This instrument prepared by:

CYNTHIA J. BOHN
Attorney at Law
603 Woodland Street
Nashville, TN 37206
(615) 252-8866

Sent tax bills to: (New Owner)
Timothy Glenn Smith
113 Markum Drive
LaVergne, TN 37086

119-01-0
371.00

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE
COUNTY OF DAVIDSON

I, **TIMOTHY GLENN SMITH,** after being duly sworn according to law, depose and state as follows:

1. I am the heir of **NADINE FISHER SMITH**, residing at 113 Markum Drive, LaVergne, Tennessee 37086

2. I am over the age of 18 years and of sound mind and disposing memory.

3. My mother, Nadine Fisher Smith, died on November 23, 2015. Her death certificate is attached as Exhibit A. She did leave a will; however, I am the only heir to the Estate of Nadine Fisher Smith. My father, Charles Smith, Jr., predeceased my mother on May 15, 2003.

4. At the time of her death, Nadine Fisher Smith, owned real property located in Nashville, Davidson County, Tennessee, described as follows:

> Land in Davidson County, Tennessee, being Lot No. 89 and the easterly 17 feet of Lot No. 90 on the map of Overhill City, of record in Book 332, page 21, Register's Office for said County.
>
> Said lot and part of said lot adjoin and front together 67 feet on the south side of Oriel Street and run back between parallel lines, 150 feet to an alley.
>
> Being the same property conveyed to James P. Fisher, Fred S. Fisher, Sr., W.T. Fisher, Rebecca Sample, Ruth Moneyhan and Nadine Smith by deed from W. Lillian Fisher of record in Book 6002, page 301, Register's Office for Davidson County, Tennessee.
>
> Being the same property conveyed to Nadine Smith by deed from James P. Fisher, Fred S. Fisher, Sr., W.T. Fisher, Rebecca Sample, and Ruth Moneyhan of record in Instrument No. 20020909-0108796, Register's Office for Davidson County, Tennessee

BILL GARRETT, Davidson County
Trans:T20160078247 AFFIDAVITH
Recvd: 09/07/16 10:46 3 pgs
Fees:17.00 Taxes:0.00
20160907-0093892

5. As the surviving heir of Nadine Fisher Smith, I am entitled to inherit the real estate located at 307 Oriel Avenue, Nashville, Tennessee 37210.

DATED this 7th day of September, 2016.

Timothy G. Smith

TIMOTHY GLENN SMITH

Sworn to and subscribed before me this 7th day of September, 2016.

Betty Jo Boyd

NOTARY PUBLIC

My Commission Expires: September 10, 2018

BETTY JO BOYD
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY, TENN.

STATE OF TENNESSEE
Office of Vital Records

15 0 7609

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Nadine F. Smith
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): November 23, 2015
4. TIME OF DEATH (Approx.): 14:30
5a. AGE-Last Birthday (Years): 90
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): July 14, 1925
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN

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): 307 Oriel Avenue
8c. CITY OR TOWN: Nashville
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)
11a. DECEDENT'S USUAL OCCUPATION: Nurse
11b. KIND OF BUSINESS/INDUSTRY: Medical

12. SOCIAL SECURITY NUMBER: [redacted]7697
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville

NAME OF DECEDENT (For use by Physician or Institution)

[redacted] NUMBER: 307 Oriel Avenue
13a. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37210
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): Fred Fisher
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Mattie L. Reed

20a. INFORMANT'S NAME: Timothy G. Smith
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 113 Markum Drive, La Vergne, TN 37086

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Woodlawn Memorial Park
21c. LOCATION - City or Town and State: Nashville, Tennessee

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Kimberly Ann Seaman
22b. LICENSE NUMBER: 6725
22c. SIGNATURE OF EMBALMER: ▶ Trena J. Mueller
22d. LICENSE NUMBER: 6643

23a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn Roesch-Patton Funeral Home, 660 Thompson Lane, Nashville, TN 37204
23b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Deborah Rhea (D.)
25. DATE FILED (Month, Day, Year): November 25 2015

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING 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: ▶ [signature]
27b. LICENSE NUMBER: 4572
27c. DATE SIGNED (Month, Day, Year): 11/24/2015
27d. NAME AND ADDRESS: Anh T. Meadows, 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. Pancreatic Cancer
Due to (or as a consequence of)
b.
Due to (or as a consequence of):
c.
Due to (or as a consequence of):
d.

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

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

COURTESY COPY NOT VALID WITHOUT RAISED SEAL

8249497

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

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

8249497
Date Issued: NOV 25 2015

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD