****

ADDRESS NEW OWNER:
JON T. CALLIS
931 Coarsey Drive
Nashville, TN 37217

SEND TAX BILL TO:
Same

Map-Parcel No.
107 13 0A 031.00

****

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

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Come the Affiant, Mitchell Callis, being of lawful age and resident of the State of Tennessee for the past five (5) years, being first duly sworn according to law, and, pursuant to Tennessee Code Annotated § 30-2-712, hereby swear to the following of his own free will and based upon their personal knowledge and familiarity:

1. Nellie M. Callis died on December 1, 2014. A Death Certificate is attached to this Affidavit.

2. The Decedent was unmarried.

3. The Decedent died leaving three (3) children, Mitchell W. Callis, Joseph Charles Callis, and Jon Thomas Callis. The Decedent had no other children.

4. At the time of her death, Nellie M. Callis owned an interest in property located 931 Coarsey Drive, Nashville, Davidson County, and more particularly described as follows:

BILL GARRETT, Davidson County
Trans:T20160010566 AFFIDAVITH
Recvd: 02/08/16 13:17 3 pgs
Fees:17.00 Taxes:0.00
20160208-0011949

Being Unit No. 931, in Four Maples Condominium, a horizontal property regime, of record in Plat Book 5200, Page 283, Register's Office for Davidson County, Tennessee, to which plan reference is herby made and otherwise known as 931 Coarsey Drive, Nashville, Tennessee.

Being the same property conveyed to Nellie M. Callis, unmarried, from Richard Allen Kusen, of record in Instrument Number 200002170016231, Register's Office for Davidson County, Tennessee.

5. This Affidavit will confirm the vesting of the ownership interest of Mitchell W. Callis, Joseph Charles Callis, and Jon Thomas Callis in the real property described herein, after the death of Nellie M. Callis, as tenants in common.

FURTHER AFFIANTS SAYETH NAUGHT.

MITCHELL W. CALLIS

Sworn to and subscribed before me this 1st day of January, 2016.

NOTARY PUBLIC

My commission expires: Nov 18, 2017

KAREN MATTHEWS
RUTHERFORD COUNTY
STATE OF TENNESSEE
NOTARY PUBLIC

STATE OF TENNESSEE
Office of Vital Records

D

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH — STATE FILE NUMBER 2014 DEC 15 AM 10 59

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Nellie Marie Callis
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): December 1, 2014
4. TIME OF DEATH (24 hour): CLEAR
5a. AGE-Last Birthday (Years): 72
5b. UNDER 1 YEAR — Months / Days
5c. UNDER 1 DAY — Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): December 1, 1942
7. BIRTHPLACE (City and State or Foreign Country): White House, Tennessee

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): 931 Coarsey Drive
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: Clerical
11b. KIND OF BUSINESS/INDUSTRY: State of Tennessee
12. SOCIAL SECURITY NUMBER: [redacted]
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 931 Coarsey Drive
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37217
14. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

15. DECEDENT'S EDUCATION (Check the one 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): Julian Orville Brinkley
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Anna Marie Gourley

20a. INFORMANT'S NAME: Mitchell Callis
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 6751 Whittemore Lane, CaneRidge, TN 37013

DISPOSITION

21a. METHOD OF DISPOSITION: ☐ Donation ☑ Entombment ☐ Removal from State ☐ Other (Specify) ☒ Burial ☐ Cremation
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): HillCrest Cemetery
21c. LOCATION – City or Town and State: White House, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: Wayne Slighter
22b. LICENSE NUMBER: 5243
22c. SIGNATURE OF EMBALMER: Wayne Slighter
22d. LICENSE NUMBER: 5244
23a. NAME AND ADDRESS OF FUNERAL HOME: Cole&Garrett FH & Crematory, 212 Hwy 76, White House, TN 37188
23b. LICENSE NUMBER OF FUNERAL HOME: 804

REGISTRAR

24. REGISTRAR'S SIGNATURE: [signature]
25. DATE FILED (Month, Day, Year): December 4, 2014

CERTIFIER

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: James V. Gainer, MD
27b. LICENSE NUMBER: TN 28182
27c. DATE SIGNED (Month, Day, Year): 12/03/2014
27d. NAME AND ADDRESS: JAMES GAINER MD / 719 THOMPSON LN STE 510 / NASHVILLE TN

MEDICAL CERTIFICATION

28. PART I. Enter one 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. HYPERTENSION, UNCONTROLLED — Approximate interval: Onset to death: 14 YEARS
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:
Due to (or as a consequence of): 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: HYPOTHYROIDISM, NICOTINE DEPENDENCE

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-1819 (Rev. 10/2011) RCA 1300

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.

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

7477644

Teresa S. Hendricks
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued

CERTIFICATION OF VITAL RECORD