BILL GARRETT, Davidson County
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20170313-0024641

This instrument was prepared by:
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Attorneys at Law
1646 Westgate Circle, Suite 101
Brentwood, TN 37027

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned officer authorized to administer oaths, Thomas Wesley Clinard, Sr., who is known to me, and who, after first being duly sworn, deposed and said:

1. That Affiant, Thomas Wesley Clinard, Sr. is sixty nine (69) years of age (Date of Birth: July 13, 1947) and is a resident of Davidson County, Tennessee and resides at 415 Blue Hills Drive, Nashville, Tennessee 37214.
2. That the Affiant is personally acquainted with the decedent, Vickie Jean Clinard, a resident of Davidson, Tennessee for many years prior to her death in Davidson County, Tennessee on September 4, 2015, at the age of 59 years, and that said decedent's relationship to Affiant Thomas Wesley Clinard, Sr. was that of Wife. A copy of the death certificate of Vickie Jean Clinard is attached hereto as **Exhibit 1**.
3. That the said decedent was married one time. The marriage was to Thomas Wesley Clinard, Sr. A copy of the marriage certificate is attached hereto as **Exhibit 2**.
4. That the decedent had one (1) child.
5. That said child, Thomas Wesley Clinard, Jr., is deceased with no heirs (Date of Death: October 15, 2000).
6. That the said decedent, Vickie Jean Clinard, has no other children.
7. That the said decedent, Vickie Jean Clinard, died intestate. The decedent's estate was less than one million dollars. There has been no administration of decedent's estate.
8. That there are no unpaid estate or inheritance taxes.

Affiant states that he make this affidavit for the purpose of transferring ownership of the real property, owned by the decedent, located at 415 Blue Hills Drive, Nashville, Davidson County, Tennessee 37214 and of enabling him, the heir of the decedent, to receive consideration for the sale of any property in which the decedent had an interest.

Witness my signature this the 20th day of February 2017.

Thomas Wesley Clinard, Sr.
Affiant Thomas Wesley Clinard, Sr.

Sworn to and subscribed before me on this the 20th day of February 2017.

Notary Public
My Commission Expires: 11-13-2017

KATHRYN WRIGHT
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

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): Vickie Jean Clinard
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): September 4, 2015
4. TIME OF DEATH (24 hrs.): 3:21 am
5a. AGE-Last Birthday (Years): 59
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): June 16, 1956
7. BIRTHPLACE (City and State or Foreign Country): Nashville, 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): 415 Blue Hills Drive
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 ☐ Widowed ☑ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Thomas Wesley Clinard
11a. DECEDENT'S USUAL OCCUPATION: Homemaker
11b. KIND OF BUSINESS/INDUSTRY: Own Home
12. SOCIAL SECURITY NUMBER: [redacted]-3431
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 415 Blue Hills Drive
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37214
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 Paul Evans
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Rachel Christine Brown

DISPOSITION

20a. INFORMANT'S NAME: Thomas Wesley Clinard
20b. RELATIONSHIP TO DECEDENT: Husband
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 415 Blue Hills Drive, Nashville, TN 37214
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Woodlawn Memorial Park
21c. LOCATION - City or Town and State: Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ William R. Appleton
22b. LICENSE NUMBER: 2700
22c. SIGNATURE OF EMBALMER: ▶ Richard Morrison
22d. LICENSE NUMBER: 3137
23a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Inc., 3620 Nolensville Road, Nashville, TN 37203
23b. LICENSE NUMBER OF FUNERAL HOME: 396

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Audrey Boyers, DR
25. DATE FILED (Month, Day, Year): Sept. 9, 2015

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: ▶ [signature]
27b. LICENSE NUMBER: 48446
27c. DATE SIGNED (Month, Day, Year): 9/9/15
27d. NAME AND ADDRESS: Laura Tharpe, M.D. 1718 Patterson St., 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. Obesity Hypoventilation Syndrome — 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.

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)
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)

PHC1650 (Rev. 10/2011) RDA 1399

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8243317

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

8243317

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued: SEP - 9 2015

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

DEPARTMENT OF HEALTH — XVI

CERTIFICATION OF VITAL RECORD

Exhibit 1

Bindertek #CLEX

STATE OF TENNESSEE, DAVIDSON COUNTY

Marriage Certificate

THIS IS TO CERTIFY THAT THE

Rite of Matrimony

Between Homan Wesley Elwood Age 26

and Vickie Jean Jones Age 17

was solemnized by Wallace O C Hoggard

on 13th day of April -1974, as the same appears of record in the office of the Clerk of the County Court of the aforesaid County at Nashville, Tennessee.

WITNESS my hand and seal of the said Court, at office, this the 17th day of April, 1974

R E Worsell Clerk of the Davidson County Court

Jerry Cox Deputy Clerk

BOOK 107 PAGE 234 NO. 88933

Exhibit 2

Bindertek #CLEX