AFFIDAVIT OF HEIRSHIP

ADDRESS NEW OWNER:	SEND TAX BILLS TO:	MAP-PARCEL NO.
Patti Muccillo 912 McMahan Avenue Nashville, TN 37216	SAME	061-110-010.00

THIS INSTRUMENT WAS PREPARED BY

RONALD K. NEVIN, ATTORNEY
404 James Robertson Parkway
1850 Parkway Towers
Nashville, Tennessee 37219
(615) 244-7708

BILL GARRETT, Davidson County
Trans:T20160097948 AFFIDAVITH
Recvd: 11/04/16 13:02 2 pgs
Fees:12.00 Taxes:0.00
20161104-0117071

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

THE ACTUAL CONSIDERATION OR VALUE WHICHEVER IS GREATER FOR THIS TRANSFER IS ~~$0.00~~

Patricia R. Muccillo
AFFIANT, Patti Muccillo

SUBSCRIBED AND SWORN TO BEFORE ME, THIS 3rd DAY OF November, 2016.

NOTARY PUBLIC
My Commission Expires: 3/18/19

STATE OF TENNESSEE NOTARY PUBLIC
CARMON B. PRESLEY OF ROBERTSON COUNTY

AFFIDAVIT OF HEIRSHIP

Comes now the undersigned affiant, Patti Muccillo, first duly sworn and deposed and states as follows: That, I am the wife of John Robbin Muccillo, who died September 9, 2016, as shown on the Tennessee Department of Health Certificate of Death No. 08804531. That we jointly owned the property located at 912 McMahan Avenue, Nashville, Tennessee, 37216, more particularly described as follows:

Land id Davidson County, Tennessee, being Lot(s) 15, as shown on the map entitled Map of Phillips Subdivision of Lot No. 42, in McMahan's Subdivision, of record in Book 2083, Page 41, Register's Office for Davidson County, Tennessee, to which plan reference is hereby made for a more complete and accurate legal description.

Being the same property conveyed to Patti Muccillo and John Muccillo, wife and husband, by Warranty Deed from Dariusz Potocki, unmarried dated September 21, 2015 and recorded September 23, 2015 in Instrument No. 20150923-0096729, in said Register's Office for Davidson County, Tennessee.

FURTHER, affiant sayeth not.

Patricia R. Muccillo
PATTI MUCCILLO

Sworn to and subscribed before me

this 3rd day of November, 2016.

NOTARY PUBLIC

My Commission Expires: 3/18/19

STATE OF TENNESSEE NOTARY PUBLIC
CARMON B. PRESLEY OF ROBERTSON COUNTY

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 Robbin Muccillo
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): September 09, 2016
4. TIME OF DEATH (Approx.): 12:41 PM
5a. AGE-Last Birthday (Years): 59
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): September 28, 1956
7. BIRTHPLACE (City and State or Foreign Country): Covington, Kentucky

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): 912 McMahan Ave.
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): Patricia A. Smith
11a. DECEDENT'S USUAL OCCUPATION: Radiology Tech
11b. KIND OF BUSINESS/INDUSTRY: Healthcare

12. SOCIAL SECURITY NUMBER: [redacted]-3322
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 912 McMahan Avenue
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37216
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

NAME OF DECEDENT (For use by Physician or Institution): Muccillo John

PARENTS

18. FATHER'S NAME (First, Middle, Last): Unknown
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Jeannine Gadd

DISPOSITION

20a. INFORMANT'S NAME: Patricia A. Muccillo
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 912 McMahan Ave. Nashville, TN 37216
21a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Nashville Cremation Service
21c. LOCATION - City or Town and State: Nashville, Tennessee

REGISTRAR

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ John Andrew Pavlek
22b. LICENSE NUMBER: 5755
22c. SIGNATURE OF EMBALMER: ▶ Not Embalmed
22d. LICENSE NUMBER: N/A
23a. NAME AND ADDRESS OF FUNERAL HOME: Brentwood Roesch-Patton Funeral Home 9010 Church Street East Brentwood, TN 37027
23b. LICENSE NUMBER OF FUNERAL HOME: 911
24. REGISTRAR'S SIGNATURE: ▶ William R. Hawks-A DR
25. DATE FILED (Month, Day, Year): 9/15/2016

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: ▶ Erin M. Carney
27b. LICENSE NUMBER: 50160
27c. DATE SIGNED (Month, Day, Year): September 12, 2016
27d. NAME AND ADDRESS: Erin M Carney, M.D.; 850 R.S. Gass Boulevard, Nashville, TN 37216; MEC16-2191

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. Hypertensive atherosclerotic cardiovascular disease	
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.
Obesity

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. 9/2011) RDA 1399

08804531

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.

SEP 15 2016

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

Lori B. Ferranti, PhD, MSN, MBA, RN
State Registrar/Asst. Commissioner

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued: 08804531

CERTIFICATION OF VITAL RECORD

COPYRIGHT/CAUTION/ANTI-FRAUD PROTECTION