BILL GARRETT, Davidson County
Trans:T20160047429 AFFIDAVITH
Recvd: 06/06/16 11:26 3 pgs
Fees:17.00 Taxes:0.00
20160606-0056732

AFFIDAVIT OF HEIRSHIP

New Owner	Send Tax Bills To:	Map/par No.
Bobbi Nell Johnson **707 Fatherland Street** **Nashville, Tennessee 37206**	**same**	**82-12- Par 206**

In Re: a certain tract or parcel of land in Davidson County, Tennessee, described as follows:

Land in the Davidson County, Tennessee being the westerly 22/ 1/2 feet of Lot No. 58 on the Map of Hobson and Wheless Second Addition to Edgefield, now East Nashville, as of record in Book 2, page 21, Register's Office for Davidson County, Tennessee.

BEING part of the property conveyed to Edgefield Baptist Church, a Corporation by deed from the Nashville Housing Authority in Book 3966, Page 769, said Registers Office for Davidson County, Tennessee dated May 16, 1963. Edgefield Baptist Church, a Corporation is also known as Edgefield Baptist Church of Nashville, Tennessee, a Tennessee Not-For-Profit Corporation.

BEING that same property conveyed to Larry E. Johnson by Warranty Deed from the Edgefield Baptist Church of Nashville, Tennessee a Corporation also known as Edgefield Baptist Church of Nashville, Tennessee, a Tennessee Not-For-Profit Corporation, dated September 15, 2011 and recorded as Instrument 20110916-0071991 in the Register's Office of Davidson County, Tennessee.

This is improved property known as 707 Fatherland Street, Nashville, Tennessee 37206.

Comes now, Bobbie Nell Johnson, and after first being duly sworn according to law, attests and states as follows:

1. Affiant is the sister of the late Larry E. Johnson.

2. Larry E. Johnson died while a citizen and resident of Nashville, Davidson County, Tennessee on January 19, 2016.

3. At the time of his death, Larry E. Johnson was survived by his sister and Affiant, Bobbie Nell Johnson.

4. Larry E. Johnson Last Will and Testament ~~attached hereto as Exhibit No. 1~~ which has been admitted to Probate in Seventh Circuit Court of Davidson County, Tennessee under docket number 16P-~~177~~.

5. The Last Will and Testament of Larry E. Johnson left the above described real property to Affiant, Bobbi Nell Johnson.

6. All right, title and interest in the above described property is vested in the Affiant, Bobbi Nell Johnson.

7. **FURTHER AFFIANT SAITH NOT.**

Bobbi Nell Johnson

This Instrument Prepared by:
Dan R. Alexander
Attorney at Law
2016 8th Avenue South
Nashville, Tennessee 37204

State of Tennessee)
County of Davidson)

Personally appeared before me, the undersigned authority, a Notary Public in and for the within named Bobbi Nell Johnson, the bargainor(s) with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at office this 30th day of Mersa 2016

My Commission Expires: 9-25-2019

Notary Public

JANICE BOOM
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 230302

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Larry Edward Johnson
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): January 19, 2016
4. TIME OF DEATH (Approx.): 14:16
5a. AGE-Last Birthday (Years): 64
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): December 26, 1951
7. BIRTHPLACE (City and State or Foreign Country): Bowling Green, Kentucky

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 at Skyline, Madison Campus
8c. CITY OR TOWN: Madison
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS: ☐ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☒ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): N/A
11a. DECEDENT'S USUAL OCCUPATION: Registered Nurse
11b. KIND OF BUSINESS/INDUSTRY: Medical
12. SOCIAL SECURITY NUMBER: [redacted]349
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 707 Fatherland Street
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37206
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ 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
☐ 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

SAP

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): Robert Johnson
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Nell Willoughby

DISPOSITION

20a. INFORMANT'S NAME: Bobbi Johnson
20b. RELATIONSHIP TO DECEDENT: Sister
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 707 Fatherland Street Nashville, TN 37206
21a. METHOD OF DISPOSITION: ☐ Donation ☐ Entombment ☐ Burial ☒ Cremation ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Affiliated Crematory
21c. LOCATION - City or Town and State: Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR
22b. LICENSE NUMBER: 4621
22c. SIGNATURE OF EMBALMER
22d. LICENSE NUMBER
23a. NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Funeral Home, 2707 Gallatin Road, Nashville, Tennessee 37216
23b. LICENSE NUMBER OF FUNERAL HOME: 331

REGISTRAR

24. REGISTRAR'S SIGNATURE: Deborah Rhodes (a)
25. DATE FILED (Month, Day, Year): January 21, 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: Robert Berkompas MD
27b. LICENSE NUMBER: 17891
27c. DATE SIGNED (Month, Day, Year): 1/21/16
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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Congestive heart failure
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.

Approximate interval: Onset to death

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 – 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

8246852

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

8246852

Date Issued: JAN 21 2016

CERTIFICATION OF VITAL RECORD