THIS AFFIDAVIT OF HEIRSHIP PREPARED BY:

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BILL GARRETT, Davidson County
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AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Pursuant to Tenn. Code Ann. Section 30-2-712, I, DENISE GENTRY PETRUNAK, a/k/a DENISE RABALAIS, being duly sworn, hereby state as follows:

1. My full name is DENISE GENTRY PETRUNAK. I was known as DENISE RABALAIS prior to the death of my late husband. I currently reside at 625 Stonewater Boulevard, Franklin, Tennessee 37064.

2. My brother, JOHN HOWARD GENTRY (the "Decedent"), died on June 26, 2016 in Nashville, Tennessee, as evidenced by the Certificate of Death attached hereto as Exhibit A.

3. At the time of the Decedent's death, the Decedent and I owned improved property located at 488 Brentview Hills Drive, Nashville, Tennessee 37220 (the "Property") as tenants in common, with the Decedent owning a seventy percent (70%) interest and me owning a thirty percent (30%) interest in the Property. This Property was deeded to the Decedent and I by a quitclaim deed recorded as Instrument Number 20040730-0091555 in the Register's Office for Davidson County, Tennessee.

4. The Decedent died intestate leaving no surviving spouse, descendants, or parents. I am the Decedent's only sibling and his sole heir at law pursuant to Tenn. Code Ann. Section 31-2-104.

5. This affidavit will confirm that title to the Property vested in me immediately following the Decedent's death.

FURTHER, AFFIANT SAITH NOT.

Dated this the 17th day of August, 2016.

Denise Gentry Petrunak
DENISE GENTRY PETRUNAK

Sworn to and subscribed before me
on this the 17th day of August,
2016.

Laura E. Shouse
Notary Public

My Commission Expires:

LAURA E. SHOUSE
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires 01-06-2020

EXHIBIT A

Certificate of Death of John Howard Gentry

(Attached)

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): John Howard Gentry
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): June 26, 2016
4. TIME OF DEATH (Approx.): 8:38 pm
5a. AGE-Last Birthday (Years): 54
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): February 24, 1962
7. BIRTHPLACE (City and State or Foreign Country): Salem, MA

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): Southern Hills Medical Center
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: Labor
11b. KIND OF BUSINESS/INDUSTRY: Mapco
12. SOCIAL SECURITY NUMBER: [redacted]-2568
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 488 Brentview Hills Drive
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37220
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): Howard Orville Gentry
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Patricia Lee Morris

20a. INFORMANT'S NAME: Denise Petrunak
20b. RELATIONSHIP TO DECEDENT: Sister
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 625 Stonewater Blvd, Franklin, TN 37064

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Harpeth Hills Memory Gardens
21c. LOCATION - City or Town and State: Nashville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Robert Romine
22b. LICENSE NUMBER: 6476
22c. SIGNATURE OF EMBALMER: ▶ Sarah Holman
22d. LICENSE NUMBER: 5884

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23a. NAME AND ADDRESS OF FUNERAL HOME: Harpeth Hills Funeral Home, 9090 Highway 100, Nashville, Tennessee 37221
23b. LICENSE NUMBER OF FUNERAL HOME: 849

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ DRomine DR
25. DATE FILED (Month, Day, Year): 7/5/16

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: ▶ JBJ T. Shaw M.D.
27b. LICENSE NUMBER: MD 13038
27c. DATE SIGNED (Month, Day, Year): 07/05/2016
27d. NAME AND ADDRESS: 4571 Trousdale Dr. Nashville, TN 37204

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.	Acute Myocardial Infarction, Inferior wall.	Hours
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.	Hyperlipidemia	Years
Due to (or as a consequence of): c.	Hypertensive Cardio-Vascular disease	Years
Due to (or as a consequence of): d.	Bradycardia	Hours

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
Acute + chronic Respiratory failure

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

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Tennessee Code Annotated 68-3-101 et.seq., Vital Records Act of 1977

8518374

JUL 05 2016

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796 1936

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD