This Instrument Prepared by:
Bryan C. De Cuir, Attorney at Law
8120 Sawyer Brown Road, 108-B
Nashville, TN 37221
Telephone: (615) 673-8337

BILL GARRETT, Davidson County
Trans:T20160053080 AFFIDAVITH
Recvd: 06/22/16 11:18 3 pgs
Fees:17.00 Taxes:0.00
20160622-0063545

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 Davidson County, Tennessee, and the surviving spouse of Charles R. Covington.

2. Charles R. Covington died on September 19, 2014 in Davidson County, Tennessee as evidenced by the Certificate of Death issued by the State of Tennessee Office of Vital Records, a true and correct copy of which is attached hereto and incorporated by reference.

3. At the time of his death, the decedent and I held title, as tenants by the entirety, to the improved real property commonly known as 4555 Baton Rouge Drive, Hermitage, TN 37076, by virtue of the Warranty Deed from M. Jamie Summar, unmarried, recorded December 4, 2007, of record in Instrument No. 20071204-0140258, Register's Office for Davidson County, Tennessee.

4. Upon decedent's death I succeeded to all of his interest in said property as his surviving spouse

5. Decedent died intestate, but with personal property valued at less than $50,000.00, and therefore was exempt from Probate under the provisions of Section 30-4-101 of the Probate Code.

6. 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 Charles R. Covington 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 2nd day of June, 2016.

Bobbie Covington

BOBBIE COVINGTON

STATE OF TENNESSEE
COUNTY OF DAVIDSON

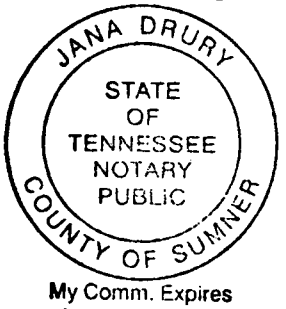
Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named **BOBBIE COVINGTON** with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he executed the within instrument for the purposes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

Witness my hand and official seal at Nashville, Tennessee, this 2nd day of June, 2016.

[SEAL]

Notary Public

My Commission Expires: January 29, 2020



My Comm. Expires
January 29, 2020

STATE OF TENNESSEE
Office of Vital Records

Amended by Affidavit 10/27/2014

1 4 3 5 9 3 1

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STA 2014 046862

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Charles Reid Covington, Sr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): September 19, 2014
4. TIME OF DEATH: 9:15 AM
5a. AGE-Last Birthday (Years): 82
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): October 24, 1931
7. BIRTHPLACE (City and State or Foreign Country): White House, Tennessee

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): 4555 Baton Rouge Dr
8c. CITY OR TOWN: Hermitage 094
8d. COUNTY OF DEATH: Davidson 19

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): Bobbie Jean Hatcher
11a. DECEDENT'S USUAL OCCUPATION: Mechanic
11b. KIND OF BUSINESS/INDUSTRY: Marine Engines
12. SOCIAL SECURITY NUMBER: [redacted]181
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Hermitage
13d. STREET AND NUMBER: 4555 Baton Rouge Dr
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37076-1553
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

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): Clyde Covington
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Johnnie Bell Quill

DISPOSITION

20a. INFORMANT'S NAME: Bobbie J Covington
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 4555 Baton Rouge Dr, Hermitage, TN 37076-1553
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Hermitage Memorial Gardens
21c. LOCATION - City or Town and State: Old Hickory, TN
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: ▶ Michael Edmonds DR
25. DATE FILED (Month, Day, Year): September 23, 2014

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: ▶ Laura Tharpe MD
27b. LICENSE NUMBER: 98448 PS
27c. DATE SIGNED (Month, Day, Year): 9/22/14
27d. NAME AND ADDRESS: Laura Tharpe, 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. Melanoma
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.

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)

Prt-1659 (Rev. 10/2011) RDA 1300

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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

7547486

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued: Dec 29 2014

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD