐ Probably ☒ No ☐ Unknown	☒ 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:	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK?	34d. PLACE OF INJURY - at home, farm, street, factory, office, building, etc. (Specify)
☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____			☐ Yes ☐ No	

34e. DESCRIBE HOW INJURY OCCURRED

34f. LOCATION OF INJURY (Street and Number, City or Town, State)

TN-1059 (Rev. 9/2011) RDA 1399

8241664

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.

6241664

DEC 2 2015

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0301277

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): Betty Sue Langford
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): July 14, 2003
4. SOCIAL SECURITY NUMBER: [redacted] 0145
5a. AGE-LAST BIRTHDAY (Years): 72
5b. UNDER 1 YEAR (Mos.): 5c. UNDER 1 DAY (Days / Hours / Min.):
6. DATE OF BIRTH (Month, Day, Year): Oct. 3, 1930
7. BIRTHPLACE (City and State or Foreign Country): White Co. Tn.
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): 1009 Due West
9c. CITY, TOWN, OR LOCATION OF DEATH: Madison
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
11. SURVIVING SPOUSE (If wife, give maiden name): James Langford
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Book Keeper
12b. KIND OF BUSINESS/INDUSTRY: Baptist S.S. Board
13a. RESIDENCE STATE: Tn.
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Madison
13d. STREET AND NUMBER OR RURAL LOCATION: 1009 Due West
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37115
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes 0 [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+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Shelia C. Howell
18. MOTHER'S NAME (First, Middle, Maiden Surname): Ethel Christine Howell

INFORMANT

19a. INFORMANT'S NAME (Type/Print): James Langford
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1009 Due West Madison, Tn. 37115

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [XX] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Cookeville City Cem.
20c. LOCATION (City or Town, State): Cookeville, Tn.
21a. SIGNATURE OF FUNERAL DIRECTOR: Harding Smith
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5071
21c. SIGNATURE OF EMBALMER: Ed Abercrombie
21d. LICENSE NUMBER OF EMBALMER: 5387
22a. NAME AND ADDRESS OF FUNERAL HOME: Dyer Funeral Home 798 S. Willow Ave. Cookeville, Tn.
22b. LICENSE NUMBER OF FUNERAL HOME: 801

REGISTRAR

23. REGISTRAR'S SIGNATURE: [signature]
24. DATE FILED (Month, Day, Year): August 1 2003

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: Michael E Kuyrkendall MD
25b. LICENSE NUMBER: MD010614
25c. DATE SIGNED (Month, Day, Year): 7/29/03
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):

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. Rectal Cancer — 9 Mons.
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 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [ ] Natural 5 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide
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):

BIRTH NO.

PH-1879 (REV. 6/99) RDA 1309

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.

[redacted]

Local Registrar

AUG 1 2003
Date Issued

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

CERTIFICATION OF VITAL RECORD