THIS INSTRUMENT WAS PREPARED BY: Ralph Carter, Attorney at Law Carter Law, PLLC 1616 Westgate Circle, Brentwood, Tennessee 37027		
ADDRESS OF NEW OWNERS: James Laster, Stacy Sellers and LaTandra Laster 1002 Chicamauga Avenue Nashville, TN 37206	**SEND TAX BILL TO:** New owners	**MAP/PARCEL NO:** 82-8-375

AFFIDAVIT OF HEIRSHIP

BILL GARRETT, Davidson County
Trans:T20160111254 AFFIDAVITH
Recvd: 12/19/16 11:10 4 pgs
Fees:22.00 Taxes:0.00
20161219-0132834

STATE OF TENNESSEE)
COUNTY OF WILLIAMSON)

COMES NOW the Affiant, Stacy Sellers, being first duly sworn according to law, and being of lawful age and a resident of the City of Murfreesboro, County of Rutherford, and State of Tennessee, and, under penalty of perjury, hereby swears to the following of her own free will and based upon her personal knowledge and familiarity:

(1) Bettie J. Laster a/k/a Bettie Jean Laster (hereinafter "Decedent"), a resident of Nashville, Davidson County, Tennessee, who died on November 7, 2016, as evidenced by a copy of the death certificate attached to this Affidavit, held a fee simple interest as the surviving joint tenant with right of survivorship between the Decedent and her pre-deceased mother, Mary Nowlin (whose death certificate is also attached hereto to demonstrate that the Decedent is the survivor of the two of them), in the following described real estate, TO WIT:

> LAND in Davidson County, Tennessee, being Lot No. 2, Block E on the plan of East Wood Addition, Dr. E.T. Brown's Resubdivision of the Stratton and Seymour and L.T. Baxter Lands, of record in Book 332, Page 63, said Register's Office.
>
> Said Lot No. 2 fronts 50.0 feet on the southerly margin of Chicamauga Avenue and extends back between parallel lines 150 feet to an alley.
>
> BEING the same property conveyed to Betty J. Laster and Mary Nowlin, as joint tenants with right of survivorship via Warranty Deed of record in Book 11401, Page 382, said Register's Office.

(2) The above-described real property is improved property commonly known as 1002 Chicamauga Avenue, Nashville, Tennessee 37206.

(3) The Decedent died leaving a surviving spouse, namely James Laster, though they were separated at the time of the Decedent's death.

(4) During the Decedent's life, she was the mother of two (2) biological children, Stacy Sellers

and LaTandra Laster. The Decedent never adopted any children.

(5) Pursuant to Tennessee Code Annotated 31-2-104(2), the Decedent's only heirs at law are: James Laster, Stacy Sellers, and LaTandra Laster.

(6) The source of the Decedent's ownership in said property is a Warranty Deed of record in Book 11401, Page 382, Registers Office for Davidson County, Tennessee.

(7) Pursuant to Tennessee Code Annotated 31-2-104(2), this Affidavit will confirm the vesting of title to the real property located at 1002 Chicamauga Avenue, Nashville, Tennessee 37206 and described more specifically herein, in fee simple and in the following shares: one third (1/3) to James Laster, and two thirds (2/3) in equal shares to Stacy Sellers, and LaTandra Laster, following the death of Bettie J. Laster.

Further the Affiant saith not.

Witness my hand this 15 day of 12, 2016.

Stacy Sellers

Stacy Sellers, Affiant

Subscribed and sworn to before me, the undersigned Notary Public in and for said County and State, by the within named Affiant, Stacy Sellers, with whom I am personally acquainted (or proved to be on the basis of satisfactory evidence), and who acknowledged executing the within instrument for the purpose therein contained.

Witness my hand and official seal, this 15th day of, December, 2016.

RALPH CARTER
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY
My Commission Expires January 13, 2020

Notary Public
My commission expires: January 13, 2020

THIS AFFIDAVIT WAS PREPARED FROM INFORMATION SUPPLIED BY THE PARTIES, INCLUDING THE LEGAL DESCRIPTION AND WITHIN NAMED HEIRS. NO TITLE SEARCH WS PERFORMED PRIOT TO THE DRAFTING OF THIS AFFIDAVIT OF HEIRSHIP. ACCORDINGLY, THE DRAFTER OF THIS DOCUMENT MAKES NO WARRANTY ABOUT THE INFORMATION CONTAINED HEREIN OR THE STATUS OF THE TITLE TO THE PROPERTY CONVEYED HEREUNDER.

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 AS THIS AFFIDAVIT BEING USED TO EVIDENCE TRANSFER OF TITLE TO THE 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): Bettie Jean Laster
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): November 7, 2016
4. TIME OF DEATH (Approx.): 11:55 am
5a. AGE-Last Birthday (Years): 67
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): April 18, 1949
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: [X] 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): Centennial 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 [X] Married, but separated [ ] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): James Laster
11a. DECEDENT'S USUAL OCCUPATION: PBX Operator
11b. KIND OF BUSINESS/INDUSTRY: Centennial Hospital
12. SOCIAL SECURITY NUMBER: [redacted]-7720
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 1002 Chickamauga Ave.
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37206
14. WAS DECEDENT EVER IN US ARMED FORCES? [ ] Yes [X] 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
[X] 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)
[X] 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
[X] 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): Joe Jennings
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Mary Nowlin

20a. INFORMANT'S NAME: Stacy Sellers
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 2657 Jim Houston Ct. Murfreesboro, TN 37129

DISPOSITION

21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Greenwood (West)
21c. LOCATION - City or Town and State: Nashville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ William Taylor
22b. LICENSE NUMBER: 3285
22c. SIGNATURE OF EMBALMER: ▶ Patrick Tucker
22d. LICENSE NUMBER: 5072
23a. NAME AND ADDRESS OF FUNERAL HOME: J.W. Adkins Funeral Home, 2510 12th Ave. So., Nashville, Tennessee 37204
23b. LICENSE NUMBER OF FUNERAL HOME: 705

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ William R. Bergh DR
25. DATE FILED (Month, Day, Year): 11/23/2016

CERTIFIER

26. CERTIFIER (Check only one):
26a. [X] 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: ▶
27b. LICENSE NUMBER: 53486
27c. DATE SIGNED (Month, Day, Year): 11/22/16
27d. NAME AND ADDRESS: Michael Nottage 2300 Patterson St 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. Anoxic Encephalopathy	
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. Due to (or as a consequence of): Acute Respiratory Failure	
	c. Due to (or as a consequence of): Septic Shock	
	d. Due to (or as a consequence of): Infected Sacral Decubitus Ulcer	

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 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [ ] No

30. MANNER OF DEATH: [X] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [ ] No [X] 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 [X] 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

08915301

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NOV 23 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

0 8 9 1 5 3 0 1
Date Issued

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CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

COPY

1345194

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Mary Eliza Nowlin			3. SEX: Female	4. DATE OF DEATH (Month, Day, Year): August 8, 2013
5. TIME OF DEATH (Approx.): 5:35 am	6a. AGE-Last Birthday (Years): 94	6b. UNDER 1 YEAR: Months / Days	6c. UNDER 1 DAY: Hours / Minutes	6d. DATE OF BIRTH (Month, Day, Year): August 2, 1919
7. BIRTHPLACE (City and State or Foreign Country): Lynnville, Tennessee				

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

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: Domestic	11b. KIND OF BUSINESS/INDUSTRY: Private Homes
12. SOCIAL SECURITY NUMBER: [redacted]-5542	13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee	13b. COUNTY: Davidson	13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 1002 Chicamagua Ave.	13e. INSIDE CITY LIMITS? ☒ Yes ☐ No	13f. ZIP CODE: 37206	14. WAS DECEDENT EVER IN U.S. 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
☐ 8th – 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

18. FATHER'S NAME (First, Middle, Last): John T. Nowlin	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Linnis Braden

20a. INFORMANT'S NAME: Darkia L. Laster	20b. RELATIONSHIP TO DECEDENT: Great Grand-daughter	20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1002 Chicamagua Ave.

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

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ William Taylor	22b. LICENSE NUMBER: 3285	22c. SIGNATURE OF EMBALMER: ▶ Patrick Tucker	22d. LICENSE NUMBER: 5072

23a. NAME AND ADDRESS OF FUNERAL HOME: J.W. Adkins Funeral Home 2510 12th Ave. So., Nashville, Tennessee 37204	23b. LICENSE NUMBER OF FUNERAL HOME: 705

24. REGISTRAR'S SIGNATURE: ▶ [signature]	25. DATE FILED (Month, Day, Year): August 21, 2013

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: ▶ J Bassel MD.	27b. LICENSE NUMBER: 6465	27c. DATE SIGNED (Month, Day, Year): 8/19/13
27d. NAME AND ADDRESS: J.B. Bassel MD. 1718 Patterson Street, Nashville, TN 37203		

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS

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. Inanition	
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. Osteomyelitis — Due to (or as a consequence of):	
	c. Peripheral Vascular Disease — Due to (or as a consequence of):	
	d. — Due to (or as a consequence of):	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
Dementia, Bilateral AK Amputations

28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☑ No
28b. 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 (e.g., 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

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DEC 19 2016

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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

0893994141

Date Issued: 12/19/2016

CERTIFICATION OF VITAL RECORD