This Instrument Prepared by:
Bryan C. De Cuir, Attorney at Law
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BILL GARRETT, Davidson County
Trans:T20160032765 AFFIDAVITH
Recvd: 04/21/16 10:11 2 pgs
Fees:12.00 Taxes:0.00
20160421-0038723

AFFIDAVIT OF HEIRSHIP

The undersigned, being first duly sworn, deposes and says as follows:

1. I am an adult, a U.S. citizen, a resident of Williamson County, Tennessee, and I am the attorney for D. N. Pardue to assist him with the probate of Doris M. Pardue's estate. In my capacity as his attorney, I became very familiar with their disposition plan and the familial relationships involved.

2. Doris M. Pardue died in Davidson County, Tennessee, on August 24, 2014, as evidenced by the Certificate of Death issued by the Metropolitan Government of Nashville and Davidson County, a true and correct copy of which is attached hereto as Exhibit A and incorporated by reference.

3. At the time of her death, the decedent held title individually to the improved real property commonly known as 1697 Stewarts Ferry Pike, Hermitage, TN, 37076, by virtue of the Quitclaim Deed from D. N. Pardue, dated November 17, 1999 and recorded in Book 11754, page 921, Register's Office for Davidson County, Tennessee.

4. Decedent died testate and according to the provisions of her Last Will and Testament, said real property is to vest in a Trust entitled the "D. Nelson Pardue Qualified Marital Trust" with D. Nelson Pardue, Beverly P. Pearman, Chris C. Pardue and Travis K. Pardue acting as Co-Trustees of said trust.

5. This Affidavit is freely given pursuant to the provisions of Tennessee Code Annotated Section 30-2-712, to help establish the heirship with respect to any real or personal property owned by the decedent Richard Z. Fields in Davidson County, Tennessee, or elsewhere.

I make the above statements based on my own personal knowledge, and to the best of my knowledge and belief these statements are true, correct and complete.

IN WITNESS WHEREOF, the undersigned has executed this Affidavit as of the 4th day of January, 2016.

Bryan C. De Cuir

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named Bryan C. De Cuir, the affiant, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he/she/they executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee, this 4th day of January, 2016.

Notary Public

ELIZABETH J. LEGIER
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY
[SEAL]

My Commission Expires: March 10, 2019

STATE OF TENNESSEE
Office of Vital Records

1435890

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last Suffix): Doris Maggie Pardue
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): August 24, 2014
4. TIME OF DEATH (Approx.): 8:43 AM
5a. AGE-Last Birthday (Years): 88
5b. UNDER 1 YEAR – Months / Days
5c. UNDER 1 DAY – Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): October 10, 1925
7. BIRTHPLACE (City and State or Foreign Country): Nashville, 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): Life Care Center of Old Hickory Village
8c. CITY OR TOWN: Old Hickory
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): D. Nelson Pardue
11a. DECEDENT'S USUAL OCCUPATION: Homemaker
11b. KIND OF BUSINESS/INDUSTRY: Own Home
12. SOCIAL SECURITY NUMBER: [redacted]-2227
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Hermitage
13d. STREET AND NUMBER: 1697 Stewarts Ferry Pike
13e. INSIDE CITY LIMITS: ☑ Yes ☐ No
13f. ZIP CODE: 37076-3721
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☑ No

NAME OF DECEDENT (For use by Physician or Medical Examiner)

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): Thomas C. Powell
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Thetis Jeanette Harry

INFORMANT

20a. INFORMANT'S NAME: D N Pardue
20b. RELATIONSHIP TO DECEDENT: Husband
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1697 Stewarts Ferry Pike, Hermitage, TN 37076-3721

DISPOSITION

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

FUNERAL DIRECTOR

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Gary Michael Morgan
22b. LICENSE NUMBER: 5220
22c. SIGNATURE OF EMBALMER: ▶ Jasmine Penny Zervis
22d. LICENSE NUMBER: 6748
23a. NAME AND ADDRESS OF FUNERAL HOME: Hermitage Funeral Home, 535 Shute Ln, Old Hickory, TN 37138
23b. LICENSE NUMBER OF FUNERAL HOME: 540

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ [signature]
25. DATE FILED (Month, Day, Year): August 29, 2014

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE WITHIN 48 HOURS

26. CERTIFICATION (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: Thomas B. Miller MD
27b. LICENSE NUMBER: 7539
27c. DATE SIGNED (Month, Day, Year): 8/29/14
27d. NAME AND ADDRESS: 106 12th Ave N Ste 700 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.

		Approximate Interval Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Pancreatitis	2-3 mos
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. Biliary Dyskinesia (Due to (or as a consequence of))	2-3 mos
	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.
Alzheimer's Dementia

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 – (e.g., home, farm, street, factory, office, building, etc.) (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

TH-1650 (Rev. 10/2011)

RDA 1393

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.

7200306

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

7200306

Teresa S. Hendricks
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued

CERTIFICATION OF VITAL RECORD