THIS INSTRUMENT PREPARED BY:
Peter Frech, Esq.
THE FLEMING LAW FIRM
405 Two Mile Pike, Suite A
Goodlettsville, TN 37072

BILL GARRETT, Davidson County
Trans:T20160045378 AFFIDAVITH
Recvd: 05/31/16 09:55 4 pgs
Fees:22.00 Taxes:0.00
20160531-0054169

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Affiant, MARK HITT, after first being duly sworn, states that he is an adult citizen and residing at 1411 Union Hill Road, Goodlettsville, TN 37072, Davidson County, Tennessee being fifty-eight (58) years of age, having been born on June 28, 1957. I will refer to myself in this Affidavit as Affiant. I have personal knowledge of the matters stated in this Affidavit.

On January 13, 2016, Cecil Lain Hitt died at the age of eighty-three (83) years of age in Davidson County, Tennessee. I will refer to this person as the Decedent. A copy of the death certificate is attached as Exhibit A. Cecil Lain Hitt was predeceased by his wife, Ardath Ann Hitt, whom died at the age of seventy-six (76) years of age in Davidson County, Tennessee on July 14, 2015. A copy of the death certificate is attached as Exhibit B.

The real property to which this Affidavit applies is located at 1405 Union Hill Road, Goodlettsville, TN 37072, Davidson County, Tennessee. For prior title, see Book 9488, Page 106, in the Register's Office in Nashville, Davidson County, Tennessee.

Facts pertinent to determine who is legally entitled to said property is as follows: Affiant would state that the Decedent owned said property located at 1405 Union Hill Road, Goodlettsville, TN 37072, Davidson County, Tennessee with Mark Hitt and Joan A. Hitt as a Joint Tenancy with Right of Survivorship. After Decedent's death, the property passes directly to Mark Hitt and his wife, Joan A. Hitt as a Joint Tenancy with Right of Survivorship.

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

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

MARK HITT

SWORN TO AND SUBSCRIBED before me this the 24th day of May, 2016

NOTARY PUBLIC

KIM CHASTAIN
STATE OF TENNESSEE
NOTARY PUBLIC
COUNTY OF DAVIDSON

My Commission Expires: 11/6/17

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): Ardath Ann Hitt
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): July 14, 2015
4. TIME OF DEATH (24 hour): 4:20 pm
5a. AGE-Last Birthday (Years): 76
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): July 16, 1938
7. BIRTHPLACE (City and State or Foreign Country): Goodlettsville, 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): 1421 Union Hill Road
8c. CITY OR TOWN: Goodlettsville
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): Cecil Hitt
11a. DECEDENT'S USUAL OCCUPATION: Bus driver
11b. KIND OF BUSINESS/INDUSTRY: Metro Board of Education

12. SOCIAL SECURITY NUMBER: [redacted]1530
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Goodlettsville

13d. STREET AND NUMBER: 1421 Union Hill Road
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37072
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): James E. Sweeney
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Addie Blanche Padgett

DISPOSITION

20a. INFORMANT'S NAME: Mark Hitt
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1411 Union Hill Rd, Goodlettsville, TN 37072

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 FH, 3501 Old Clarksville Pk, P O Bx 68, Joelton TN 37080
23b. LICENSE NUMBER OF FUNERAL HOME: 193

REGISTRAR

24. REGISTRAR'S SIGNATURE: ► Deborah Rhoads (DR)
25. DATE FILED (Month, Day, Year): August 4, 2015

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.

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

27a. SIGNATURE OF CERTIFIER: ► [signature]
27b. LICENSE NUMBER: 31153
27c. DATE SIGNED (Month, Day, Year): 7/27/15
27d. NAME AND ADDRESS: Terry R. Ketch, M.D., 3443 Dickerson Pk, # 430, Nashville, TN 37207

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. Cardiopulmonary Arrest
Due to (or as a consequence of)
b. Chronic Lung disease
Due to (or as a consequence of)
c. CAD
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

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 – (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)

PH-1659 (Rev. 10/2011)
RDA 1399

EXHIBIT tabbies A

8062755

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

8062755
Date Issued: AUG 4 2015

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 206785

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Cecil Lain Hitt
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): January 13, 2016
4. TIME OF DEATH (Actual): 5:38 pm
5a. AGE-Last Birthday (Years): 83
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): September 30, 1932
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
8b. 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 - Skyline Madison Campus
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: Truck Driver
11b. KIND OF BUSINESS/INDUSTRY: Transportation

12. SOCIAL SECURITY NUMBER: [redacted]2332
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Goodlettsville

13d. STREET AND NUMBER: 1421 Union Hill Road
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37072
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): Jesse Vernon Hitt
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Bessie Irene Fryer

20a. INFORMANT'S NAME: Mark Hitt
20b. RELATIONSHIP TO DECEDENT: son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1421 Union Hill Road Goodlettsville, TN 37072

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, 3501 old Clarksville Hwy Jct Hwy 31 & 70
23b. LICENSE NUMBER OF FUNERAL HOME: 193

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Death Checks Corp
25. DATE FILED (Month, Day, Year): January 26, 2016

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.

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

27a. SIGNATURE OF CERTIFIER: ▶ [signature]
27b. LICENSE NUMBER: 17891
27c. DATE SIGNED (Month, Day, Year): 1/25/16
27d. NAME AND ADDRESS: Robert Berkompas, 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.

Approximate Interval: Onset to death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Atherosclerotic cardiovascular disease
Due to (or as a consequence of):
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.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
Acute renal failure

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)

TH-1659 (Rev. 10/2011) RDA 1399

EXHIBIT tabbies B

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.

8247189

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

8247189

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued: JAN 26 2016

CERTIFICATION OF VITAL RECORD

COPYRIGHT SECURITY ARTS LTD PROTECTION