This Instrument Prepared by:

BILL GARRETT, Davidson County
Trans:T20170005355 AFFIDAVITH
Recvd: 01/19/17 11:36 6 pgs
Fees:32.00 Taxes:0.00
20170119-0006038

The Law Offices of
LUVELL L. GLANTON
915 Jefferson Street
Nashville, TN 37208

AFFIDAVIT OF HEIRSHIP

Tennessee Code Annotated § 30-2-712.

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Mail Tax Statement to:
Marian McDonald
740 Moormans Arm Road
Nashville, TN 37207

COMES NOW, **MARIAN MCDONALD,** daughter and only heir in this cause, having been duly sworn, who would state to the oath as follows:

1. My full name is **MARIAN MCDONALD**. I will refer to myself in this Affidavit as the Affiant.

2. I currently reside at 740 Moormans Arm Road, Nashville, TN 37207.

3. I have personal knowledge of the matters stated in this Affidavit.

4. I am the biological daughter of **RUTH COLEMAN TURNER** and **JOHN W. TURNER**.

2. **RUTH COLEMAN TURNER** was married to **JOHN W. TURNER** and they had two children.

3. Born to the Turner union were **MARIAN MCDONALD** and **JOHN W. TURNER, JR.**, deceased. **JOHN W. TURNER, JR.**, died intestate on the 11th day of December, 1996, at the age of 54 years old and had no spouse or children.

4. On June 17, 1987, **JOHN W. TURNER** at the age of 76 years old died intestate at 1609 Knowles Street, Nashville, Tennessee 37208. On January 1, 2012, **RUTH COLEMAN TURNER** at the age of 94 years old died at Baptist Hospital, Nashville, Tennessee. A copy of their death certificates are attached as Exhibit 1 and 2.

5. The estate of the Decedent, **JOHN W. TURNER** was not administered in a proceeding by a court.

6. The estate of the Decedent, **RUTH COLEMAN TURNER** was administered in a proceeding supervised by a court in Davidson County in the Davidson County Probate in case no. 15P490.

7. I, **MARIAN MCDONALD**, executrix for the Estate of the **RUTH COLEMAN TURNER**, Davidson County Probate Docket Number 15P490, pursuant to *LETTERS OF ADMINISTRATION* issued on April 8, 2015 and by virtue of the power and authority given in and by said last will and testament, and in order to carry out the

provisions of laws of Descent and Distribution, for and on behalf of the estate, for the purpose of serving as muniment of title and further evidencing the divestiture of title in and to the premise hereinafter described in the aforesaid estate, or any person or entity claiming by, under, or through title of **RUTH COLEMAN TURNER** do hereby devise, release, grant, bargain, sell, convey and forever quitclaim to **MARIAN MCDONALD**, individually, and her heirs and assigns forever, the following described real estate in Davidson County, Tennessee, to-wit:

Land in Davidson County, Tennessee, being the east one half of Lot No. 11 in Underwood Addition to Nashville, Tennessee, a plan of which is of record in Plan Book 21, page 117, Register's Office for said County.

Said east half of Lot No. 11 fronts 25 feet on the south side of Thompson Street and extends back between parallel lines 162 feet to an alley.

Being the same property conveyed to Ruth H. Turner, by Will, devisee under the Will of John W. Turner, Deceased , and pursuant to his Last Will and Testament of record in Will Book 159, page 754, in the Probate Court Clerk's Office for Davidson County, Tennessee.

This is unimproved property, known as 1611 Knowles Street, Nashville, TN 37208.

8. I am the sole surviving Grantee of the real property of **JOHN W. TURNER** and **RUTH COLEMAN TURNER**, and as such I am the rightful owner of the Davidson County, Tennessee, property described below:

TRACT NO I: Being Lots Nos 41 and 42 on the map of the Bransford Realty Company's Re-Subdivision of part of the Manlove Tract, as of record in Book 421, page 53, Register's Office for said County. Said Lots Nos 41 and 42 front together 75 feet on the northerly side of Thompson Street and run back between parallel lines 136 feet, more or less to an alley. Being the same property conveyed to Ruth H Turner by deed form Q V Woods, of record in book 1432, page 402, R O D C, Tennessee, and a ½ undivided interest conveyed to John W Turner by conveyance of record in Book 1912, page 139, R O D C, Tennessee. Being the same property conveyed to Nannie Mae Overton by deed from John W Turner and wife, Ruth H Turner of record in Book _____, page _____, R O D C, Tennessee.

TRACT NO II: Being the westerly half of Lot No 40 in McGavock, Westmore and other Additions to Nashville, known as the town of McGavock, a plan of which is recorded in Book 21, page 41, R O D C, Tennessee. Said westerly half of said Lot No 40 fronts 25 feet on the southerly side of Madison Street and an alley. Being the same property conveyed by warranty deed from Buist Thompson and Robert E Lillard to Ruth H Turner, of record in Book 1452, page 61, R O D C, Tennessee, and ½ undivided interest conveyed to John W Turner by conveyance of record in Book 1912, page 139, R O D C, Tennessee. Being the same property conveyed to Nannie Mae Overton by deed from John W. Turner and wife, Ruth H. Turner of record in Book ___, page ___, Register's Office for Davidson County, Tennessee.

9. I am the sole surviving Grantee of the real property of **JOHN W. TURNER** and **RUTH COLEMAN TURNER**, and as such I am the rightful owner of the Davidson County, Tennessee, property described below:

Being the west 33-1/3 feet of Lot No. 140 on the Map of Samuel Watkins, as of record in Book 57, page 13, Register's Office in said County. Said part of said lot fronts 33-1/3 feet on the north side of Jo Johnston Avenue and runs back between parallel lines 177 feet to an alley. Being part of the same property conveyed to the undersigned Lenn Gilbert by deed from Elmer W. Disspayne, United States Marshal, of record in Book 3821, page 669, R.O.D.C., Tenn., to which reference is here made.

10. I am the sole surviving Grantee of the real property of **JOHN W. TURNER** and **RUTH COLEMAN TURNER**, and as such I am the rightful owner of the Davidson County, Tennessee, property described below:

BEING Lot no. 139 on the plan of the unsold lots in West Nashville of Samuel Watkins, deceased, as of record in Book 57, page 13, R.O.D.C., Tennessee.

Said Lot 139 fronts 50 feet on the Northerly side of Jo Johnston Avenue (formerly Line Street) and runs back between parallel lines 177 feet to an alley.

Being part of the property conveyed to Mrs. Dorothy Gordon Briley by Mary E. Horn et al, of record in Book 1113, page 424, R.O.D.C., Tennessee.

11. I am the sole surviving Grantee of the real property of **JOHN W. TURNER** and **RUTH COLEMAN TURNER**, and as such I am the rightful owner of the Davidson County, Tennessee, property described below:

Being part of Lot No. 138 on the Plan of the unsold lots of Samuel Watkins, deceased, as of record in Book 57, page 13, Register's Office for said County.

Said part of Lot No. 138 fronts 50 feet on the northerly side of Jo Johnston Avenue, formerly Line Street, and runs back between parallel lines 124 feet to a dead line.

And being the same property conveyed to J. B. Watson, III, his heirs and assigns, forever, by deed from R. E. Worrall, County Court Clerk of Davidson County, Tennessee of record in Book 3766, page 283, Register's Office for said County.

12. I am the sole surviving Grantee of the real property of **JOHN W. TURNER** and **RUTH COLEMAN TURNER**, and as such I am the rightful owner of the Davidson County, Tennessee, property described below:

Being Lot No. Twelve (12) of Underwood's Addition, as of record in Book 21, page 117, Register's Office for Davidson County, Tennessee.

Said Lot No. 12 fronts fifty (50) feet on the southerly side of Thompson Street and runs back between parallel lines one hundred and sixth-two (162) feet to an alley.

Being the same property conveyed to Ruth H. Turner, by Will, devisee under the Will of Nannie Mai Overton, Deceased, and pursuant to her Last Will and Testament of record in Will Book 79, page 200, in the Probate Court Clerk's Office for Davidson County, Tennessee.

13. I am the sole surviving Grantee of the real property of **JOHN W. TURNER** and **RUTH COLEMAN TURNER**, and as such I am the rightful owner of the following described real estate in Cheatham County, Tennessee:

Being Lot No. 5 in Sycamore Heights Subdivision, as shown on the Plan of said Subdivision of record in Deed Book 91, page 117, Register's Office for Cheatham County, Tennessee, to which record reference is here made.

Being the same property conveyed to John W. Turner and wife, Ruth H. Turner by deed from James C. Pickett and wife, Lois T. Pickett of record in Book 91, page 431 in said Register's Office.

IN WITNESS WHEREOF, I have hereunto set my signature, on this the 18th day of January, 2017.

Estate of Ruth Coleman Turner, Deceased
Docket No. 15P490

Marian McDonald

MARIAN MCDONALD, as Executrix of the Last Will and Testament of Ruth Coleman Turner

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

On the 18th day of January, 2017 before me, the undersigned, personally appeared Marion R. McDonald, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to within instrument and acknowledged to me that she executed the same in her capacity, and that by her signature on the instrument, the individual, or the person upon behalf of which the individual acted executed the instrument.

Kelli Coleman Grimes

NOTARY PUBLIC

My Commission Expires: 11-5-18

LEWIS S. GRIMES NOTARY PUBLIC TENNESSEE COUNTY OF DAVIDSON My Comm Exp. 11/5/2018

STATE OF TENNESSEE
Office of Vital Records

8702810

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT BLACK INK.

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION.

PARENTS AND INFORMANT

REQUIRED PRIOR TO REMOVAL OF BODY BY CARRIER OR RETURN STATE.

DISPOSITION

CERTIFIER

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE. ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CER-

1909X
TO
1909X BIRTH NO

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

STATE FILE NO 87-018349

1. DECEASED—NAME: John W. Turner
2. DATE OF DEATH: Jun 17, 1987
3a. AGE: 76
4. DATE OF BIRTH: Jul 24, 1910
5. RACE: Black
6. ORIGIN OR DESCENT: American 06
7. SEX: Male
9. COUNTY OF DEATH: Davidson
10. CITY, TOWN OR LOCATION: Nashville
11. INSIDE CITY LIMITS: Yes
12. HOSPITAL OR OTHER INSTITUTION: 1609 Knowles Street
13. IF HOSP OR NURS HOME: N/A
8. STATE OF BIRTH: Tennessee 43
15. CITIZEN OF WHAT COUNTRY: USA
16. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married
17. SURVIVING SPOUSE: Ruth Coleman
18. SOCIAL SECURITY NUMBER: [redacted]-3344
19. SERVICE IN ARMED FORCES: WWII
20. USUAL OCCUPATION: Retail Salesman 274
21. KIND OF BUSINESS OR INDUSTRY: Self-Employed 541
22. RESIDENCE—STATE: Tennessee
23. COUNTY: Davidson
24. CITY, TOWN, OR LOCATION: Nashville
25. STREET AND NUMBER: 1609 Knowles Street
26. INSIDE CITY LIMITS: Yes
27. CENSUS TRACT NO:
28. FATHER—NAME: George Turner
29. MOTHER—MAIDEN NAME: Janie Reeves
30. INFORMANT—NAME AND MAILING ADDRESS: Hospice House Nurse, Nashville, Tennessee
31. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial
32. DATE: Jun 20, 1987
33. CEMETERY OR CREMATORY—NAME: Greenwood
34. LOCATION: Nashville, Tennessee
35. FUNERAL DIRECTOR (SIGNATURE): Wm A Johnston Sr
36. LICENSE NO: 1932
37. EMBALMER (SIGNATURE): Eric M Johnson
38. LICENSE NO: 3829
39. FUNERAL HOME—NAME AND ADDRESS: Johnson's House of Atena, 1107 Buchanan Street, Nashville, TN 37208
40. REGISTRAR—SIGNATURE: Esther D Gross
41. DATE ACCEPTED BY REGISTRAR: 6-25-87
42a. PHYSICIAN—CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSES STATED. SIGNATURE: James P. Wilson MD
42b. DEGREE: MD
42c. DATE SIGNED: 6-22-87
43a. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSES STATED. SIGNATURE: James P. Wilson, M.D.
43b. TITLE:
43c. DATE SIGNED:
44a. CERTIFIER—NAME (TYPE OR PRINT): Dr. James Wilson
44b. MAILING ADDRESS: 4230 Harding Road, Ste. 400, Nashville, TN 372(

PLAINTIFF'S EXHIBIT
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7551939

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.

7551939

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued: Jan-08-2015

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

2015 MAR 23 AM 9:27

1200416 — TENNESSEE DEPARTMENT OF HEALTH — STATE FILE NUMBER

CERTIFICATE OF DEATH

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Ruth Coleman Turner
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): January 19, 2012
4. TIME OF DEATH (Approx.):
5a. AGE-Last Birthday (Years): 94
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): May 20, 1917
7. BIRTHPLACE (City and State or Country): Davidson

TYPEPRINT 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): Baptist Hospital
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS: [ ] Married [ ] Married, but separated [X] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage):
11a. DECEDENT'S USUAL OCCUPATION: Teacher
11b. KIND OF BUSINESS/INDUSTRY: Education
12. SOCIAL SECURITY NUMBER: [redacted]-6684
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TN
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 1609 Knowles St.
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37208
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
[X] 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)
[X] 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

18. 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): Clifford Coleman
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Louella Lee

20a. INFORMANT'S NAME: Marian McDonald
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 740 Mooremans Arm Rd. Nashville, TN 37207

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 cemtery
21c. LOCATION - City or Town and State: Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: Eric M. Johnson
22b. LICENSE NUMBER: 3325
22c. SIGNATURE OF EMBALMER: Ronald Stewart
22d. LICENSE NUMBER: 7332
23a. NAME AND ADDRESS OF FUNERAL HOME: Johnson's House Of Atena; 1107 BuchananSt., Nashville, TN 37208
23b. LICENSE NUMBER OF FUNERAL HOME: 704

REGISTRAR

24. REGISTRAR'S SIGNATURE: Linda L. Bowers, JR
25. DATE FILED (Month, Day, Year): Jan 26, 2012

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: BMS MD
27b. LICENSE NUMBER: TN 36819
27c. DATE SIGNED (Month, Day, Year): 01/25/12
27d. NAME AND ADDRESS: Bryan Ward MD 2010 Church Suite 310 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. Pneumonia — Days
Due to (or as a consequence of)
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)
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.
HTN, Atrial F.b, Diastolic CHF

29a. WAS AN AUTOPSY PERFORMED? [ ] Yes [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [X] 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 1399

5096969

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 Department of Health. Alteration or erasure voids this certification.

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

JAN 30 2012

Teresa S. Hendricks
STATE REGISTRAR

Tonya K. Ferrian, Local Registrar
Davidson County, Tennessee

Date Issued

PLAINTIFF'S EXHIBIT 2 tabbies

CERTIFICATION OF VITAL RECORD