This Instrument Prepared By:
Travenia A. Holden
Holden Law Office
1037 West Main Street, Suite C
Lebanon, TN 37087

BILL GARRETT, Davidson County
Trans:T20160063806 AFFIDAVITH
Recvd: 07/25/16 13:23 3 pgs
Fees:17.00 Taxes:0.00
20160725-0076352

AFFIDAVIT OF HEIRSHIP

ADDRESS OF NEW OWNER:	SEND TAX BILLS TO:	MAP/ PARCEL NO.
Arlen J. Floyd 4886 Lynn Drive Nashville, TN 37211	Same	147-02-0-195.00

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The undersigned, being duly sworn, deposes and says:

Diane Carlin Huffstettler Floyd, (hereinafter "Decedent") died on October 15, 2015, in Nashville, Davidson County, Tennessee, as evidenced by a copy of the death certificate attached as Exhibit A. The Decedent held a life estate interest in the real property located at 4886 Lynn Drive, Nashville, Davidson County, Tennessee. That property is described as follows:

> Land in Davidson County, Tennessee, being Lot No. 19 on the Plan of Shauna Acres, Section I, of record in Book 3842, Page 58, Register's Office for Davidson County, Tennessee, to which plan reference is made for a more complete description.
>
> Being the same property conveyed to Arlen J. Floyd by Warranty Deed from Robert L. Barnhill and wife, Betty M. Barnhill, in Instrument No. 20061221-0157466, Register's Office for Davidson County, Tennessee.
>
> Being the same property conveying a life estate interest to Diane Carlin Huffstettler by Quitclaim Deed from Arlen J. Floyd, an unmarried man, in Instrument No. 20081126-0115781, Register's Office for Davidson County, Tennessee.

Decedent having died, the undersigned, received a one hundred percent (100%) interest in the real estate described above by operation of law and being the residuary beneficiary of the terms of the Decedent's Last Will and Testament, probated in the Seventh Circuit Court for Davidson County, Tennessee, Case No.: 15P2125.

There are no debts or encumbrances remaining which are or might become a lien on the said interest in the described real-estate.

This Affidavit of Heirship is given pursuant to T.C.A. Section 30-2-712 to establish and confirm the heirship with respect to any real or personal property owned by Diane Carlin Huffstettler Floyd, deceased, of Davidson County, Tennessee.

Further Affiant saith not.

ARLEN J. FLOYD

STATE OF TENNESSEE
COUNTY OF Williamson

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared Arlene J. Floyd, the within named bargainor, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person described in the foregoing, who signed, sealed and delivered the foregoing instrument in my presence, and who, upon oath, acknowledged that he executed the foregoing instrument for the purposes therein contained as his free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said county, on this 12th day of July, 2016.

My Commission Expires: May 3, 2017

Margie M. West

Notary Public

MARGIE M. WEST
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY
My Commission Expires May 3, 2017

OATH OF VALUE PURSUANT TO T.C.A. § 67-4-409.

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 since this instrument evidences distribution of property to a beneficiary.

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): Diane Floyd
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): October 15, 2015
4. TIME OF DEATH (Hour): 18:17
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): June 15, 1939
7. BIRTHPLACE (City and State or Foreign Country): Los Angeles, California

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): Residence at Alive Hospice
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: Publishing
11b. KIND OF BUSINESS/INDUSTRY: Music
12. SOCIAL SECURITY NUMBER: [redacted]-4993
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 4888 Lynn Drive
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37211
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): Herbert Cohen
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Dorothy Carlin

DISPOSITION

20a. INFORMANT'S NAME: Jesse Floyd
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 4886 Lynn Dr. Nashville, TN 37211
21a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Nashville Funeral and Cremation
21c. LOCATION - City or Town and State: Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ J. Scott Keene
22b. LICENSE NUMBER: 5939
22c. SIGNATURE OF EMBALMER: ▶
22d. LICENSE NUMBER:
23a. NAME AND ADDRESS OF FUNERAL HOME: Nashville Funeral & Cremation, 210 McMillin St, Nashville, TN 37203
23b. LICENSE NUMBER OF FUNERAL HOME: 1136

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ [signature]
25. DATE FILED (Month, Day, Year): October 21, 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: 48448
27c. DATE SIGNED (Month, Day, Year): 10/20/15
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.	Adenocarcinoma of Unknown Primary	
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.	
	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)

PH-1659 (Rev. 10/2011) RDA 1389

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.

8236043

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

8236043 OCT 21 2015
Date Issued

CERTIFICATION OF VITAL RECORD