BILL GARRETT, Davidson County
Trans:T20170015272 AFFIDAVITH
Recvd: 02/21/17 14:32 13 pgs
Fees:67.00 Taxes:0.00
20170221-0017379

AFFIDAVIT OF HEIRSHIP

New Owner	Send Tax Bills To:	Map/par No.
Rheba Kershaw **2117 Burns Street** **Nashville, TN 37216**	**Rheba Kershaw** **2117 Burns Street** **Nashville, TN 37216**	**Map 81-10** **Parcel 343**
Karen Cummins Marks **337 Sunrise Circle** **Mt. Juliet, TN 37122**	**Karen Cummins Marks** **337 Sunrise Circle** **Mt. Juliet, TN 37122**	

THIS INSTRUMENT WAS PREPARED BY
Erin A. White, Attorney at Law, 2016 8TH Avenue South, Nashville, TN 37204

In Re: a certain tract or parcel of land in Davidson County, Tennessee, described as follows:

BEING the North 83 feet of Lots No. 10 and 15 on the Map of subdivision of the Georgia Industrial Realty Company's North Nashville property, of record in Book 421, Page 188, Register's Office for said County.

SAID Lots front 83 feet on the Westerly side of 23rd Avenue North and runs back between parallel lines 430 feet to the Easterly side of 24th Avenue North.

BEING the same property conveyed to Berl [sic] Cummins and Wife Florence Cummins and Beatrice C. Chairs, unmarried (all of whom have since demised) by William T. Phillips and Wife Marguerite Phillips of record in Book 1676, Page 006, Register's Office for Davidson County, Tennessee.

BEING the same property conveyed by Quit Claim Deed to Theollis E. Ball by Robbie Young of record in Book 7936, Page 673, Register's Office for Davidson County, Tennessee.

This is improved property known as 1609 23rd Avenue North, Nashville, Tennessee 37208.

Comes now, the affiants, Rheba Kershaw and Karen Cummins Marks, heirs at law to the above described property, and after first being duly sworn according to law, attests and states as follows:

1. The above described real property was conveyed to Burl Cummins and wife Florence Cummins and Beatrice C. Chairs, unmarried, by deed from William T. Phillips and wife Marguerite Phillips, dated December 6, 1948, recorded in Deed Book 1676, Page 006, in the Register's Office, Davidson County Tennessee. (Attached as Exhibit 1).

2. Florence Cummins died on the 6th day of October 1973. The only lawful heirs to her Estate were her husband, Burl Cummins, and her only daughter, Robbie Young.

3. Burl Cummins died on the 10th day of February 1989, as recorded by the State of Tennessee Office of Vital Records certificate number 8900714 dated the 22nd day of March 1989. (Attached as Exhibit 2.)

4. Burl Cummins died intestate. The only lawful heir to the Burl Cummins Estate was his only daughter, namely Robbie Young.

5. Surverlie "Beatrice" Chairs died intestate on the 18th day of July, 1979, as recorded by the State of Tennessee Office of Vital Records certificate number 79 020518 dated the 23rd day of July, 1979. (Attached as Exhibit 3.)

6. Surverlie "Beatrice" Chairs died unmarried, with no children and with no surviving parents. Ms. Chairs died with eight surviving siblings, namely Burl Cummins, Edith Webster, Zelma McDonald, Maddie Conyers, Sendie A. Stanfill, Theollis Ball, Norsell Cummins and Bill Cummins.

7. Sendie A. Stanfill, sibling of Ms. Surverlie "Beatrice" Cummins and heir at law, died on the 7th day of December 2012 as recorded by the State of Tennessee Office of Vital Records certificate number 08983200 dated the 21rd day of December, 2012. (Attached as Exhibit 4.)

8. Sendie A. Stanfill was survived by her only lawful heir and her only child born of her body: Rheba Kershaw. No will was ever probated.

9. Norsell Cummins, sibling of Ms. Surverlie "Beatrice" Cummins and heir at law, died on the 21st day of June, 1995. He was survived his lawful heir and child: Karen Cummins Mark. No will was ever probated (Death Certificate attached as Exhibit 5).

10. On the 11th day of August 1989 Robbie Young Quit Claimed her interest in the property known as 1609 23rd Avenue North, Nashville, Tennessee 37208 to Theollis Ball (Attached as Exhibit 6).

11. The right, title and interest belonging to Surverlie "Beatrice" Chairs as a tenant in common in the above described real property vested in the nieces of the late Surverlie "Beatrice" Chairs, namely: Rheba Kershaw and Karen Cummins Marks.

12. **FURTHER AFFIANTS SAITH NOT.**

Rheba Kershaw
Rheba Kershaw

Karen Cummins-Mark Attorney
Karen Cummins Marks

State of Tennessee)
County of Davidson)

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

Witness my hand and official seal at office this 30th day of February 2017.

JANICE BOOM
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY

My Commission Expires: 9-25-2019

Janice Boom
Notary Public

State of Tennessee)
County of Davidson)

Personally appeared before me, the undersigned authority, a Notary Public in and for the within named Karen Cummins Marks, the bargainor(s) with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at office this 21 day of February 2017.

My Commission Expires: 5/20/2020

Melanie R. Turner
Notary Public

MELANIE R. TURNER
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY

K 1676

45477

INSTALLMENT DEED

FROM
William T. Phillips et ux

TO
Berl Cummins et al

REGISTER'S OFFICE
STATE OF TENNESSEE
DAVIDSON COUNTY.
Received for record this 6 day of Dec A.D. 19 48
at 11:35 o'clock A.M.
Noted in Book 61 Page 244
Recorded in Book Page
Recording Fee $ 2.75
By [illegible] Dep. Reg.

Published by
TENNESSEE TITLE COMPANY
NASHVILLE, TENNESSEE
Home Office
LAWYERS TITLE INSURANCE CORPORATION
of Richmond, Virginia
for the convenience of Attorneys at Law

For and in Consideration of the sum of $6500.00 ---------- SIXTY-FIVE-HUNDRED AND NO/100 ---------- Dollars,

of which $1000 ONE-THOUSAND ($1,000.00) AND NO/100 ---------- Dollars,

has been paid in cash by Berl Adien Cummins and wife Florence Cummins and Beatrice C.Chairs, unmarried the receipt of which is hereby acknowledged, and for the remainder $5500.00 ----------

-------- FIFTY-FIVE-HUNDRED, AND NO/100 ---------- Dollars,

the said Berl Adien Cummins & wife Florence Cummins & Beatrice C.Chairs ha we executed their one joint Principal Promissory Note of even date herewith in the sum of FIFTY-FIVE-HUNDRED ($5500.00) DOLLARS, due and payable with the legal rate of interest as follows: the interest for one month paid on the unpaid balance together with a principal payment of THIRTY-TWO & 50/100 , therefore the First payment of both interest and principal being in the sum of SIXTY ($60.00) DOLLARS, and thereafter and on or before the 3rd day of each and every month, in the same way and manner as of the First monthly payment until full payment is made and extra payments may be made at any payment date, if any extra payments, first if any accumulated interest first paid, then a credit on the unpaid balance, and if extra payments are made, they shall in no postpone said monthly and consecutively payments, all payment to William T.Phillips and wife Marguerite Phillips, or order.

maturity
all of said notes bearing six per cent interest from date, and providing for payment of attorney's fees, and to secure the payment of said notes, principal and interest, and attorney fees, a lien is expressly retained on the land herein conveyed. We, William T.Phillips and wife Marguerite Phillips have this day bargained and sold, and do hereby transfer and convey unto the said Berl Cummins and wife Florence Cummins & Beatrice C.Chairs, their heirs and assigns, certain real estate in Davidson County, Tennessee, as follows:

Land in Davidson County, Tennessee, being the North 83 feet of Lots Nos. 10 and 15 on the Map of the Subdivision of the Georgia Industrial Realty Company's North Nashville property, of record in Book 421, page 188, Register's Office for Davidson County, Tennessee.

Said Lots front 83 feet on the Westerly side of 23rd Avenue North and runs back between parallel lines 420 feet to the Easterly side of 24th Avenue North;

Being the same property conveyed to William T.Phillips and wife Marguerite Phillips, by deed from Hobson Hall and wife, Louise Hall, of record in Book 1636, page 513, said Register's Office.



FILM RELEASED
30 Apr - 1959

6

Exhibit 1

K 1676

To Have and to Hold said real estate, with the appurtenances, estate, title and interest thereto belonging, to the said Berl Cummins & wife Florence Cumming & Beatrice C.Chairs, chair heirs and assigns forever. We covenant that we are lawfully seized and possessed of said real estate in fee simple, have a good right to convey it, and that the same is unencumbered.

We further covenant and bind ourselves our heirs and representatives, to warrant and forever defend the title to said real estate to said Berl Cummins and wife Florence Cumming and Beatrice C.Chairs, chair heirs and assigns, against the lawful claims of all persons.

And now, for the purpose of better and more effectually securing the payment of said lien notes, and rendering unnecessary court proceedings for the enforcement of said lien in the event of the non-payment of said notes, as they mature, as hereinafter provided, and for the consideration of one dollar, to us in hand paid, we, the said Berl Cumming & wife Florence Cummins and Beatrice C.Chairs, unmarried

do hereby transfer and convey unto J. T. Phillips, Trustee his successors and assigns, the real estate hereinbefore described, with the appurtenances, estate, title and interest thereto belonging, for the purposes aforesaid, only.

We, the said Berl Cummins & wife Florene Cumming & Beatrice C.Chairs do hereby agree to keep all buildings now on, or to be hereafter erected on said property, insured in some reliable fire insurance company or companies for at least the sum of $3000.00 until the notes herein secured are fully paid, and to have the loss, if any, made payable on the policy or policies to said Trustee for the benefit of the lawful owner and holder of said notes, as his interest may appear.

We further agree to keep the improvements on said property in good repair and preservation, and to pay all taxes and assessments thereon, and to pay them when due; and in case we fail to do either, then the said Trustee, or the lawful owner and holder of said notes, or any of them, may do any or all of these things, and charge and treat the sum or sums so expended as part of the indebtedness secured therein, the same to bear interest from the date of such payment.

Now, if we, the said Berl Cummins & wife Florence Cumming & Beatrice C. Chairs shall pay the notes aforesaid when due, according to their terms, and pay taxes, keep up repairs, and keep said premises insured, as aforesaid, then this trust conveyance shall be of no further force or effect. But if we fail to pay any one of said notes or part thereof, promptly at maturity or if, failing to pay taxes, keep up repairs or keep said premises insured as herein provided; if fail to reimburse the Trustee or lawful owner and holder of said notes for all sums, with interest, so expended by said Trustee, or lawful owner and holder of said notes, within thirty days from date of such payment, this trust conveyance shall remain in full force and effect, and at the option of the lawful owner and holder of said notes, or any of said notes then part due and unpaid, all remaining unpaid notes shall become due and payable at once, without notice, and the said Trustee, or his successor in trust, is hereby authorized and empowered, upon giving twenty days' notice by three publications in any newspaper, daily or weekly, published in Davidson County, Tennessee, to sell said property at the front door of the Court House in said county to the highest bidder for cash, at public outcry, free from the equity of redemption, homestead, dower and all other exemptions of every kind, which are hereby expressly waived; and the said Trustee, or his successor in trust, is authorized and empowered to execute and deliver a deed to the purchaser. The creditor may bid at any sale under this trust conveyance. We agree, that the Trustee may, at any time after default in the payment of any one of said notes, enter and take possession of said property, and shall only account for the net rents actually received by him. We further agree that, in the event the Trustee fails, before selling said property, as herein provided, to enter and take possession thereof, the purchaser shall be entitled to immediate possession thereof upon the delivery to him by the Trustee of a deed for said property. In case of sale hereunder, the proceeds will be applied by the Trustee as follows:

1st. To the payment of all costs, charges and expenses of executing this conveyance and enforcing said lien as herein provided; also reasonable attorney's fees for advice in the premises, or for instituting or defending any litigation which may arise on account of the execution of this conveyance, or the enforcement of said lien; also the expenses of any such litigation.

2nd. To the payment of all taxes which may be unpaid on said premises.

3rd. To the payment of all unpaid notes herein secured, and any and all sums expended in the protection of said property, as herein authorized.

4th. The residue, if any, will be paid to Berl Cummins & wife Florence Cumming & Beatrice C. Chairs, Chair representatives or assigns.

G 7

In case of the death, absence, inability or refusal to act of said Trustee at any time when action under the foregoing power and trusts may be required, the lawful owner and holder of said lien notes, or, if more than one, then of the first-maturing unpaid note, is hereby authorized and empowered to name and appoint a successor to execute this trust by an instrument in writing to be recorded in the Register's Office for Davidson County, Tennessee, and the title herein conveyed to J.T. Phillips, Trustee, shall be vested in said successor.

Said Trustee shall execute this trust without being required to give bond, and he shall not be required to file any account or settlement in relation to his trusteeship.

IN WITNESS WHEREOF, we, the said William T. Phillips & wife Marguerite Phillips Berl Cummins and wife Florence Cummins & Beatrice C. Chairs hereunto set our hands this the 3rd day of December 1948

William T. Phillips
Marguerite Phillips
Berl Cummins
Florine Cummins
Beatrice C Chairs

STATE OF TENNESSEE
Davidson County.

Personally appeared before me, Fred K Jones, a Notary Public in and for said County and State, the within named William T. Phillips and wife Marguerite Phillips and Berl Cummins & wife Florence Cummins & Beatrice C. Chairs

the bargainor, with whom I am personally acquainted, and who acknowledged that they executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville Tennessee, this 4 day of December, 1948.

Jan 4 1949 Fred K Jones, Notary Public.

STATE OF _____
_____ County.

Personally appeared before me, _____, a Notary Public in and for said County and State, the within named _____

the bargainor, with whom I am personally acquainted, and who acknowledged that _____ executed the within instrument for the purposes therein contained.

Witness my hand and official seal at _____ this _____ day of _____, 19__.

_____, Notary Public.

Commission Expires _____

Copy

13p1977

Bill Boner, Mayor

FREDIA S. WADLEY, M.D.
LOCAL REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY, TN

FEB 24 1989

Fredia S. Wadley, M.D

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

RTF ED

DEC 19 2013

RICHARD R. ROOKER, Clerk
Deputy

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER 8900714

1. DECEDENT'S NAME (First, Middle, Last): Burl A. Cummins
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): 2-10-1989
4. DATE OF BIRTH (Month, Day, Year): 11-28-1913
5. BIRTHPLACE (City and State or Foreign Country): Hickman County TN.
6. SOCIAL SECURITY NUMBER: [redacted]
7. AGE-LAST BIRTHDAY (Years): 75
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 No
9. MARITAL STATUS: Widowed
10. SURVIVING SPOUSE: None
11. DECEDENT'S USUAL OCCUPATION: Labor
12. KIND OF BUSINESS/INDUSTRY:
13. RESIDENCE - STATE: Tennessee
14. COUNTY: Davidson
15. CITY, TOWN OR LOCATION: Nashville
16. STREET AND NUMBER OR RURAL LOCATION: 1609- 23th Ave. N.
17. INSIDE CITY LIMITS? 1 Yes 2 No
18. ZIP CODE: 37208
19. WAS DECEDENT OF HISPANIC ORIGIN? 0 No
20. RACE: Black
21. DECEDENT'S EDUCATION: 12
22. FATHER'S NAME: William Andrew Cummins
23. MOTHER'S NAME: Fannie Annie Kizer
24. INFORMANT'S NAME: Robbie Young
25. RELATIONSHIP TO DECEASED: Daughter
26. MAILING ADDRESS: 1010- West Eastland Ave.
27. METHOD OF DISPOSITION: 1 Burial
28. PLACE OF DISPOSITION: Parkiugton, Hickman County
29. LOCATION: Hickman County, Tn.
30. SIGNATURE OF FUNERAL DIRECTOR:
31. NAME OF FUNERAL DIRECTOR:
32. SIGNATURE OF EMBALMER:
33. LICENSE NUMBER OF EMBALMER:
34. NAME AND ADDRESS OF FUNERAL HOME: Davis-Campbell-McClain 1404-Jefferson St. Nash. Tn.
35. LICENSE NUMBER OF FUNERAL HOME: 403
36. REGISTRAR'S SIGNATURE: Mary C. Pentecost
37. DATE FILED: Feb. 23, 1989
38. CERTIFIER: 1 SIGNATURE AND TITLE OF PERSON
39. LICENSE NUMBER: MD [illegible]704
40. DATE SIGNED: 2/27/89
41. MEDICAL EXAMINER: 2 SIGNATURE AND TITLE OF MEDICAL EXAMINER
42. LICENSE NO.
43. DATE SIGNED
44. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER): Harry R. Jacobson, M.D.

PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter terminal events such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Myocardial infarction
DUE TO (OR AS A CONSEQUENCE OF):
b. Hypertension
DUE TO (OR AS A CONSEQUENCE OF):
c. Chronic renal failure
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.

45. WAS AN AUTOPSY PERFORMED? 1 Yes 2 No
46. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No
47. MANNER OF DEATH: 1 Natural
48. DATE OF INJURY (Month, Day, Year):
49. TIME OF INJURY:
50. INJURY AT WORK? 1 Yes 2 No
51. DESCRIBE HOW INJURY OCCURRED:
52. PLACE OF INJURY (Home, farm, street, factory, office building, etc.):
53. LOCATION (Street and Number or Rural Route Number, City or Town, State):

202-06-002

TN-1050
REV 1/89

Exhibit 2

STATE OF TENNESSEE
Office of Vital Records

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

79 020518

STATE FILE NO.

1909 4
33

19094 BIRTH NO.

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

33.01

TYPE OR PRINT IN PERMANENT BLACK INK.

DECEASED

1. DECEASED—NAME (FIRST, MIDDLE, LAST): SURVERLIE BEATRICE CHAIRS
2. DATE OF DEATH (MONTH, DAY, YEAR): 7-18-79
3a. AGE—LAST BIRTHDAY (YEARS): 72
3b. UNDER 1 YEAR — MOS. / DAYS
3c. UNDER 1 DAY — HOURS / MIN.
4. DATE OF BIRTH (MONTH, DAY, YEAR): 5-13-07
5. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY): Black
6. SEX: Female
7a. COUNTY OF DEATH: Davidson
7b. CITY, TOWN OR LOCATION: Madison
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.): Memorial Hospital
7e. IF HOSP. OR INST., (unless DOA, OP/Emer. Rm., Inpatient (Resident)): Inpatient
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Tennessee
9. CITIZEN OF WHAT COUNTRY: U. S. A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME):
12a. SOCIAL SECURITY NUMBER (IF NONE, [redacted]137
12b. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE):
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Domestic Service
13b. KIND OF BUSINESS OR INDUSTRY:

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

14a. RESIDENCE—STATE: Tennessee
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: Nashville
14d. STREET AND NUMBER: 1609-23rd Av. No.
14e. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
14f. CENSUS TRACT NO.:

PARENTS AND INFORMANT

15. FATHER—NAME: William A. Cummins
16. MOTHER—MAIDEN NAME: Fannie Kinzer
17. INFORMANT—NAME: Theollis Ball
17a. MAILING ADDRESS: 2400 Panorama Dr. Nashville, Tennessee

DISPOSITION

18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial
18b. DATE (MONTH, DAY, YEAR): July 21, 1979
18c. CEMETERY OR CREMATORY—NAME: Jones Cemetery
18d. LOCATION: Primm Springs Tennessee
18e. FUNERAL DIRECTOR (SIGNATURE): James Dennis
18f. LICENSE NO.: 2889
18g. EMBALMER (SIGNATURE):
18h. LICENSE NO.:
20. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): DENNIS FUNERAL HOME 2214 WHITES CR. PK. NASHVILLE, TN.
21. REGISTRAR—SIGNATURE: Esther D. Brock
21b. DATE RECEIVED BY LOCAL REGISTRAR: 7-23-79

CERTIFIER

22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE: Mark L Donnell MD; DEGREE: MD; DATE SIGNED (MONTH, DAY, YEAR): 7-19-79
22b. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. SIGNATURE: TITLE: DATE SIGNED (MONTH, DAY, YEAR):

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE. ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 72 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

23a. CERTIFIER—NAME (TYPE OR PRINT): Mark L. Donnell
23b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 928 Gallatin Rd Madison TN 37115

CAUSE

25. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

		INTERVAL BETWEEN ONSET AND DEATH
(a) IMMEDIATE CAUSE	Cardiogenic Shock	24 hrs. 5828
(b) DUE TO, OR AS A CONSEQUENCE OF:	acute renal failure	10 days
(c) DUE TO, OR AS A CONSEQUENCE OF:	multifactoral renal disease	Chronic

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a): recurrent pyelonephritis, diabetes, hypertension

26. AUTOPSY (YES OR NO): No

27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):
27b. DATE OF INJURY (MONTH, DAY, YEAR):
27c. HOUR: M.
27d. DESCRIBE HOW INJURY OCCURRED:
27e. INJURY AT WORK (SPECIFY YES OR NO):
27f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (SPECIFY):
27g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE):

PHLH FORM NO. 33.10
REVISED 1-79 CMC

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09004959

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.

Exhibit 3

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

0 9 0 0 4 9 5 9

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

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued: Jan 19 2017

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: 2012 062302

1209771

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Sendie A. Stanfill
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): December 7, 2012
4. TIME OF DEATH (Approx.): 7:25 AM
5a. AGE-Last Birthday (Years): 85
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): December 15, 1926
7. BIRTHPLACE (City and State or Foreign Country): Primm Springs, Tn.

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): Alive Hospice at St. Thomas
8c. CITY OR TOWN: Nashville 094
8d. COUNTY OF DEATH: Davidson 19

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS: ☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): None
11a. DECEDENT'S USUAL OCCUPATION: Teacher
11b. KIND OF BUSINESS/INDUSTRY: None

12. SOCIAL SECURITY NUMBER: [redacted]240
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 2117 Burns St.
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

PARENTS

18. FATHER'S NAME (First, Middle, Last): William A. Cummins
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Fannie Kinzer

20a. INFORMANT'S NAME: Rheba Kershaw
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 2117 Burns St. Nashville, Tenn 37216

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): National Veterans
21c. LOCATION - City or Town and State: Nashville, Tenn
22a. SIGNATURE OF FUNERAL DIRECTOR: W. L. Davis
22b. LICENSE NUMBER: 2907
22c. SIGNATURE OF EMBALMER: [signature]
22d. LICENSE NUMBER: 5072
23a. NAME AND ADDRESS OF FUNERAL HOME: Davis Campbell McClain 1404 Jefferson St. Nashville, Tn 37208
23b. LICENSE NUMBER OF FUNERAL HOME: 403

REGISTRAR

24. REGISTRAR'S SIGNATURE: Linda L Bowers, RR
25. DATE FILED (Month, Day, Year): Dec. 31, 2012

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: John Shuster MD
27b. LICENSE NUMBER: 45996
27c. DATE SIGNED (Month, Day, Year): Dec 21, 2012
27d. NAME AND ADDRESS: John L. Shuster MD 1718 Patterson Street, 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.	METASTATIC ADENOCARCINOMA, UNKNOWN PRIMARY	MONTHS
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.

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): (NA)
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) ROA 1399

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.

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

Exhibit 4

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

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

0 8 9 8 3 2 0 0

Date Issued: Jan-04-2017

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: 95 024185

TYPE/PRINT IN PERMANENT BLACK INK — FOR INSTRUCTIONS SEE HANDBOOK: 9503315

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): NORSELL CUMMINS
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): 6-21-95
4. SOCIAL SECURITY NUMBER: [redacted]648
5a. AGE – LAST BIRTHDAY (Years): 63
5b. UNDER 1 YEAR – MOS / DAYS
5c. UNDER 1 DAY – HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): 5-15-1932
7. BIRTHPLACE (City and State or Foreign Country): HICKMAN COUNTY, TN
8. EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): DVA MEDICAL CENTER 090
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.): BRICKLAYER
12b. KIND OF BUSINESS/INDUSTRY:
13a. RESIDENCE – STATE: TENNESSEE
13b. COUNTY: DAVIDSON 19
13c. CITY, TOWN OR LOCATION: NASHVILLE 097
13d. STREET AND NUMBER OR RURAL LOCATION: 1523 23rd AVENUE SOUTH
TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37208
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No. Specify, if yes:
15. RACE—American Indian, Black, White, etc. (Specify): BLACK
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+): 2 yrs

INFORMANT

17. FATHER'S NAME (First, Middle, Last): WILLIAM CUMMINS
18. MOTHER'S NAME (First, Middle, Maiden Surname): FANNIE KINSER
19a. INFORMANT'S NAME (Type/Print): DVA FILES
19b. RELATIONSHIP TO DECEASED: NONE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1310 24th AVENUE SOUTH NASHVILLE, TN 37212

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Middle Tennessee State Veterans Cemtery
20c. LOCATION—City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Richard A Lewis
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3633
21c. SIGNATURE OF EMBALMER: ▶ Delmas Bogus
21d. LICENSE NUMBER OF EMBALMER: 3687
22a. NAME AND ADDRESS OF FUNERAL HOME: LEWIS & WRIGHT FUNERAL HOME 2500 CLARKSVILLE HWY NASHVILLE, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 0812

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Martha B. Jones
24. DATE FILED (Month, Day, Year): June 28, 1995

CERTIFIER

25a. PHYSICIAN – To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
1 [ ] SIGNATURE AND TITLE OF PHYSICIAN: ▶ John Tarpley MD
25b. LICENSE NUMBER: MD 6870 TN
25c. DATE SIGNED (Month, Day, Year): 6/21/95
26a. MEDICAL EXAMINER – On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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): John Tarpley M.D. 1310 24th AVENUE SOUTH NASHVILLE, TN 37212

SEE INSTRUCTIONS ON OTHER SIDE

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
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	Multisystem Organ Failure	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST — DUE TO (OR AS A CONSEQUENCE OF): b.	ARDS	
DUE TO (OR AS A CONSEQUENCE OF): c.	s/p Esophacectomy for sayamous	
DUE TO (OR AS A CONSEQUENCE OF): d.	Cancer Mid Esophagus	

1504

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 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
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)

BIRTH NO

PH-1659
REV. 2-93

RDA 1399

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.

09005129

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

Lori B. Ferranti

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

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

0 9 0 0 5 1 2 9

Date Issued: Jan 24 2017

Exhibit 3

CERTIFICATION OF VITAL RECORD

This Instrument Prepared By: LOIS A. THOMAS
1206-C Jackson Street
Nashville, Tennessee 37208

Address of New Owner | Send Tax Bills | Map No. 81-10

Theolis E. Ball | to Same | Parcel No. 343
3400 Panaroma Drive
Nashville, Tennessee 37208

QUIT CLAIM

FOR AND IN CONSIDERATION the sum of TWENTY TWO THOUSAND AND FIVE HUNDRED ($22,500.00) DOLLARS cash in hand paid by THEOLIS E. BALL the receipt of which is hereby acknowledged; and for other good and valuable considerations, I ROBBIE YOUNG, have bargained and sold and do hereby remise, quit-claim, and convey unto THEOLIS E. BALL, her heirs and assigns, all of my right, title and interest in and to the following described tract or parcel of land, in Davidson County, to wit:

Being the North 83 feet of Lots No. 10 and 15 on the Map of the subdivision of the Georgia Industrial Realty Company's North Nashville property, of record in Book 421, Page 188, Register's Office for said County.

SAID Lots front 83 feet on the Westerly side of 23rd Avenue North and runs back between parallel lines 430 feet to the Easterly side of 24th Avenue North

BEING the same property conveyed to Berl Cummins and wife Florence Cummins and Beatrice C. Chairs, unmarried (all of whom have since demised) by William T. Phillips and wife Marguerite Phillips of record in Book 1676, Page 006, Register's Office for Davidson County, Tennessee. Florence Cummings having expired first and Berl Cummings having died intestate leaving as his only heir at law, his only child, Robbie Young.

IN WITNESS WHEREOF, I have hereunto set my hand on this 11 th day of ~~August~~ September 1989.

ROBBIE YOUNG

Subject property is not the principal residence of Grantor nor her spouse.

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The actual consideration of value whichever is greater, for this transfer is $22,500.00

Sworn to and subscribed before me this 13th day of September, 1989.

NOTARY PUBLIC

AFFIANT

My Commission Expires: 11-10-91

THIS IS IMPROVED PROPERTY, known as 1609 23rd Avenue North, Nashville, Tennessee 37208

Exhibit 6

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned authority, a Notary Public in and for the said County and State, the within named ROBBIE YOUNG with whom I am personally acquainted and who acknowledged that they executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee this 11TH th day of ~~August~~ September, 1989.

James R Cooney
Notary Public

My commission expires:

11-10-91

STATE OF TENNESSEE
COUNTY OF DAVIDSON

65559

IDENTIFICATION REFERENCE

SEP 13 11 30 AM '89

DAVIDSON COUNTY, TN

RUSH

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