BILL GARRETT, Davidson County
Trans:T20170020377 AFFIDAVITH
Recvd: 03/09/17 10:56 9 pgs
Fees:47.00 Taxes:0.00
20170309-0023389

Prepared by:
Limestone Title & Escrow, LLC
5200 Maryland Way, Ste 202
Brentwood, TN 37027

Affidavit of Heirship

I, Jeffery F. Swinea ("Affiant"), residing at 701 15th St, Old Hickory, TN 37138, duly sworn, and state:

1. I am over the age of eighteen years and have personal knowledge of the following facts.

2. I knew the decedent, **Jo Ann Metcalf**, who died on 11/07/2016 Jo Ann Metcalf was my neighbor. Jo Ann Metcalf's place of death was Nashville, Tennessee.

3. No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.

4. Jo Ann Metcalf left the following items of real property and did not leave a Last Will and Testament:

Land in Davidson County, Tennessee, being Lot No. 22 on the Plan of Village of Old Hickory, Section "E", Revised of record in Plat Book 1424, page 132, Register's Office for Davidson County, Tennessee, to which Plan reference is hereby made for a more complete description of the property.

Being the same property conveyed to Jo Ann Metcalf, an individual, by Warranty Deed from Daniel R. Cooke, married, dated 9/26/2007, recorded 10/3/2007, of record in Instrument No. 20071003-0117863, in the Register's Office for Davidson County, Tennessee.

The said Jo Ann Metcalf since died on 11/07/2016, and was survived by her three children David Metcalf, Rachel Metcalf and Mathew Thompson.

The address of the herein described property is believed to be 1605 Overton Street, Old Hickory, Tennessee 37138, and is shown on all tax records as the same, but such addresses are not part of the legal description of the property herein and in the event of any discrepancy, the legal description shall control.

5. At the time of death, Jo Ann Metcalf's marital history was as follows:

Raymond Metcalf, who Jo Ann Metcalf married on November, 1966, and who Jo Ann Metcalf divorced on September, 1981.

6. At the time of death, Jo Ann Metcalf's sole surviving heirs were as follows:

David Metcalf, 1605 Overton St, Old Hickory, TN 37138 a son, born 11/24/1967 to Raymond Metcalf and Jo Ann Metcalf.

Rachel Metcalf, 1605 Overton St, Old Hickory, TN 37138, a daughter, born 3/24/1973 to Raymond Metcalf and Jo Ann Metcalf

Matthew Thompson, 693 Sugar Flat Rd Lebanon, TN 37087, a son, born 12/06/1965 to Jo Ann Metcalf.

Affiant declares by signature that, subject to the penalty for perjury, this affidavit is not false or misleading and that the Affiant is mindful of all duties imposed upon the Affiant.

I declare that, to the best of my knowledge and belief, the information herein is true, correct and complete as of 3/1/2017, the date I affixed my signature to this Affidavit.

STATE OF TENNESSEE, COUNTY OF Davidson, ss:

On this 1st day of March, 2017, before me personally appeared Jeffery F. Swined, to me known to be the person described in and who executed the foregoing Affidavit, and, being first duly sworn on oath according to law, deposes and says that he/she has read the foregoing Affidavit subscribed by him/her, and that the matters stated herein are true to the best of his/her information, knowledge and belief.

ALBERT H. LEE
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

Albert H. Lee
Notary Public

Notary Public, State of Tennessee
Title (and Rank)

My commission expires 5/22/2019

Affidavit of Heirship

I, Terri Lynn Peach ("Affiant"), residing at 1604 Overton St, Old Hickory, TN 37138, duly sworn, and state:

1. I am over the age of eighteen years and have personal knowledge of the following facts.

2. I knew the decedent, **Jo Ann Metcalf**, who died on 11/7/2016. Jo Ann Metcalf was my neighbor. Jo Ann Metcalf's place of death was Nashville, Tennessee.

3. No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.

4. Jo Ann Metcalf left the following items of real property and did not leave a Last Will and Testament:

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Matthew Thompson, 693 Sugar Flat Rd, Lebanon, TN 37087, a son, born 12/06/1965 to Jo Ann Metcalf.

Affiant declares by signature that, subject to the penalty for perjury, this affidavit is not false or misleading and that the Affiant is mindful of all duties imposed upon the Affiant.

I declare that, to the best of my knowledge and belief, the information herein is true, correct and complete as of 3/1/2017, the date I affixed my signature to this Affidavit.

Terri L. Peach

STATE OF TENNESSEE, COUNTY OF Davidson, ss:

On this 1st day of March, 2017, before me personally appeared Terri L. Peach, to me known to be the person described in and who executed the foregoing Affidavit, and, being first duly sworn on oath according to law, deposes and says that he/she has read the foregoing Affidavit subscribed by him/her, and that the matters stated herein are true to the best of his/her information, knowledge and belief.

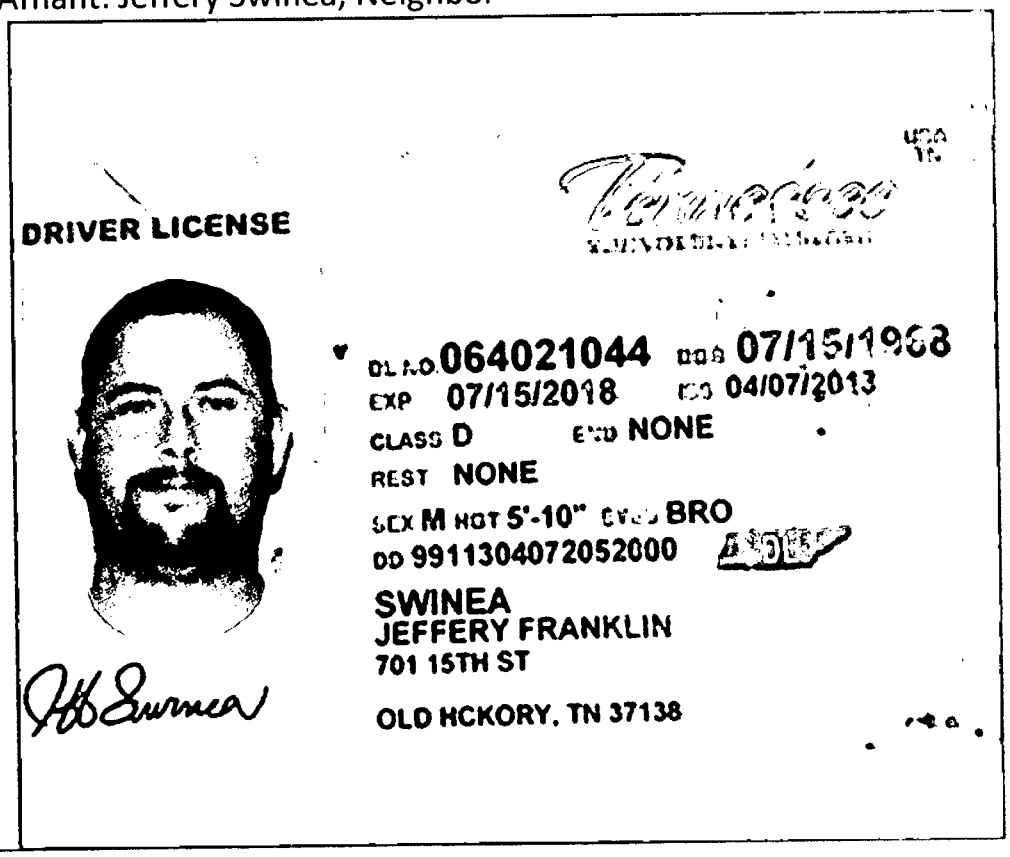
ALBERT H. LEE
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

Albert H. Lee
Notary Public

Notary Public, State of Tennessee
Title (and Rank)

My commission expires 5/22/2019

Affiant: Jeffery Swinea, Neighbor

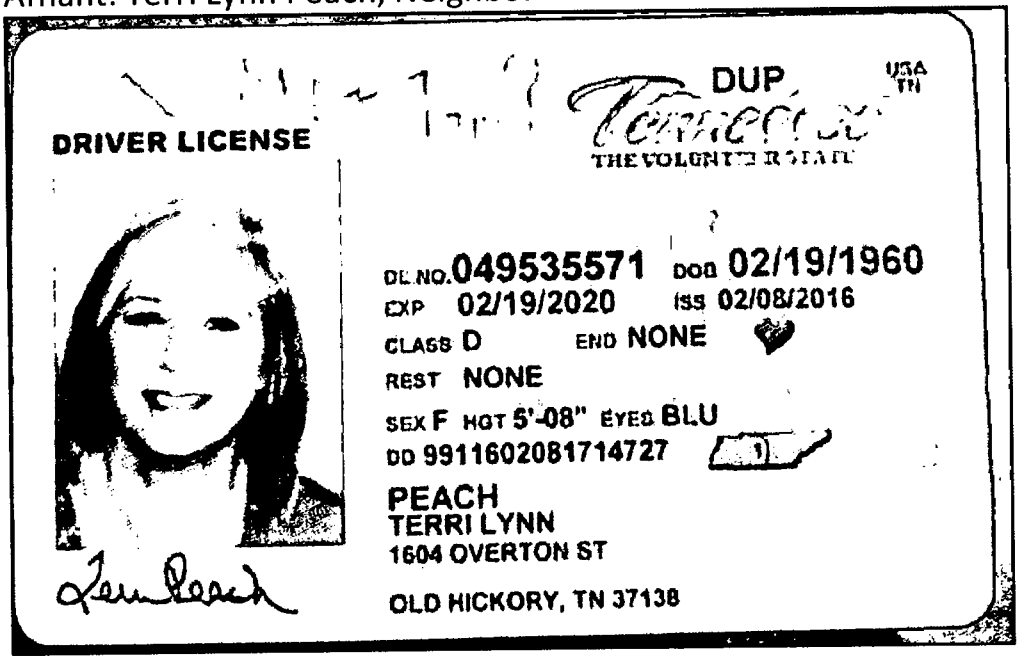

DRIVER LICENSE

DL NO. 064021044 DOB 07/15/1968
EXP 07/15/2018 ISS 04/07/2013
CLASS D END NONE
REST NONE
SEX M HGT 5'-10" EYES BRO
DD 9911304072052000

