BILL GARRETT, Davidson County
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20170308-0022844

THIS AFFIDAVIT OF HEIRSHIP PREPARED BY:

PAUL C. HAYES, ESQ.
Howard Mobley Hayes & Gontarek, PLLC
2319 Crestmoor Road
Nashville, Tennessee 37215
(615) 627-4444

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Pursuant to Tenn. Code Ann. Section 30-2-712, I, MARIE-LUISE E. RAMSEY, being duly sworn, hereby state as follows:

1. My full name is MARIE-LUISE E. RAMSEY. I currently reside at 4215 Harding Pike, No. 606, Nashville, Tennessee 37205.

2. My husband, LLOYD H. RAMSEY (the "Decedent"), died on October 29, 2016 in Nashville, Tennessee, as evidenced by the Certificate of Death attached hereto as Exhibit A.

3. I married the Decedent on October 11, 1983 and remained married to him until the Decedent's death, as evidenced by the Marriage Certificate attached hereto as Exhibit B.

4. At the time of the Decedent's death, the Decedent and I owned improved property located at 4215 Harding Pike, No. 606, Nashville, Tennessee 37205 (the "Property") as tenants by the entirety. This Property was deeded to the Decedent and I by a Warranty Deed recorded as Instrument Number 20090204-0009555 in the Register's Office for Davidson County, Tennessee.

5. This affidavit will confirm that title to the Property vested in me immediately following the Decedent's death.

FURTHER, AFFIANT SAITH NOT.

Dated this the 3rd day of March, 2017.

Marie-Luise E. Ramsey

MARIE-LUISE E. RAMSEY

Sworn to and subscribed before me
on this the 3rd day of March, 2017.

Paul C. Hayes

Notary Public

My Commission Expires: 3/7/2017

PAUL C. HAYES
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.
My Commission Expires MAR. 7, 2017

EXHIBIT A

Certificate of Death of Lloyd H. Ramsey

(Attached)

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2016 057796

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Lloyd Hamilton Ramsey
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): October 29, 2016
4. TIME OF DEATH: 11:35
5a. AGE-Last Birthday (Years): 95
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): June 10, 1921
7. BIRTHPLACE (City and State or Foreign Country): Lexington, Kentucky

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ OOA
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
8c. CITY OR TOWN: Nashville 094
8d. COUNTY OF DEATH: Davidson 19

9. MARITAL STATUS: ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Marie-Luise Erichson
11a. DECEDENT'S USUAL OCCUPATION: Doctor
11b. KIND OF BUSINESS/INDUSTRY: Medical Healthcare

12. SOCIAL SECURITY NUMBER: [redacted]-8563
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 4215 Harding Pike, Apt. #606
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37205
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): James Chandler Ramsey
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Hattie O. Frisbee

INFORMANT

20a. INFORMANT'S NAME: Robert Ramsey
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 2113 Woodley Circle, Lexington, KY 40502

DISPOSITION

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

20 dc + 3 yrs

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Jane Elizabeth Brawner
22b. LICENSE NUMBER: 6708
23a. SIGNATURE OF EMBALMER: ▶ Trena J. Mueller
23b. LICENSE NUMBER: 6643
23c. NAME AND ADDRESS OF FUNERAL HOME: Mount Olivet Funeral Home - 1101 Lebanon Pike, Nashville, Tennessee 37210
23d. LICENSE NUMBER OF FUNERAL HOME: 970

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ William Hawk DR
25. DATE FILED (Month, Day, Year): 11/4/2016

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER COMPLETING 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. 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: ▶
27b. LICENSE NUMBER: 52952
27c. DATE SIGNED (Month, Day, Year): 11/03/2016
27d. NAME AND ADDRESS: Sasha Bowers, M.D. 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. LUNG CANCER — 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.
Approximate interval: Onset to death

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

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 – 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-1569 (Rev. 10/2011) RDA 1309

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.

FEB 13 2017

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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

0 9 0 2 6 2 7 1 1

Date Issued: 2/13/2017

CERTIFICATION OF VITAL RECORD

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

COPYRIGHT CAPTURING ANTI-FRAUD PROTECTION

EXHIBIT B

Marriage Certificate of Lloyd H. Ramsey and Marie-Luise E. Ramsey

(Attached)

STATE OF TENNESSEE
Office of Vital Records

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

COUNTY COURT CLERK RESPONSIBLE FOR COMPLETION OF ITEMS 1-14 AND ITEMS

OFFICIANT RESPONSIBLE FOR ITEMS 15 & 16.

TYPE OR BLACK IN

ALL SIGN PERMANE ST BE IN K.

APPLICANTS MUST SIGN IN THE PRESENCE OF THE CLERK ISSUING THE LICENSE.

ON PERFORMING CEREMONY MUST RETURN CERTIFICATE TO CLERK ISSUING LICENSE WITHIN 3 DAYS AFTER CEREMONY.

CERTIFICATE OF MARRIAGE

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

83-043380
STATE FILE NO.

LICENSE — COUNTY: DAVIDSON
NUMBER: 135463

GROOM

1. GROOM—NAME: Lloyd Hamilton Ramsey
2a. RESIDENCE—STATE: Tn
2b. COUNTY: Davidson
2c. CITY, TOWN, OR LOCATION: Nashville
2d. STREET AND NUMBER: 4113 Norman Dr
3. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Ky
4. DATE OF BIRTH (MONTH, DAY, YEAR): 6/10/21
5a. FATHER—Name: J Ramsey
5b. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Ky
6a. MOTHER—MAIDEN NAME: Hattie Hamblee
6b. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Fla

BRIDE

7. BRIDE—NAME: Marie-Luise Erickson Glaz
7c. MAIDEN NAME (IF DIFFERENT): Erickson
8a. RESIDENCE—STATE: Tn
8b. COUNTY: Davidson
8c. CITY, TOWN, OR LOCATION: Nashville
8d. STREET AND NUMBER: Same
9. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Germany
10. DATE OF BIRTH (MONTH, DAY, YEAR): 6/8/34
11a. FATHER—NAME: E. Erickson
11b. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Germany
12a. MOTHER—MAIDEN NAME: Marguerite Redner
12b. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Germany

GROOM & BRIDE SIGN

12c. SIGNATURE OF GROOM: Lloyd Hamilton Ramsey
12d. SIGNATURE OF BRIDE: Marie-Luise Erickson Glaz
12e. DATE SIGNED (MONTH, DAY, YEAR): 10/11/83
13. MAILING ADDRESS—STREET AND NUMBER: Same
CITY: Same
STATE: Same
ZIP: 37215

OFFICIANT

15a. I HEREBY CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED BY ME, IN THE STATE OF TENNESSEE, ON: MONTH 10 DAY 12 YEAR 1983
15b. COUNTY OF MARRIAGE: DAVIDSON
15c. CEREMONY—RELIGIOUS OR CIVIL (SPECIFY): RELIGIOUS
15d. OFFICIANT—SIGNATURE: Jackson Forstman
15e. ADDRESS: THE DIVINITY SCHOOL VANDERBILT UNIVERSITY NASHVILLE TN 37240
15f. DATE SIGNED (MONTH, DAY, YEAR): 10/12/83
16a. WITNESS TO CEREMONY—SIGNATURE:
16b. ADDRESS:
17a. COUNTY COURT CLERK—SIGNATURE: Bill McPherson
17b. DATE FILED (MONTH, DAY, YEAR): 10/14/83

CONFIDENTIAL INFORMATION

09072394

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: Feb 21 2017

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD