This instrument prepared by:
Julie Cornell
109 Westpark Drive, Suite 300
Brentwood, TN 37027

Record and return to:
Same as preparer

Address of New Owner:	Send Tax Bills to:	Map/Parcel:
Natalie Michele Busen 2204 June Drive Nashville, TN 37214	New Owner	150030281.00

AFFIDAVIT OF HEIRSHIP

The undersigned affiant, Natalie Michele Busen, pursuant to Tenn. Code Ann. §30-2-712, upon her own personal knowledge and first being duly sworn, deposes and says under oath:

1. I am Natalie Michele Busen. I am the daughter of Decedent, Oliver David Gay.

2. Decedent died on August 3, 2015, a resident of Antioch, Davidson County, Tennessee. A copy of Decedent's death certificate is attached to this affidavit as Exhibit A.

3. Decedent died testate. Decedent's last will and testament has been probated to establish a muniment of title in the Probate Court for Davidson County, Tennessee, Docket No. 15P2096.

4. Decedent died a widower. Decedent's spouse, Margie F. Gay, also known as Marie Ruth Fulmer Gay, died on July 26, 2010, a resident of Antioch, Davidson County, Tennessee. A copy of Margie F. Gay's death certificate is attached to this affidavit as Exhibit B.

5. Decedent had one (1) child, whose name and address is:

Natalie Michele Busen, 2204 June Drive, Nashville, TN 37214.

No other children were born to or adopted by Oliver David Gay.

6. Margie F. Gay had one (1) child, whose name and address is:

Robert Curtis Ball, 7398 King Road, Fairview, TN 37062.

No other children were born to or adopted by Margie F. Gay.

BILL GARRETT, Davidson County
Trans:T20160014439 AFFIDAVITH
Recvd: 02/22/16 13:23 5 pgs
Fees:27.00 Taxes:0.00
20160222-0016703

7. At death, Decedent held a fee simple interest in a certain tract or parcel of real property in Davidson County, located at 3916 Hillshire Drive, Antioch, Tennessee 37013, more particularly described as:

> Being Lot No. 592 on the Plan of Kensington of Priest Lake, Section 2, as of record in Plan Book 6250, pages 592 and 593, Register's Office for said County, to which plat reference is hereby made for a more complete accurate legal description.
>
> Being the same property conveyed to Oliver David Gay and wife, Margie F. Gay, by deed from John R. Simpson and wife, Lela Ann Simpson, of record in Book 10242, page 817, Register's Office for said County.

8. Title to the above described real property passed to Oliver David Gay as the surviving tenant by the entirety upon the death of his spouse, Margie F. Gay. Under the provisions of Decedent's last will and testament, if his spouse should predecease him, title to the above described real property passes to his child, Natalie Michele Busen and his stepchild, Robert Curtis Ball, in equal shares. A certified copy of Decedent's last will and testament is recorded as Instrument #20160121-0006419, Register's Office for Davidson County, Tennessee. The order for probate to establish a muniment of title is recorded as Instrument #20160121-0006417, Register's Office for Davidson County, Tennessee.

9. There are no debts or encumbrances remaining that are or might become a lien on the Decedent's interest in the above described real property.

10. The actual consideration or value, whichever is greater, for this transfer is $0. This conveyance is made to implement a testamentary devise to a beneficiary and is exempt from tax by Tenn. Code Ann. § 67-4-409(a).

Further affiant saith not.

Executed this 4th day of February, 2016.

Natalie Michele Busen

Natalie Michele Busen

State of ~~Tennessee~~ Illinois
County of Adams

Before me, the undersigned Notary Public, personally appeared Natalie Michele Busen, with whom I am personally acquainted, and who upon oath stated to me that the facts contained in the foregoing instrument are true and correct, and who signed the foregoing instrument in my presence, and who acknowledged that she executed the foregoing instrument for the purposes therein contained.

Witness my hand and official seal this the 4 day of February, 2016.

Eugenia R Bailie
Notary Public

My Commission Expires: 4-3-16

"OFFICIAL SEAL"
EUGENIA R. BAILIE
Notary Public, State of Illinois
My Commission Expires 04/03/16

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): Oliver David Gay
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): August 03, 2015
4. TIME OF DEATH (Military): 1748AM
5a. AGE-Last Birthday (Years): 78
5b. UNDER 1 YEAR — Months: 4
5c. UNDER 1 DAY — Days / Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): [redacted]
7. BIRTHPLACE (City and State or Foreign Country): Rossville, GA

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): Alive Hospice
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: Postal Carrier
11b. KIND OF BUSINESS/INDUSTRY: United States Postal Service
12. SOCIAL SECURITY NUMBER: [redacted]
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Antioch
STREET AND NUMBER: 3916 Hillshire Dr
13e. INSIDE CITY LIMITS: ☑ Yes ☐ No
13f. ZIP CODE: 37013-1085
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
☑ 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): William Wesley Gay
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Ida Pollard

DISPOSITION

20a. INFORMANT'S NAME: N Michele Busen
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 2204 June Dr, Nashville, TN 37214-2000
21a. METHOD OF DISPOSITION: ☐ Burial ☑ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Nashville Cremation Service
21c. LOCATION - City or Town and State: Nashville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: Mary Katherine Moore
22b. LICENSE NUMBER: 5994
22c. SIGNATURE OF EMBALMER
22d. LICENSE NUMBER
23a. NAME AND ADDRESS OF FUNERAL HOME: Hibbett & Hailey Funeral Home — 429 Donelson Pike, Nashville, TN 37214
23b. LICENSE NUMBER OF FUNERAL HOME: 492

REGISTRAR

24. REGISTRAR'S SIGNATURE: Deborah Hooks (DA)
25. DATE FILED (Month, Day, Year): August 5, 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): 08/05/2015
27d. NAME AND ADDRESS: Ann T. Meadows, M.D. — 1718 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. Enter only one cause on a line.

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Chronic Obstructive Pulmonary Disease
Due to (or as a consequence of):
b.
Due to (or as a consequence of):
c.
Due to (or as a consequence of):
d.

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

Approximate Interval: Onset to death

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

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. 10/2011) — RDA 1399

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.

8062942

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

8062942 — Date Issued (JJ)

EXHIBIT A

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

100412

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): Margie E. Gay
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): July 26, 2010
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE-LAST BIRTHDAY (Years): 72
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HRS. / MIN.
6. DATE OF BIRTH (Month, Day, Year): [redacted]
7. BIRTHPLACE (City and State or Foreign Country): Gadsden, Alabama
8. ARMED FORCES? 1 Yes 2 X No
9a. PLACE OF DEATH: HOSPITAL: 1 X Inpatient 2 ER/Outpatient 3 DOA; OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not Institution, give street and number): Summit Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Hermitage
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Oliver Gay
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Accounting
12b. KIND OF BUSINESS/INDUSTRY: Telecommunications
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Antioch
13d. STREET AND NUMBER OR RURAL LOCATION: 3916 Hillshire Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37013
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes O 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): ; College (1-4 or 5+): 1
NAME OF DECEDENT: Follow by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Trudie Alfred Fulmer
18. MOTHER'S NAME (First, Middle, Maiden Surname): Ruth Mosley

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Oliver Gay
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3916 Hillshire Drive Antioch, Tennessee 37013

DISPOSITION

20a. METHOD OF DISPOSITION: 1 Burial 2 X Cremation 3 Removal from State 4 Donation 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Nashville Cremation Service
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Michael Lee Frazer
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 6079
21c. SIGNATURE OF EMBALMER: ▶
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: Hibbett & Bailey Funeral Home 429 Donelson Pike Nashville, Tennessee 37214
22b. LICENSE NUMBER OF FUNERAL HOME: 492

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Teresa S. Hendricks
24. DATE FILED (Month, Day, Year): August 02, 2010

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: ▶ [signature]
25b. LICENSE NUMBER: MD011346
25c. DATE SIGNED (Month, Day, Year): 7/29/2010
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. Sepsis Secondary to Draw — 3 Days
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. Severe Anoxic Brain Insult
DUE TO (OR AS A CONSEQUENCE OF):
c. Cardiopulmonary Arrest
DUE TO (OR AS A CONSEQUENCE OF):
d.
SEE INSTRUCTIONS ON OTHER SIDE

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
Severe Inflammatory Lung Disease
(P) Planning on Organ Donation
29a. WAS AN AUTOPSY PERFORMED? 1 Yes 2 X No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No
30. MANNER OF DEATH: 1 X 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)

PH-1659 (REV. 6/99) — BIRTH NO. — RUG399

4363242

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

Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

Teresa S. Hendricks
STATE REGISTRAR

AUG 02 2010
Date Issued

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

CERTIFICATION OF VITAL RECORD

EXHIBIT B