Davidson County AFFIDAVITH
Recvd: 10/21/16 10:10 7 pgs
Fees:37.00 Taxes:0.00
20161021-0111340

This Instrument Prepared by:
Midtown Title, LLC
1704 Charlotte Avenue #105
Nashville, TN 37203

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE
COUNTY OF DAVIDSON

I, Wynema Dickens, of Davidson County, Tennessee, being first duly sworn on oath, state that I am of lawful age and that based upon my personal knowledge, and pursuant to Tennessee Code Annotated §§ 30-2-712, *et seq.*, I hereby affirm the following:

1. To my knowledge, the improved property known as 112 Blackstone Place, Nashville, Tennessee 37210 (the "Property") was acquired by Frances Jane Gwynne (the "Decedent") by that certain Warranty Deed dated December 5, 1985, of record in Book 6731, page 443, Register's Office for Davidson County, Tennessee, and being further described in the Legal Description attached as Exhibit "A".

2. That the Decedent died intestate on September 27, 2006 in Davidson County, Tennessee. The Decedent had a will, but it was never probated. A copy of such is attached as Exhibit "B" and is hereby incorporated for reference.

3. A copy of the Decedents Death Certificate if attached as Exhibit "C".

4. On the date of her death, the Decedent was unmarried.

5. To the best of my knowledge, the Decedent did not have any unpaid debts.

6. Affiant is a resident of Davidson County, in the State of Tennessee.

7. Affiant is familiar with the family history of the Decedent.

8. Said Decedent was, at the time of her death, without a surviving spouse.

9. Affiant further states that Decedent was survived by the following heir-at law:

Name:	**Date of Birth:**	**Relationship:**
Jerry Mitchell Strong	03/22/1951	(Son)

10. Affiant is aware of these facts because she is a disinterested acquaintance, neighbor and/or friend of the Decedent for more than 30 years.

11. The Decedent had no children which predeceased her or adopted children, or descendants of deceased children or adopted children.

The Affidavit of Heirship was freely given pursuant to Section 30-2-712, et seq., Tenn. Code Ann., to help establish and reflect the Heirship with respects to any real or personal property owned by Frances Jane Gwynne in Davidson County, Tennessee.

Tennessee Code Annotated § 30-2-712(f) provides that "Whoever willfully, corruptly and falsely swears to any statement in any such affidavit known by the person to be false, or about which the person does not have sufficiently definite knowledge to justify the making of such a sworn statement, and the statement is false, commits a Class E crime."

Further Affiant saith not.

Signed this the 19th day of October, 2016.

Wynema Dickens

Wynema Dickens

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public, Wynema Dickens, the within named bargainor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that such person executed the within instrument for the purposes therein contained.

WITNESS my hand, at office, this 19th day of October, 2016.

Notary Public
My Commission Expires:

M CORRIVEAU
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.
My Commission Expires MAR. 7. 2017

EXHIBIT A
LEGAL DESCRIPTION

Land in Davidson County, Tennessee, being Lot No. 1 on the resubdivision of part of Lots Nos. 25, 26 and 27 on the Plan of Thompson Lane Park of record in Plat Book 5800, Page 61, Register's Office for said County, to which reference is made for a more complete description.

Being the same property conveyed to Frances Jane Gwynne, a single person by Warranty Deed from Thomas P. Kanaday, Jr. and wife, Sally R. Kanaday, recorded on the 10th day of December, 1985 in Deed Book 6731, Page 443, in the Register's Office of Davidson County, Tennessee.

EXHIBIT "B"

LAST WILL AND TESTAMENT OF

_____

I, FRANCES JANE GWYNNE, a resident of the STATE OF TENNESSEE, COUNTY OF DAVIDSON, being of sound mind and memory, do hereby declare that this is my will. My Social Security number is: 250-38-4959.

FIRST: I revoke all former wills and codicils that I have previously made.

SECOND: I give, devise, and bequeath the following money or personal property:

House and all property and possessions. Address of house is 112 Blackstone Place, Nashville, TN 37210.

to: Jerry Mitchell Strong

HOWEVER, in the event that the above person or persons predeceases me, I give that same money or personal property to his or her surviving beneficiaries.

If there are no surviving beneficiaries, this money or personal property shall go to:

none

THIRD: I direct all my just debts and funeral expenses be paid as soon as possible after my death.

FOURTH: I name Jerry Mitchell Strong as personal representative (executor) of this will without bond. If this person or institution shall for any reason fail to qualify or cease to act as personal representative, I name _____ as personal representative, again without bond, instead.

FIFTH: I hereby empower my Executor to sell property, real or personal, for cash or on time, without an order of Court, at such time and upon such terms and conditions as shall seem best.

I, Frances Jane Gwynne, the testator, sign my name to this will, consisting of 2 pages, this 24th day of March, 2006.

Being duly sworn, I declare to the undersigned authority that I sign this document as my last will, that I sign it willingly, and that I execute it as my free and voluntary act for the purposes therein expressed.

I declare that I am of the age and majority or otherwise legally empowered to make a will, and under no constraint or undue influence.

Frances J. Gwynne
(Signed)

We, the witnesses, sign our name to this document, and we declare under penalty of perjury, that the foregoing is true and correct, this 24 day of March, 2006.

Ms. Wypena Dickens residing at: 110 Blackstone Pl. Nashville, TN 37210

Mr. George S. Fisher residing at: 2830 Sarrey Rd Nashville, TN 37214

Jimmy W. Dickens residing at: 220 Sunny Acre Ct. Mt. Juliet, Tenn. 37122

* FOR NOTARY PUBLIC *

THE STATE OF Tennessee, COUNTY OF Davidson

Subscribed, sworn to and acknowledged before me by Frances J. Gwynne and, Mrs. Wypena Dickens, Mr. George Fisher, and Jimmy W. Dickens, witnesses, personally known to me (or proved to me on the basis of satisfactory evidence to be the persons), this 24th day of March, 20____.

SIGNED: Cindy A. Church
Notary Public
Official Capacity of Officer

My Commission Expires: 01/27/07

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METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

EXHIBIT "C"

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER: 066592

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Frances Jane Gwynne
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): September 27, 2006
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]
5a. AGE-LAST BIRTHDAY (Years): 76
5b. UNDER 1 YEAR (MOS. / DAYS)
5c. UNDER 1 DAY (HOURS / MIN.)
6. DATE OF BIRTH (Month, Day, Year): Oct. 7, 1929
7. BIRTHPLACE (City and State or Foreign Country): Nashville Davidson Co.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [X] Other (Specify): Hospice
9b. FACILITY NAME (If not institution, give street and number): Alive Hospice Residence
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Divorced
11. SURVIVING SPOUSE (If wife, give maiden name): ———
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Administrator
12b. KIND OF BUSINESS/INDUSTRY: Metro Bordeaux Hospital
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 112 Blackstone Place
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37210
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No. Specify, if yes:
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 11th; College (1-4 or 5+):

HAVE OF DECEDENT For data processing purposes

PARENTS

17. FATHER'S NAME (First, Middle, Last): Walter L. Gwynne
18. MOTHER'S NAME (First, Middle, Maiden Surname): Addie Fields

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Jerry Strong
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 112 Blackstone Place Nashville, TN 37210

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [XX] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Mount Olivet Cemetery
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▸ Michael P. Debbie
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5352
21c. SIGNATURE OF EMBALMER: ▸ Michael P. Debbie
21d. LICENSE NUMBER OF EMBALMER: 5353
22a. NAME AND ADDRESS OF FUNERAL HOME: MOUNT OLIVET FUNERAL HOME & CEMETERY 1101 Lebanon Pike Nashville, TN 37210
22b. LICENSE NUMBER OF FUNERAL HOME: 970

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▸ Linda R. Bowers
24. DATE FILED (Month, Day, Year): October 6, 2006

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.
1 [ ] SIGNATURE AND TITLE OF PHYSICIAN ▸
25b. LICENSE NUMBER: 37615
25c. DATE SIGNED (Month, Day, Year): 10/2/2006
26a. 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 as stated.
2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER ▸
26b. LICENSE NUMBER:
26c. DATE SIGNED (Month, Day, Year):

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Dr. Jim Bridges 1710 Patterson Street, Nashville, TN 37203

CAUSE OF DEATH

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. (Approximate Interval Between Onset and Death)

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. [redacted]
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
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? 1 [ ] Yes 2 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [X] Natural 5 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide
31a. DATE OF INJURY (Month, Day, Year):
31b. TIME OF INJURY:
31c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No
31d. DESCRIBE HOW INJURY OCCURRED
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

PH-1699 (REV. 6/99)
BIRTH NO.
RDA 1399

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

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

Tonya Y. Ruttlen
Tonya Y. Ruttlen
Local Registrar

Date Issued OCT 06 2006

THE SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

METROPOLITAN GOVERNMENT NASHVILLE AND DAVIDSON COUNTY TENNESSEE

CERTIFICATION OF VITAL RECORD

True Copy Certification

I, Christopher M. Corriveau, do hereby make oath that I am a licensed attorney and/or the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law.

Signature

State of Tennessee

County of Davidson

Personally appeared before me, Sondra Reese, a notary public for this county and state, Christopher M. Corriveau who acknowledges that this certification of an electronic document is true and correct and whos signature I have witnessed.

Notary's Signature

My Commission Expires: 3/3/2020

Notary's Seal (if on Paper)