SEND TAX BILLS TO:

Juanita K. Faircloth

ADDRESS OF NEW OWNER (S):

3023 Casa Drive

Nashville, TN 37214

MAP & Parcel: 108 07 0A 014.00

IMPROVED X **UNIMPROVED**

BILL GARRETT, Davidson County
Trans:T20160063710 AFFIDAVITH
Recvd: 07/25/16 11:15 6 pgs
Fees:32.00 Taxes:0.00
20160725-0076235

THIS INSTRUMENT PREPARED BY:
A. ENSLEY HAGAN, JR.
THE HAGAN LAW FIRM, P.C.
107½ S. CUMBERLAND ST.
LEBANON, TENNESSEE 37087

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE)
COUNTY OF WILSON)

The undersigned, being duly sworn, deposes and says:

Glenn Faircloth, a resident of Wilson County, State of Tennessee, who died on January 22, 2014, as evidenced by a copy of the death certificate attached as Exhibit A, held a fee simple interest in the following described real estate located in Davidson County, Tennessee:

> Land in Davidson County, Tennessee, being Unit No. 14, Lot No. 35, on the Plan of Patio Villa Condominiums, Section 5, as of record in Book 5800, page 335, said Register's Office, to which plan reference is hereby made for a more complete legal description.
>
> Being the same property conveyed to Glenn Faircloth by deed from Juanita K. Faircloth, on March 24, 2000, and recorded as Instr: 200004040033427 in the Register's Office for Davidson County, Tennessee. Glenn Faircloth died intestate in Wilson County, Tennessee, on January 22, 2014. Cynthia Ann Faircloth, Jenny Smith, and Brian Faircloth thereafter succeeded to the title to said property.

The undersigned received 100% interest in the real estate described above by virtue of being the recipients of the real estate as surviving heirs. The Tennessee Inheritance Tax Consent to Transfer for Real Property has been received, a copy of which is attached as Exhibit B.

There are no debts or encumbrances remaining that are or might become a lien on the interest in the described real estate. T.C.A. §67-4-409(a)(3)(D) exempts this instrument from tax and T.C.A. §67-4-409(a)(5) further provides the valuation oath is unnecessary, the affidavit being used to evidence transfer to title to the property to a beneficiary.

WITNESS MY HAND on this the 16 day of July, 2016.

Cynthia Ann Faircloth
Cynthia Ann Faircloth

Jenny Smith
Jenny Smith

Brandon Faircloth

STATE OF TENNESSEE)
COUNTY OF WILSON)

Personally appeared before me, the undersigned authority, a Notary Public, in and for said State and County aforesaid, the within named Cynthia Ann Faircloth with whom I am personally acquainted and who acknowledged the execution of the foregoing AGREEMENT for purposes therein contained.

WITNESS my hand and official seal this the 16 day of July, 2016.

Margaret A. Ballinger
NOTARY PUBLIC

MY COMMISSION EXPIRES:
4-9-2017

MARGARET A. BALLINGER
STATE OF TENNESSEE NOTARY PUBLIC
WILSON COUNTY

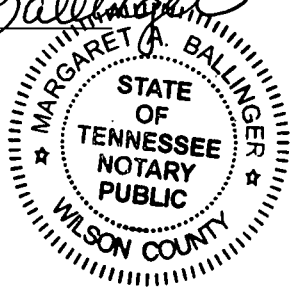
STATE OF TENNESSEE)
COUNTY OF WILSON)

Personally appeared before me, the undersigned authority, a Notary Public, in and for said State and County aforesaid, the within named Jenny Smith with whom I am personally acquainted and who acknowledged the execution of the foregoing AGREEMENT for purposes therein contained.

WITNESS my hand and official seal this the 16 day of July, 2016.

Margaret A. Ballinger
NOTARY PUBLIC

MY COMMISSION EXPIRES: 4-9-2017



STATE OF TENNESSEE)
COUNTY OF WILSON)

Personally appeared before me, the undersigned authority, a Notary Public, in and for said State and County aforesaid, the within named Brandon Faircloth with whom I am personally acquainted and who acknowledged the execution of the foregoing AGREEMENT for purposes therein contained.

WITNESS my hand and official seal this the 16 day of July, 2016.

Margaret A. Ballinger
NOTARY PUBLIC

MY COMMISSION EXPIRES: 4-9-2017



1400549

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Phillip Glenn Faircloth
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): January 22, 2014
4. TIME OF DEATH (Alone): 3:10 pm
5a. AGE-Last Birthday (Years): 61
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): November 28, 1952
7. BIRTHPLACE (City and State or Foreign Country): Donelson, 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): Summit Tristar Medical Center
8c. CITY OR TOWN: Hermitage
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): Cynthia A. Smith
11a. DECEDENT'S USUAL OCCUPATION: Express Courier
11b. KIND OF BUSINESS/INDUSTRY: Packages Industry

12. SOCIAL SECURITY NUMBER: [redacted]568
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Wilson
13c. CITY OR TOWN: Lebanon

13d. STREET AND NUMBER: 2888 W. Saulsbury Road
13e. INSIDE CITY LIMITS: ☐ Yes ☒ No
13f. ZIP CODE: 37090
14. WAS DECEDENT EVER IN U.S. 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): David Glenn Faircloth
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Katherine Juanita Waggoner

DISPOSITION

20a. INFORMANT'S NAME: Cynthia Faircloth
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 2888 W. Saulsbury Rd., Lebanon, TN 37090
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: Hermitage, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: Mark E. Bowden
22b. LICENSE NUMBER: 3980
22c. SIGNATURE OF EMBALMER: Trena J. Mueller
22d. LICENSE NUMBER: 6643
23a. NAME AND ADDRESS OF FUNERAL HOME: Ligon & Bobo Funeral Home, 241 W. Main St., Lebanon, TN 37087
23b. LICENSE NUMBER OF FUNERAL HOME: 619

REGISTRAR

24. REGISTRAR'S SIGNATURE: Sarah Rhodes
25. DATE FILED (Month, Day, Year): February 3, 2014

CERTIFIER

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

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.
27a. SIGNATURE OF CERTIFIER: Gregory Withers MD
27b. LICENSE NUMBER: MD.11350
27c. DATE SIGNED (Month, Day, Year): 1-28-2014
27d. NAME AND ADDRESS: Gregory Withers, MD Hermitage 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. CARDIAC ARREST	
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	Due to (or as a consequence of): b. CORONARY ARTERY DISEASE	CHRONIC
	Due to (or as a consequence of): c. DIABETES MELLITUS	CHRONIC
	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)

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

6468920

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.

6468920 2/6/2014
Date Issued

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

CERTIFICATION OF VITAL RECORD

EXHIBIT A

TENNESSEE DEPARTMENT OF REVENUE

INHERITANCE TAX CONSENT TO TRANSFER
FOR REAL PROPERTY

NOTICE: THIS ELECTRONIC DOCUMENT IS AN OFFICIAL STATE RECORD. PLEASE PRINT AND RETAIN A COPY FOR YOUR RECORDS.

NAME OF DECEDENT: Phillip Faircloth

COUNTY OF RESIDENCE: WILSON

SOCIAL SECURITY NUMBER: xxx-xx-2566

APPLICATION DATE: 07/07/2016

The Department of Revenue hereby waives the issuance of notice required by Section 67-8-417, Tennessee Code Annotated and consents to the transfer of the property described below now in your custody, or standing on your records in the name of the captioned decedent.

Description of Real Property:

County: DAVIDSON

Address: 3023 Casa Dr

City: Nashville

State: TN

Zip: 37214

Map: 108 07 0A 014.00

Parcel:

FMV: $63,700.00

EXHIBIT B

RV-F1401501 (Rev. 11-13)