SWINEA
JEFFERY FRANKLIN
701 15TH ST

OLD HCKORY, TN 37138

Affiant: Terri Lynn Peach, Neighbor


DRIVER LICENSE

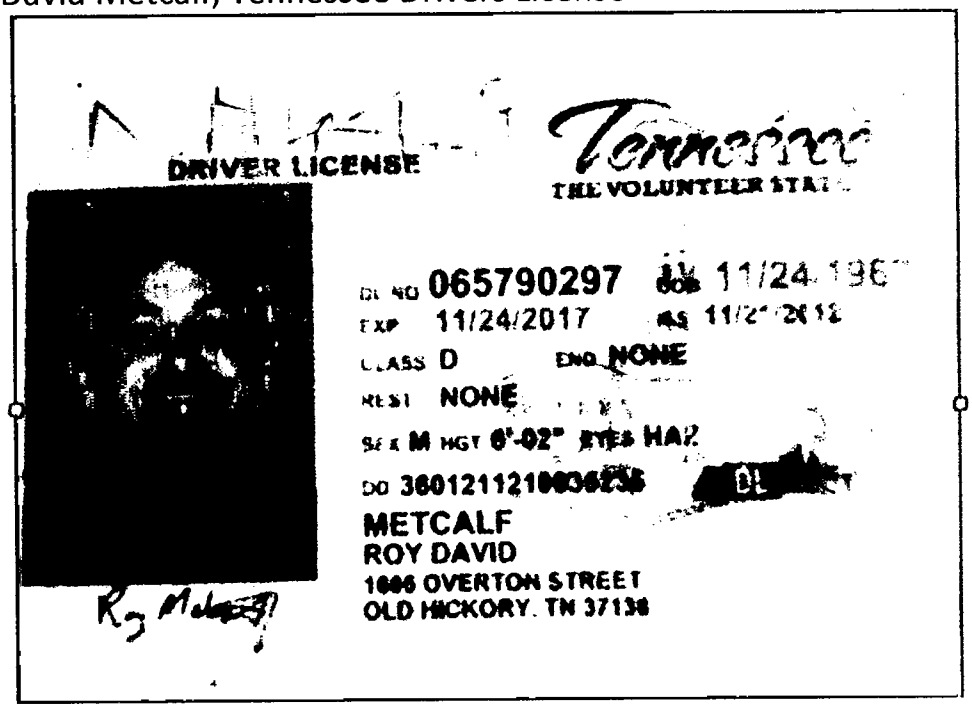
DUP

DL NO. 049535571 DOB 02/19/1960
EXP 02/19/2020 ISS 02/08/2016
CLASS D END NONE
REST NONE
SEX F HGT 5'-08" EYES BLU
DD 9911602081714727

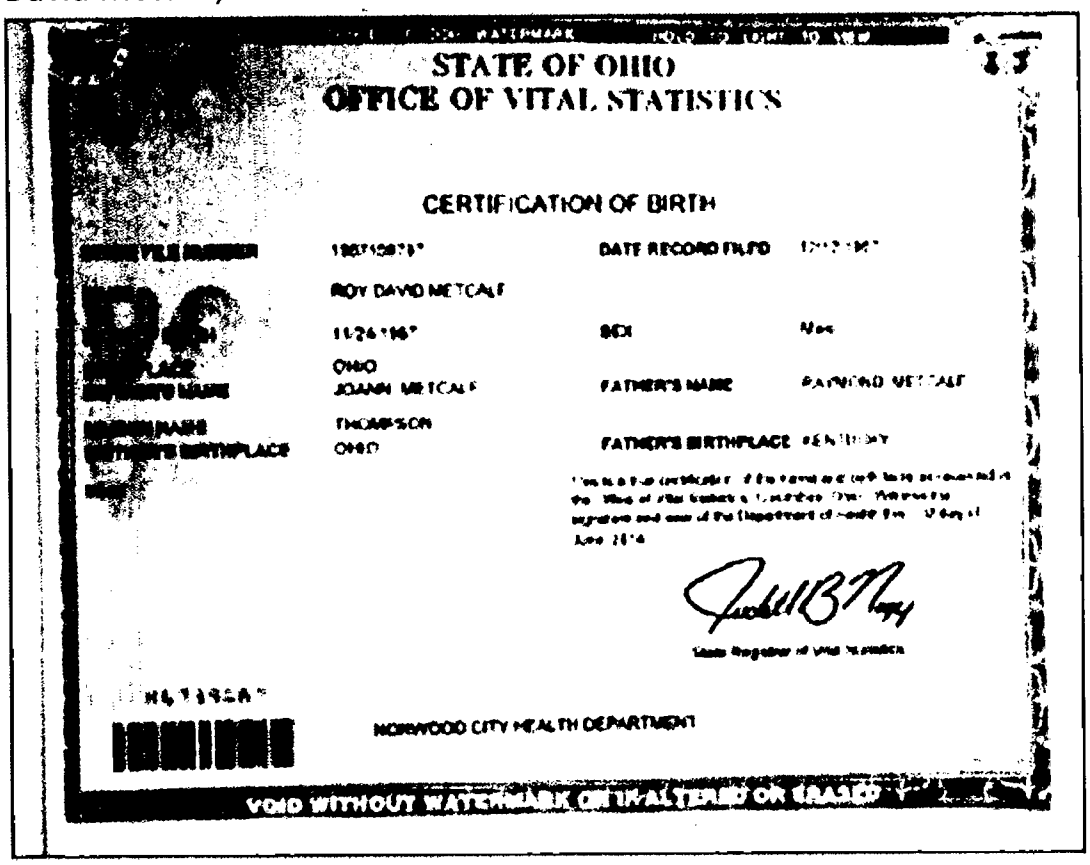
PEACH
TERRI LYNN
1604 OVERTON ST

OLD HICKORY, TN 37138

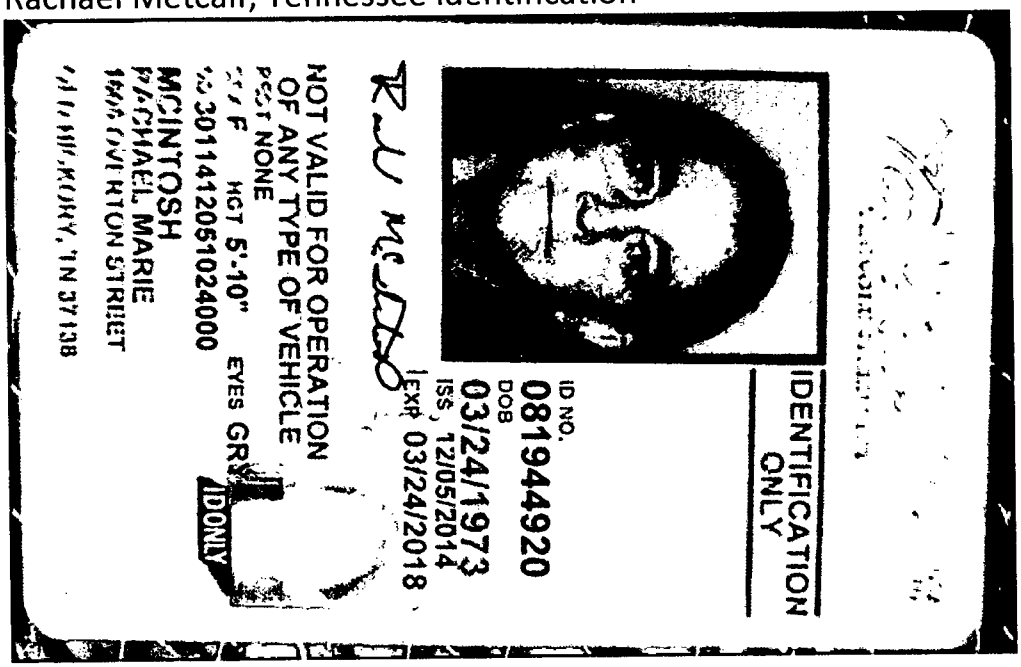
David Metcalf, Tennessee Drivers License



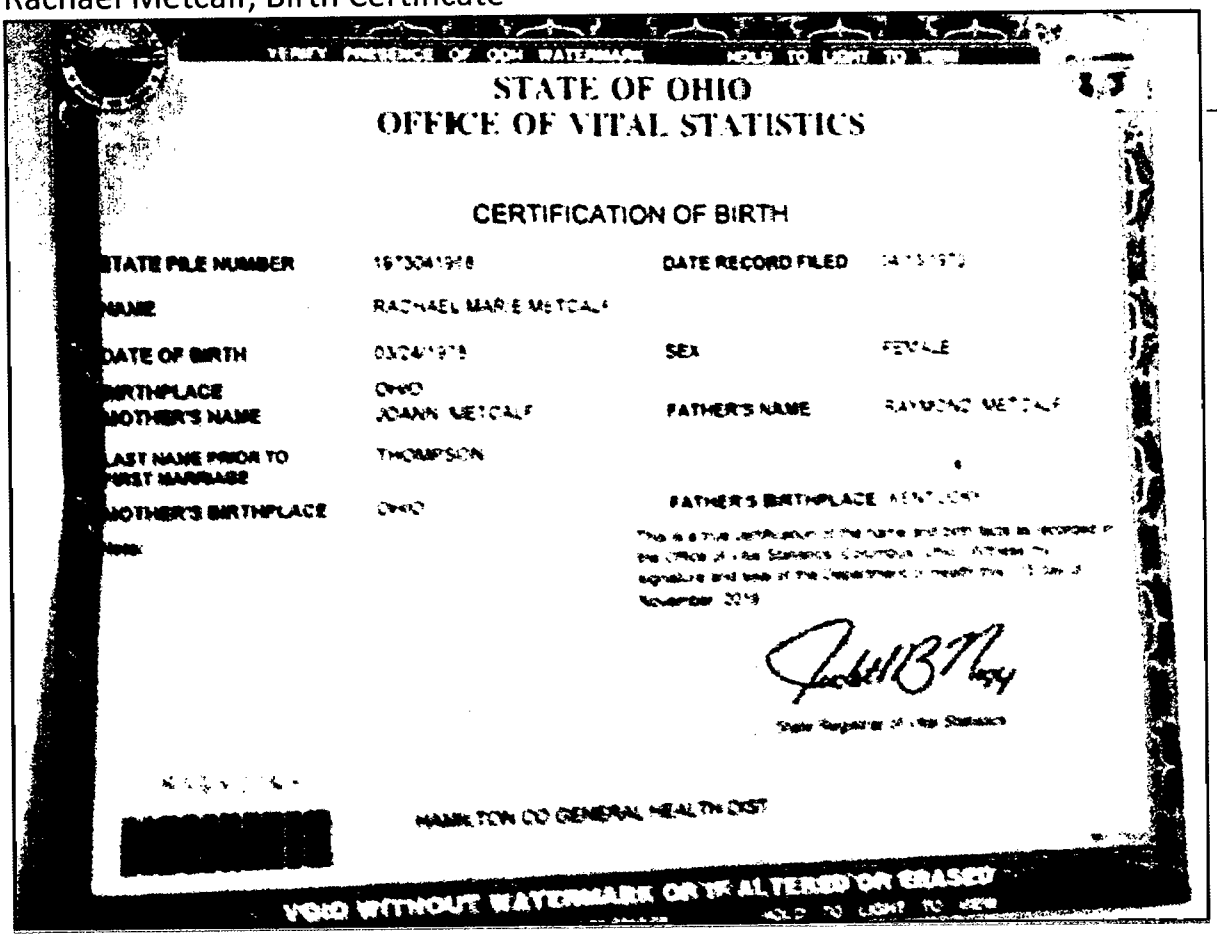
David Metcalf, Birth Certificate



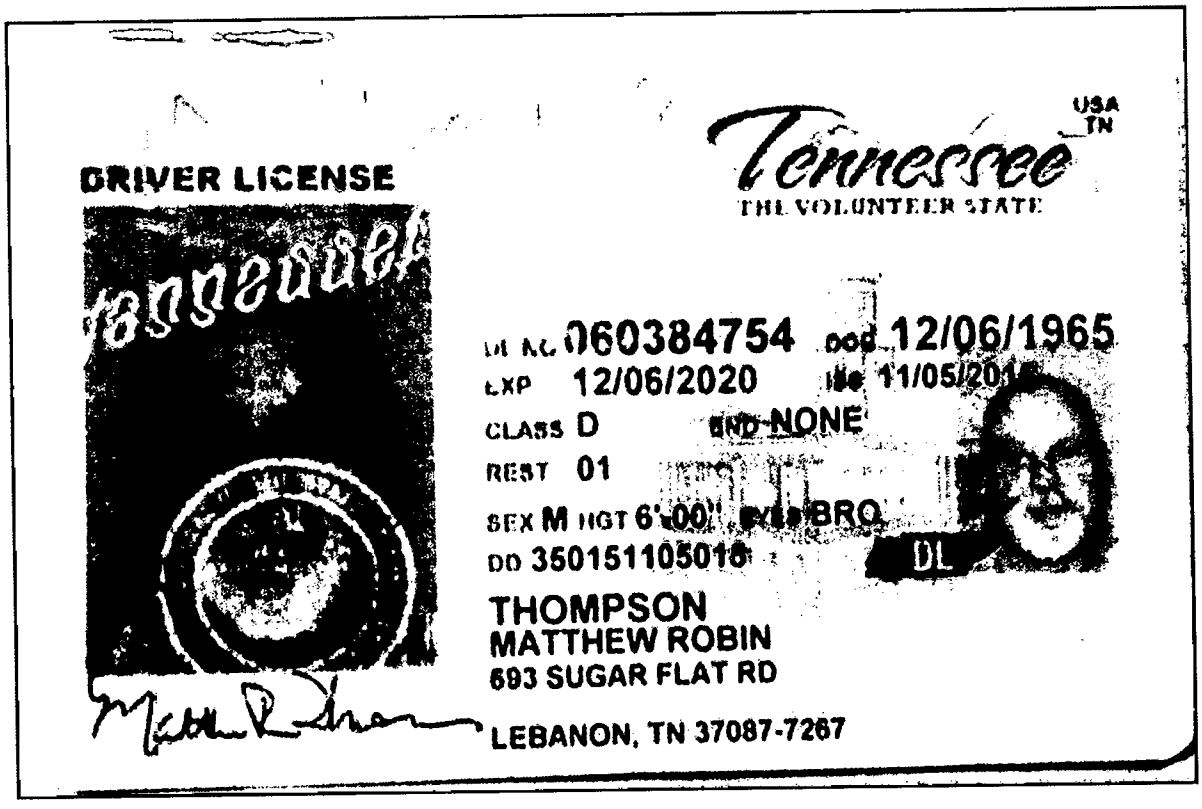
Rachael Metcalf, Tennessee Identification



Rachael Metcalf, Birth Certificate



Matthew Robin Thompson, Tennessee Drivers License



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): Joann Metcalf
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): November 7, 2016
4. TIME OF DEATH (Approx.):
5a. AGE-Last Birthday (Years): 72
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): November 6, 1944
7. BIRTHPLACE (City and State or Foreign Country): Cincinnati, Ohio

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: [ ] Married [ ] Married, but separated [ ] Widowed [X] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage):
11a. DECEDENT'S USUAL OCCUPATION: N/A
11b. KIND OF BUSINESS/INDUSTRY: N/A

12. SOCIAL SECURITY NUMBER: 283-40-2168
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Old Hickory
13d. STREET AND NUMBER: 1605 Overton Street
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37138
14. WAS DECEDENT EVER IN US ARMED FORCES? [ ] Yes [X] No

NAME OF DECEDENT (For use by Physician or Institution)

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
[X] 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)
[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)
[X] 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): Mack Thompson
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Florida Hunter

DISPOSITION

20a. INFORMANT'S NAME: Roy Metcalf
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1605 Overton Street, Old Hickory, TN 37138

21a. METHOD OF DISPOSITION: [ ] Burial [X] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Music City Crematory Service
21c. LOCATION - City or Town and State: Nashville,Tennessee

P

22a. SIGNATURE OF FUNERAL DIRECTOR: Tim Raley
22b. LICENSE NUMBER: 5958
22c. SIGNATURE OF EMBALMER: N/A
22d. LICENSE NUMBER: N/A

23a. NAME AND ADDRESS OF FUNERAL HOME: Music City Mortuary, 2409 Kline Avenue, Nashville, Tennessee 37211
23b. LICENSE NUMBER OF FUNERAL HOME: 1105

REGISTRAR

24. REGISTRAR'S SIGNATURE: DR
25. DATE FILED (Month, Day, Year): 11/29/16

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:
27b. LICENSE NUMBER: TN 30582
27c. DATE SIGNED (Month, Day, Year): 11/29/16
27d. NAME AND ADDRESS: Matthew Miller - 1399 Central Pike / Hermitage

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.	Cardiac Arrest	2 hrs
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): Severe Congestive Heart Failure	5 yrs
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.

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 [ ] Pending Investigation [ ] Suicide [ ] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [X] 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-1659 (Rev. 10/2011) RDA 1399

COPYRIGHT CAUTION: ANTI-FRAUD PROTECTION

08938307

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.

DEC 05 2016

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

0 8 9 3 8 3 0 7

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

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued: 12/5/2016

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD