THIS INSTRUMENT WAS PREPARED BY:

M. Allison Thompson
Thompson Law Office PLLC
4525 Harding Pike, Ste 200
Nashville, TN 37205

New Owner: Ronald W. Henderson, Jr.
Send tax notice to: 2120 Lebanon Pike, #52
Nashville TN 37210

Map & Parcel No.: 095-5-B-78
USD 4679

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The undersigned, Geralyn Grice, being duly sworn, deposes and says:

I am a friend of Courtney Salters Henderson, deceased, and I have personal knowledge of the matters stated below:

1. Courtney Salters married Ronald W. Henderson, Jr. on September 28, 2016. Courtney Salters Henderson died without a Will on January 26, 2017. A certified copy of the death certificate of Courtney Salters Henderson is attached hereto.

2. At her death, Courtney Salters Henderson was the sole owner of the real estate known as 2120 Lebanon Pike, #52, Davidson County, Nashville, Tennessee 37210. The property is described as follows:

   Being Unit No. 52, on the Master Deed of Easthaven Townhomes of record in Instrument No. 0010806-0083543, said Register's Office for Davidson County, Tennessee to which master deed reference is made for a more complete description thereof.

   Being the same property conveyed to Courtney Salters on April 27, 2004 by Warranty Deed from R. J. York Homes, LLC of record in instrument number 20041110-0135739, Register's Office for Davidson County, Tennessee.

3. Courtney Salters Henderson was survived by her husband, Ronald W. Henderson, Jr., and her infant son, Micah Warren Henderson, born on January 12, 2017. Ronald W. Henderson Jr. and Micah Warren Henderson are her heirs-at-law. She had no other children.

4. Under Tennessee laws of descent and distribution, T.C.A. § 31-2-104, Courtney Salters Henderson's interest in the real estate described above passed at her death to her husband and son, her sole heirs, in equal shares.

Further Affiant sayeth not.

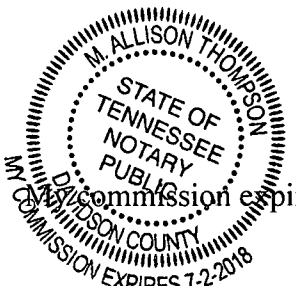
2/20/17
Date

Geralyn Grice

BILL GARRETT, Davidson County
Trans:T20170016804 AFFIDAVITH
Recvd: 02/27/17 10:58 3 pgs
Fees:17.00 Taxes:0.00
20170227-0019223

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared Geralyn Grice, the within named bargainor, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person described in the foregoing, who signed, sealed and delivered the foregoing instrument in my presence, and who, upon oath, acknowledged that she executed the foregoing instrument for the purposes therein contained as her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said County, on this 20th day of February, 2017.



M. Allison Thompson
Notary Public

My commission expires: 7-2-2018

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, the 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): Courtney Nicole Sellers Henderson
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): January 26, 2017
4. TIME OF DEATH (Approx.): 5:24 PM
5a. AGE-Last Birthday (Years): 41
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): September 28, 1975
7. BIRTHPLACE (City and State or Foreign Country): Tupelo MS

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): Summit Medical Center
8c. CITY OR TOWN: Hermitage
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: [x] Married [ ] Married, but separated [ ] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Ronald Warren Henderson Jr.
11a. DECEDENT'S USUAL OCCUPATION: Student Director
11b. KIND OF BUSINESS/INDUSTRY: Vanderbilt University
12. SOCIAL SECURITY NUMBER: [redacted]-9788
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 2126 Lebanon Pike #52
13e. INSIDE CITY LIMITS: [x] Yes [ ] No
13f. ZIP CODE: 37210
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
[ ] 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

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): John Sellers
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Carolyn Moore

DISPOSITION

20a. INFORMANT'S NAME: Ronald Warren Henderson Jr.
20b. RELATIONSHIP TO DECEDENT: Husband
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 2126 Lebanon Pike #52 Nashville TN 37210
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 North
21c. LOCATION - City or Town and State: Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
22b. LICENSE NUMBER: 6139
22c. SIGNATURE OF EMBALMER: [signature]
22d. LICENSE NUMBER: 411.7
23a. NAME AND ADDRESS OF FUNERAL HOME: Terrell Brady Funeral Home Inc. 3655 Clarksville Pike Nashville TN 37218
23b. LICENSE NUMBER OF FUNERAL HOME: 1137

REGISTRAR

24. REGISTRAR'S SIGNATURE: Andrea Bowles, DR
25. DATE FILED (Month, Day, Year): Jan. 30, 2017

CERTIFIER

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

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. [x] 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: Emily H Dennison
27b. LICENSE NUMBER: 53219
27c. DATE SIGNED (Month, Day, Year): January 27, 2017
27d. NAME AND ADDRESS: Emily H Dennison, M.D.; 850 R.S. Gass Boulevard, Nashville, TN 37216; MEC17-0275

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. Pending Medical Records	
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 [x] No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [ ] No

30. MANNER OF DEATH: [ ] Natural [ ] Homicide [ ] Accident [x] 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 [x] 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 1599

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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.

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

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued JAN 31 2017

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD