BILL GARRETT, Davidson County
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Fees:22.00 Taxes:0.00
20160722-0075740

This instrument was prepared by:

Kinslow Law Group, PLLC
810 Dominican Drive
Nashville, TN 37228

GRANTEE(S): Latoya McEwen, Michael Jackson, LaKeesha LaShonda Jackson, Nathan McEwen

SEND TAX NOTICES TO: Latoya McEwen, 3866 Crouch Drive, Nashville, TN 37207
MAP PARCEL NUMBER: 083-02-0-339.00

AFFIDAVIT OF HEIRSHIP

Tennessee Code Annotated § 30-2-712.

STATE OF TENNESSEE

COUNTY OF DAVIDSON

The undersigned, being duly sworn, deposes and says:

1. My full name is Deborah A. Jackson. I will refer to myself in this Affidavit as the Affiant.

2. I reside at 654 Putnam Drive, Nashville, TN 37218.

3. I have personal knowledge of the matters stated in this Affidavit.

4. On May 30, 2016, Patricia Louise Jackson died at 400 Chapel Avenue, Nashville, TN 37206 (Mailing Address: 1701 Sharpe Avenue, Nashville, TN 37206). I will refer to this person as the Decedent. (Death Certificate attached hereto).

5. The real property to which this Affidavit applies is located at 400 Chapel Avenue in Davidson County, Tennessee, more fully described as:

   Land in Davidson County, Tennessee, being Lot No. 4 on the Final Plat of Hobson Chapel Subdivision, of record in Book 7900, page 776, Register's Office for Davidson County, Tennessee, to which plan reference is hereby made for a more complete description.

   Being part of the same property conveyed to Nashville Area Habitat for Humanity, Inc. by deed from Trustees of Hobson United Methodist Church, of record in Book 9523, page 450, Register's Office for Davidson County, Tennessee.

6. At the time of the Decedent's death, the Decedent resided at 400 Chapel Avenue, Nashville, TN 37206 (Mailing Address: 1701 Sharpe Avenue, Nashville, TN 37206).

7. The estate of the Decedent was not administered in a proceeding supervised by a court.

8. Facts concerning my relationship to the Decedent are: I am the Decedent's younger sister, and we were raised in the same household and remained close until her untimely death.

9. Additional facts pertinent to determine who is legally entitled to the estate of the Decedent at the time of the Decedent's death are: The Decedent's children are:

Latoya McEwen
3866 Crouch Drive
Nashville, TN 37207

LaKeesha LaShonda Jackson
600 Heritage Drive, Apt. 222
Madison, TN 37115

Michael Jackson
203 Sealey Drive, Apt. J97
Madison, TN 37115

Nathan McEwen
2912 Mossdale
Antioch, TN 37013

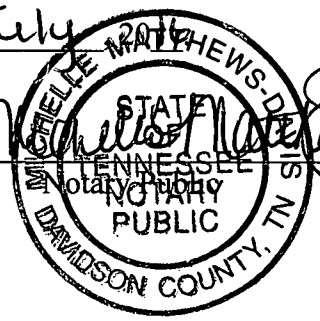
[The remainder of this page has been left intentionally blank.]

Deborah A. Jackson
Affiant

Sworn to and subscribed before me this 20th day of July, 2015

My Commission expires: December 6, 2014

Michelle Mathews-Day
Notary Public



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): Patricia Louise Jackson
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): May 30, 2016
4. TIME OF DEATH (Approx.):
5a. AGE-Last Birthday (Years): 58
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): October 8, 1957
7. BIRTHPLACE (City and State or Foreign Country): Nashville, 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): 1701 Sharpe Ave.
8c. CITY OR TOWN: Nashville
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)
11a. DECEDENT'S USUAL OCCUPATION: Housekeeping
11b. KIND OF BUSINESS/INDUSTRY: Domesitc
12. SOCIAL SECURITY NUMBER: [redacted]
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 1701 Sharpe Ave.
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

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): David Thomas
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Rosie B. Jackson

DISPOSITION

20a. INFORMANT'S NAME: Lakeesha Jackson
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 600 Heritage Dr., Apt 222 Madison, Tn. 37115
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Greenwood Cemetery North
21c. LOCATION - City or Town and State: Nashville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Byrettia L. Broady
22b. LICENSE NUMBER: 5130
22c. SIGNATURE OF EMBALMER: ▶ Terrell Broady
22d. LICENSE NUMBER: 4117
23a. NAME AND ADDRESS OF FUNERAL HOME: Terrell Broady Funeral Home, Inc, 3855 Clarksville Pike, Nashville, Tennessee 37218
23b. LICENSE NUMBER OF FUNERAL HOME: 1137

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ [signature] DR
25. DATE FILED (Month, Day, Year): 6/28/2016

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: MD10516
27c. DATE SIGNED (Month, Day, Year): 6/23/16
27d. NAME AND ADDRESS: SMG Nashville, TN

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. HYPERTENSION	7 YRS
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. HYPERLIPIDEMIA Due to (or as a consequence of)	7 YRS
	c. MITRAL INSUFFICIENCY Due to (or as a consequence of)	7 YRS
	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.

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

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.

8519250

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

8519250

Date Issued: JUL 2 2016

CERTIFICATION OF VITAL RECORD