THIS INSTRUMENT PREPARED BY:
TURNER LAW OFFICES, P.C.
208 Third Avenue North, Suite 100
Nashville, TN 37201

BILL GARRETT, Davidson County
Trans:T20160029191 AFFIDAVITH
Recvd: 04/11/16 12:13 5 pgs
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20160411-0034427

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Affiant, SHERLEEN FORD GROOMS, after first being duly sworn, states that she is an adult citizen and a resident of Nashville, Davidson County, Tennessee. I will refer to myself in this Affidavit as Affiant. I have personal knowledge of the matters stated in this Affidavit.

WALTER LOUIE GROOMS, age 73, died on May 23, 2015 in Davidson County, Tennessee. I will refer to this person as the Decedent. A copy of the death certificate is attached as Exhibit A.

This Affiant is the Widow of the Deceased.

The real property to which this Affidavit applies is located at 49 Peachtree Street, Nashville, Tennessee, in Davidson County, Tennessee. For prior title, see Book 1424, Page 113, in the Register's Office in Nashville, Tennessee.

The estate of the Decedent was administered in a proceeding supervised by a court in Davidson County, Tennessee, in the Probate Court for Davidson County, in Case No. 15P1356.

Affiant would state that the Decedent was survived by his next of kin/heirs at law, this affiant, Chris Grooms Sr., Stephanie Shacklett, and Jeri Gorman.

Facts pertinent to determine who is legally entitled to said property is as follows: Affiant would state that the Decedent owned said property at 49 Peachtree Street, Nashville, Tennessee,

in Davidson County, Tennessee with his Wife and now widow, this Affiant. Further, Affiant would state that Decedent left a Last Will and Testament. That Decedent's Last Will and Testament bequeathed the property located at 330 Peachtree Street, Nashville, Davidson County, Tennessee to his Wife, Affiant, SHERLEEN FORD GROOMS. A copy of this will is attached as Exhibit B. That Affiant is over the age of Twenty-One (21) years, and that Affiant makes this affidavit of her own personal knowledge

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

I, SHERLEEN FORD GROOMS, the undersigned, make oath that the facts stated in the foregoing Affidavit of Heirship are true to the best of my knowledge and belief.

Sherleen Ford Grooms

SHERLEEN FORD GROOMS

SWORN TO AND SUBSCRIBED before me this the 11th day of April, 2016

TREVOR CLARK
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires JULY 3, 2017

NOTARY PUBLIC

My Commission Expires: 7/3/17

STATE OF TENNESSEE
Office of Vital Records

Ex "A"

FILED

2015 AUG 13 PM 3:27

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER: 77 [illegible] RICHARD ROKER, CLERK

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): WALTER LOUIE GROOMS
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): May 23, 2015
4. TIME OF DEATH (Hours): 12:40 pm
5a. AGE-Last Birthday (Years): 73
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): April 2, 1942
7. BIRTHPLACE (City and State or Foreign Country): NASHVILLE, TN

TYPE/PRINT IN PERMANENT BLACK INK

8a. IF DEATH OCCURRED IN A HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA
8b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: [X] 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): VA TN VALLEY HEALTHCARE SYSTEM
8c. CITY OR TOWN: NASHVILLE
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS: [X] Married [ ] Married, but separated [ ] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): SHERLEEN F. FORD
11a. DECEDENT'S USUAL OCCUPATION: MANUFACTURING
11b. KIND OF BUSINESS/INDUSTRY: FERRO FIBERGLASS
12. SOCIAL SECURITY NUMBER: [redacted]
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY OR TOWN: NASHVILLE
13d. STREET AND NUMBER: 48 PEACHTREE STREET
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37210
14. WAS DECEDENT EVER IN US ARMED FORCES? [X] Yes [ ] No

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
[ ] 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)
[X] 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)
[X] White
[ ] Black or African American
[ ] American Indian or Alaska Native (Name of the enrolled or principal tribe)
[ ] Asian Indian
[ ] Chinese
[ ] Filipino
[ ] Japanese
[X] Korean
[ ] Vietnamese
[ ] Other Asian (Specify)
[ ] Native Hawaiian
[ ] Guamanian or Chamorro
[X] Samoan
[ ] Other Pacific Islander (Specify)
[ ] Other (Specify)
[ ] Unknown

PARENTS

18. FATHER'S NAME (First, Middle, Last): LOUIE ANDERSON GROOMS
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): MYRTLE ANN WATERS

