BILL GARRETT, Davidson County
Trans:T20160004580 AFFIDAVITH
Recvd: 01/19/16 11:39 6 pgs
Fees:32.00 Taxes:0.00
20160119-0005017

AFFIDAVIT OF HEIRSHIP

New Owner(s)	Send Tax Bills To:	Map/par No.
John Martin Yount **Nancy Ann Yount Joplin** **Susan Marie Yount Malmberg** **Joe Standifer Yount**	**Nancy Ann Yount Joplin** **Executrix, John B. Yount Estate** **2438 Cabin Hill Road** **Nashville, TN 37214**	**See Below**

In Re: a certain tract or parcel of land in Davidson County, Tennessee, described as follows:

Property No. 1. Map: 71-03 Parcel: 132.00

Note: To be indexed as Grantor: John B. Yount; Grantees: John Martin Yount, Nancy Ann Yount Joplin, Susan Marie Yount Malmberg and Joe Standifer Yount.

Land in the 14th Civil District of Davidson County, Tennessee and more particularly described as follows:

Being the westerly 30 feet of lot No. 137 and the easterly 50 feet of lot No. 138 on the map of J. B. Haynie's Oriental Subdivision as of record in Book 161, pages 26 and 27, Register's Office for said County.

Said parts of Lots Nos 137 and 138 front together 80 feet on the northerly side of Queen Street and run back between parallel lines 140 feet to an alley.

Being the same property conveyed to M.B. Kelley and wife, Lula Kelley by deed from Boyd Coble and wife, of record in Book 1784, page 197, said Register's Office.

Being the same property conveyed to John B.Yount and Novissia S. Yount by deed from M.B. Kelley and wife, of record in Book 1942, page 293 Register's Office of Davidson County, Tennessee.

Novissia S. Yount died on January 3, 2015 and John B. Yount died on May 10, 2015. At the time of the death of John B. Yount he was survived by four (4) children born of their bodies, namely: John Martin Yount, Nancy Ann Yount Joplin, Susan Marie Yount Malmberg and Joe Standifer Yount. The Estate of John B. Yount was probated in the Seventh Circuit Court of Davidson County, Tennessee under docket number 15P-1019 with Nancy Ann Yount Joplin serving as Executor.

This property bears the street address of 203 Queen Street, Nashville, Tennessee 37207.

Property No. 2 Map: 4 Parcel: 6.01

Note: To be indexed as Grantor: John B. Yount; Grantees: John Martin Yount, Nancy Ann Yount Joplin, Susan Marie Yount Malmberg and Joe Standifer Yount.

Land in the 14th Civil District of Davidson County, Tennessee and more particularly described as follows:

Lying on the west side of the Nashville and Springfield Pike and beginning at a point at the junction of the Nashville, Springfield and Coopertown Road; thence north 8° west 218 feet to a point in the west margin of the Nashville-Springfield Pike; thence south 80° 15' west 53 feet to a point; thence south 67° 30' west 175.8 feet to a point in the center of the Coopertown Road; thence with the center of the same, south 62° 45' east 275 feet to the point of beginning.

Being the same property conveyed to Clyde Moss and wife, Verlean A. Moss, by deed from Leona Moss (Mrs. J.W. Moss), a widow, as of record in Book 3431, page 413, said Register's Office.

Being the same property conveyed to John B. Yount, Jr. and wife Novissia S. Yount by Warranty Deed from Clyde Moss and wife, Verlean A. Moss dated September 21, 1962 of record in Register's Office of Davidson County, Tennessee in Book 3435, page 111.

Novissia S. Yount died on January 3, 2015 and John B. Yount died on May 10, 2015. At the time of the death of John B. Yount he was survived by four (4) children born of their bodies, namely: John Martin Yount, Nancy Ann Yount Joplin, Susan Marie Yount Malmberg and Joe Standifer Yount. The Estate of John B. Yount was probated in the Seventh Circuit Court of Davidson County, Tennessee under docket number 15P-1019 with Nancy Ann Yount Joplin serving as Executor.

This property bears the street address of 8400 Coopertown Road, Nashville, Tennessee 37080.

Comes now, Nancy Ann Yount Joplin, Executor of the Estate of John B. Yount and surviving biological child of John B. Yount and Novissia S. Yount, and after first being duly sworn according to law, attests and states as follows:

1. Affiant is the biological child of John B. Yount and Novissia S. Yount and Executor of the Estate of John B. Yount.

2. The above described properties were owned by John B. Yount and wife, Novissia S. Yount. John B. Yount is one and the same as John B. Yount, Jr. and Novissia S. Yount is

one and the same as June Yount.

3. Novissia S. Yount died on January 3, 2015 and John B. Yount died on May 10, 2015. At the time of the death of John B. Yount he was survived by four (4) children born of the bodies of Novissia S. Yount and John B. Yount, namely: John Martin Yount, Nancy Ann Yount Joplin, Susan Marie Yount Malmberg and Joe Standifer Yount. The Estate of John B. Yount was probated in the Seventh Circuit Court of Davidson County, Tennessee under docket number 15P-1019 with Nancy Ann Yount Joplin serving as Executor.

4. No other children were born of the bodies of John B. Yount or Novissia S. Yount and none were lawfully adopted. John B. Yount and Novissia S. Yount were lawfully married at the time of the death of Novissia S. Yount. Novissia S. Yount left no Will at the time of her death and no Estate was probated. John B. Yount left a Last Will and Testament entered for Probate that left all his real and personal property to his four surviving children:. John Martin Yount, Nancy Ann Yount Joplin, Susan Marie Yount Malmberg and Joe Standifer Yount

5. The only lawful heirs to the Estate of the late John B. Yount are his adult children: John Martin Yount, Nancy Ann Yount Joplin, Susan Marie Yount Malmberg and Joe Standifer Yount

6. All interest in the real property above described vested in John Martin Yount, Nancy Ann Yount Joplin, Susan Marie Yount Malmberg and Joe Standifer Yount with the death of John B. Yount.

7. **FURTHER AFFIANT SAITH NOT.**

x Nancy Ann Yount Joplin
NANCY ANN YOUNT JOPLIN

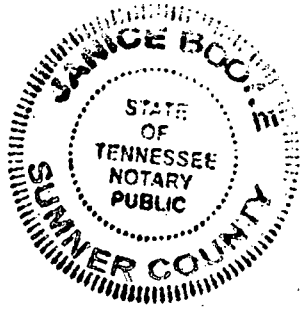
State of Tennessee)
County of Davidson)

Personally appeared before me, the undersigned authority, a Notary Public in and for the within named Nancy Amm Yount Joplin, the bargainor(s) 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 purposes therein contained.

Witness my hand and official seal at office this 5th day of January 2016.

My Commission Expires: 9-25-2019
9-25-2019

Janice Boone
Notary Public



STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE FILE NUMBER

PERSONAL DATA

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Novissia June Yount
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): January 3, 2015
4. TIME OF DEATH (Approx.): 08:00 AM
5a. AGE-Last Birthday (Years): 90
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): June 8, 1924
7. BIRTHPLACE (City and State or Foreign Country): Middlesboro, Kentucky

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 [X] Decedent's home ☐ Other residence ☐ Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): 8400 Coopertown Road
8c. CITY OR TOWN: Joelton
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: [X] Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): John B. Yount
11a. DECEDENT'S USUAL OCCUPATION: Homemaker
11b. KIND OF BUSINESS/INDUSTRY: Her home

12. SOCIAL SECURITY NUMBER: [redacted]2869
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TN
13b. COUNTY: Davidson
13c. CITY OR TOWN: Joelton

13d. STREET AND NUMBER: 8400 Coopertown Road
13e. INSIDE CITY LIMITS: [X] Yes ☐ No
13f. ZIP CODE: 37080
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes [X] No

NAME OF DECEDENT (For use by Physician or Institution)

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
[X] High school graduate or GED completed
☐ Some college credit but no degree
☐ Associates 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.)
[X] No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino
(Specify) _____
☐ Unknown

20. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
☐ White
[X] 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): Joe Thurman Standifer
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Cashie Minton

INFORMANT

20a. INFORMANT'S NAME: Nancy Yount Joplin
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 2438 Cabin Hill Road, Nashville, TN 37214

DISPOSITION

21a. METHOD OF DISPOSITION: ☐ Burial ☐ Cremation ☐ Donation [X] Entombment ☐ Removal from State ☐ Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Spring Hill Cemetery
21c. Location - City or Town and State: Nashville, TN

22a. SIGNATURE OF FUNERAL DIRECTOR: Kenneth Taylor Anderson
22b. LICENSE NUMBER: 3215
22c. SIGNATURE OF EMBALMER: Jim Brewer
22d. LICENSE NUMBER: 2969

23a. NAME AND ADDRESS OF FUNERAL HOME: Anderson & Garrett Funeral Home, P.O. Box 68, 3501 Old Clarksville Pike, Joelton, TN 37080
23b. LICENSE NUMBER OF FUNERAL HOME: 193

REGISTRAR

24. REGISTRAR'S SIGNATURE: Deleah Rhodes (DR)
25. DATE FILED (Month, Day, Year): January 16, 2015

PHYSICIAN

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: [signature]
27b. LICENSE NUMBER: TN32143
27c. DATE SIGNED (Month, Day, Year): 1/9/2015
27d. NAME AND ADDRESS: Matthew Browning, M.D. 471 Northcrest Drive, Springfield, TN 37132

CAUSE OF DEATH

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. DO NOT ABBREVIATE. Enter only one cause on each line.

		Approximate Interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Acute Renal Failure	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. Alzheimers Dementia (Due to (or as a consequence of))	Years
	c. Chronic Kidney Disease (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. 9/2011) RDA 1399

7680364

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

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

7680364 1/21/2015
Date Issued

CERTIFICATION OF VITAL RECORD

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): John B. Yount, Jr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): May 10, 2015
4. TIME OF DEATH (Approx.): 01:44 AM
5a. AGE-Last Birthday (Years): 91
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): August 1, 1923
7. BIRTHPLACE (City and State or Foreign Country): Birmingham, AL

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): 8400 Coopertown Road
8c. CITY OR TOWN: Joelton
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: Tower Operator
11b. KIND OF BUSINESS/INDUSTRY: Railroad

12. SOCIAL SECURITY NUMBER: [redacted]-8566
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TN
13b. COUNTY: Davidson
13c. CITY OR TOWN: Joelton

13d. STREET AND NUMBER: 8400 Coopertown Road
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37080
14. WAS DECEDENT EVER IN US ARMED FORCES? ☒ Yes ☐ No

NAME OF DECEDENT (For use by Physician or Institution)

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
☐ Associates 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

20. 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

1013YA

PARENTS

18. FATHER'S NAME (First, Middle, Last): John B. Yount, Sr.
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Susan Claudia Myers

20a. INFORMANT'S NAME: Nancy Yount Joplin
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 2438 Cabin Hill Road, Nashville, TN 37214

DISPOSITION

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

22a. SIGNATURE OF FUNERAL DIRECTOR: Bobby Wayne Cook
22b. LICENSE NUMBER: 6870
22c. SIGNATURE OF EMBALMER: Jim Brewer
22d. LICENSE NUMBER: 2969

23a. NAME AND ADDRESS OF FUNERAL HOME: Anderson & Garrett Funeral Home, P.O. Box 68, 3501 Old Clarksville Pike, Joelton, TN 37080
23b. LICENSE NUMBER OF FUNERAL HOME: 193

REGISTAR

24. REGISTRAR'S SIGNATURE: Deborah Rhodes (DR)
25. DATE FILED (Month, Day, Year): May 28, 2015

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING 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: 45572
27c. DATE SIGNED (Month, Day, Year): 05/15/2015
27d. NAME AND ADDRESS: Anh T. Meadows, M.D. 1719 Patterson Street, Nashville, TN 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. DO NOT ABBREVIATE. Enter only one cause on each line.

		Approximate Interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. SYSTOLIC/DIASTOLIC HEART FAILURE	
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.

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-1859 (Rev. 8/2011) RDA 1399

8060055

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

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

8060055
Date Issued MAY 28 2015

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD