Prepared by: Advantage Title and Escrow 3325 Aspen Grove Dr. ste. 104 Franklin, TN 37067

AFFIDAVIT OF HEIRSHIP

Address of New Owner;	Send Tax Bills To:	Map & Parcel:
Verlean D. Perkins	OWNER	149-05-043.00
4841 Barclay Square		
Antioch, TN 37013		

STATE OF TN
COUNTY OF DAVIDSON

RE: 4841 Barclay Sq. Antioch, TN 37013

Reference Book 9691 Page 972

I, **Paul Harris** being first duly sworn on oath, state that I am of lawful age, I have known the deceased for 50 years, and that based upon my personal knowledge further depose and state:

1. **Melba Lynne Perkins died on 12/26/2015.** Exhibit A
2. The decedent was not married at the time of her death.
3. The estate of the decedent is solvent and that any and all debts and inheritance taxes, if any, against the estate of the decedent have been paid, or will be paid.
4. There were no children born (or legally adopted) by **Melba Lynne Perkins.**
5. The decedent died intestate and leaving as her sole heir at law her mother being Verlean D. Perkins.
6. Melba Lynne Perkins was predeceased by her father Erskine Perkins.

This affidavit is given as an inducement for Fidelity Title, First American Title, Westcore Title, and/or anyone relying on this affidavit to insure the title to the above described property without taking any exception as to any and all matters set out herein above; and further the undersigned agrees to indemnify hereinabove said title company underwriter, and Advantage Title & Escrow, Inc. and/or anyone relying on this affidavit for any loss caused by a misstatement of fact.

TCA 30-2-712 provides that whomever shall willfully, corruptly and falsely swear to any statement in an affidavit of heirship known by him/her to be false or about which he/she does not have sufficient knowledge to justify his making such a sworn statement on conviction shall be imprisoned in the penitentiary for not less than one, nor more than five years.

Witness my hand this the ___ day of December, 2016

Paul Harris

DEBRA FELIX
STATE OF TENNESSEE NOTARY PUBLIC
SHELBY COUNTY
MY COMMISSION EXPIRES 10-5-2019

STATE OF TENNESSEE
COUNTY OF SHELBY

Before me the undersigned, a Notary Public in and for the state of County aforesaid, personally appeared Paul Harris with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged that he executed the foregoing instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee this 22nd day of December, 2016

Notary Public

BILL GARRETT, Davidson County
Trans:T20170002144 AFFIDAVITH
Recvd: 01/09/17 15:03 2 pgs
Fees:12.00 Taxes:0.00

20170109-0002474

Exhibit "A"

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): Melba Lynne Perkins
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): December 26, 2015
4. TIME OF DEATH (Actual):
5a. AGE-Last Birthday (Years): 53
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): February 19, 1962
7. BIRTHPLACE (City and State or Foreign Country): Memphis, 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): Vanderbilt University Medical Center
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: [ ] Married [ ] Married, but separated [ ] Widowed [ ] Divorced [X] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): N/A
11a. DECEDENT'S USUAL OCCUPATION: Specialist
11b. KIND OF BUSINESS/INDUSTRY: Arriva Medical Supply
12. SOCIAL SECURITY NUMBER: [redacted]6670
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Antioch
13d. STREET AND NUMBER: 4841 Barclay Square Dr
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37013
14. WAS DECEDENT EVER IN US ARMED FORCES? [ ] Yes [X] No

NAME OF DECEDENT (For use by Physician or Institution): Melba Lynne Perkins 01.28.16 7:55

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)
[X] 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): Erskine Perkins
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Verlean Pernite

INFORMANT

20a. INFORMANT'S NAME: Verlean Perkins
20b. RELATIONSHIP TO DECEDENT: Mother
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 2963 Capri Memphis, Tn 38118

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): Memorial Park Southwoods
21c. LOCATION - City or Town and State: Memphis, Tennessee

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Pamela Wherry
22b. LICENSE NUMBER: 4809
22c. SIGNATURE OF EMBALMER: ▶ Dana Taylor
22d. LICENSE NUMBER: 6892

23a. NAME AND ADDRESS OF FUNERAL HOME: N.J. Ford & Sons Funeral Home 12 So. Parkway West Memphis, Tn 38109
23b. LICENSE NUMBER OF FUNERAL HOME: 334

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Deeah Rhodes (EX)
25. DATE FILED (Month, Day, Year): February 17 2016

CERTIFIER

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

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.

27a. SIGNATURE OF CERTIFIER: ▶ [signature]
27b. LICENSE NUMBER: TN5369
27c. DATE SIGNED (Month, Day, Year): 12/27/15
27d. NAME AND ADDRESS: Andrew Wooldridge 1211 21st Avenue South Suite 4600, Nashville, TN. 37212

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. Septic Shock	
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): Mesenteric Ischemia	
	c. 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: End Stage Renal Disease

29a. WAS AN AUTOPSY PERFORMED? [ ] Yes [ ] 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: [X] 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 1999

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8358944

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

8358944

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued: FEB 29 2016

CERTIFICATION OF VITAL RECORD