DISPOSITION

20a. INFORMANT'S NAME: VA TN Valley Healthcare System
20b. RELATIONSHIP TO DECEDENT: VA FILE
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1310 24th Ave. South, Nashville, TN 37212
21a. METHOD OF DISPOSITION: [ ] Burial [ ] Cremation [ ] Donation [X] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): MT. OLIVET CEMETERY
21c. LOCATION - City or Town and State: NASHVILLE, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ HILTON TUCKER
22b. LICENSE NUMBER: 5953
22c. SIGNATURE OF EMBALMER: ▶ MICHELLE PETRINO
22d. LICENSE NUMBER: 4118
23a. NAME AND ADDRESS OF FUNERAL HOME: Ellis Funeral Home & Cremation Service, 2627 Nolensville Pike, Nashville, TN 37211
23b. LICENSE NUMBER OF FUNERAL HOME: 775

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ DeWah Pilcher (for)
25. DATE FILED (Month, Day, Year): May 29 2015

CERTIFIER

26. CERTIFIER (Check only one):
26a. [X] 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 IN 48 HOURS.

27a. SIGNATURE OF CERTIFIER: ▶ [signature]
27b. LICENSE NUMBER: 35964
27c. DATE SIGNED (Month, Day, Year): May 29, 2015
27d. NAME AND ADDRESS: Martha Leonard, M.D. 1310 24th Ave. South, Nashville, TN 37212

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. VASCULAR DEMENTIA	07 to present
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: COPD, HTN

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

30. MANNER OF DEATH: [X] 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.

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

8056030

R. Benton McDonough, JD — STATE REGISTRAR
John J. Dreyzehner, MD, MPH, FACOEM — COMMISSIONER

8056030

Date Issued: 6/1/2015

CERTIFICATION OF VITAL RECORD

Exhibit "B"

LAST WILL AND TESTAMENT
OF
Walter Louie Grooms

I, Walter L. Grooms presently residing at 49 Peachtree Nash TN, being of full age and sound and disposing mind and memory, hereby make, publish and declare this to be my LAST WILL and TESTAMENT.

FIRST: I hereby revoke any and all Wills and Codicils by me anytime here fore made.

SECOND: I direct that all of my just debts and funeral expenses be paid out of my Estate as soon as practicable after my death.

THIRD: I am presently married to Sherlee D Ford Grooms.

FOURTH: I hereby give, devise and bequeath all of my Estate, real, personal and mixed, of every kind and nature whatsoever and where over situated, to my beloved wife absolutely and forever.

FIFTH: In the event that my wife shall predecease me, then and in that event, I give, devise and bequeath my Estate hereinabove mentioned in paragraph "FOURTH" herein, to my beloved child or children or grandchildren surviving me, per stirpes.

SIXTH: In the event that I am not survived by my wife or any children, or grandchildren, then, and in such event, I give, devise and bequeath my said Estate to the following named beneficiary/beneficiaries or their survivor/survivors in equal shares.

a. _____
Name and address of beneficiary

b. _____
Name and address of beneficiary

c. _____
Name and address of beneficiary

SEVENTH: I hereby nominate and appoint my beloved wife to be Executor of this, my LAST WILL and TESTAMENT, and I direct that no bond or other security shall be required of him in any jurisdiction. If my said wife is unable to serve as Executor, then I nominate and appoint Chris C. Grooms SR Executor/Executrix of this my LAST WILL and TESTAMENT, and I further direct that he/she not be required to post any bond or other security.

EIGHT: I give to my Executor/Executrix authority to exercise all the powers, duties, rights, and immunities conferred upon fiduciaries by law with full power to sell to mortgage and to lease, and to invest and re-invest all or any part of my Estate on such terms as he/she deems best.

IN WITNESS WHERE OF, I hereunto set my hand this 29 day of December 2006.

Carter L Green
(SIGN HERE)

Signed, sealed, publish and declared by the above name testatrix, as and for ~~her~~ his LAST WILL and TESTAMENT, and in the presence of us, who at her request, in her presence, and in the presence of one another have hereunto subscribed our names as attesting witnesses, the day and year last written above.

Nora L. Byler residing at 4311 Little Creek Dr. Murf. TN 37217

Ruby E Moore residing at 47 Peach Tree St Nashville Tenn

Melanie K. Tate residing at 80 Jay Street Nashville, Tn. 37210

My commission expires: 7/24/2010 Linda D. Jenkins
Notary Public

LINDA D. JENKINS
NOTARY PUBLIC
STATE OF TENNESSEE
DAVIDSON COUNTY