AFFIDAVIT OF HEIRSHIP
(REAL ESTATE)

THIS INSTRUMENT PREPARED BY:
Paul R. White, Attorney
Suite 360 M 222 Second Avenue, North
Nashville, Tennessee 37201

BILL GARRETT, Davidson County
Trans:T20170040002 AFFIDAVITH
Recvd: 05/10/17 14:30 6 pgs
Fees:32.00 Taxes:0.00
20170510-0046580

This space for Recorder use only.

Owner: Mary Pate Raby

Map & Parcel No.: 090-12-0-116.00

Send tax notice to: Mary Pate Raby
c/o Susan Allison Patton
947 Beech Bend Drive
Nashville, TN 37221

STATE OF TENNESSEE)
COUNTY OF ROANE)

Susan Allison Raby Patton, the undersigned, being duly sworn, deposes and says:

1. That she is a citizen and resident of Nashville, Davidson County, Tennessee.

2. That Charles Wesley Raby, Jr. was her father, and Mary Pate Raby was her mother, as the record of the administration of Mary Pate Raby's Estate in the Probate Court of Davidson County, Tennessee establishes, as well as the un-probated Last Will & Testament of Charles Wesley Raby, Jr., a copy of which is attached hereto, denominated Exhibit "A," and incorporated herein by reference.

3. That Charles Wesley Raby, Jr. died on March 27, 1994, a resident of Davidson County, Tennessee, as is shown by a copy of his Death Certificate, attached hereto denominated Exhibit "B," and incorporated herein by reference.

4. That no Estate was ever administered for the said Charles Wesley Raby, Jr.

5. That the Estate of Mary Pate Raby is presently being administered in the Probate Court of said County, under Docket No.: 15P-2058.

6. That Charles Wesley Raby, Jr., at the time of his death, was owner, together with the said Mary Pate Raby as tenants by the entireties of a fee simple interest in the herein below described real estate and title in fee simple interest is now solely vested in Mary Pate Raby as the survivor of this tenancy by the entireties.

Legal Description: 609 American Road, Nashville, TN 37209, more fully described as follows:

Land lying in Davidson County, Tennessee, being Lot No. 45 on the Plan of Charlotte Park Subdivision, Section I, as of record in Book 2663, page 2, Register's Office for said County, described as follows:

Beginning at a point in the southeasterly margin of Annex Drive; thence northeasterly along the margin of said Drive, 95 feet to the beginning of a curve; thence around said curve 39.3 feet to a point in the southwesterly margin of American Road; thence southeasterly along the margin of said road, 95 feet to a point, being the common corner of Lots Nos. 44 and 45; thence southwesterly along the margin between said lots, 120 feet to a point; thence west 62° .07' west 120.4 feet to the point of beginning.

Being the same property conveyed 16 December 1957 to Charles Wesley Raby, Jr. and wife, Mary Pate Raby by Woodbine Homes, Inc., of record in Book 2707, page 115, Register's Office for Davidson County, Tennessee.

This conveyance is made subject to all restrictive covenants, easements, and set back lines that are applicable to the above described property.

The legal description herein is the same as in the previous instrument of record. No new legal description was prepared for this transfer.

This property is conveyed subject to:

1. Any unpaid Metro County taxes, which have not been paid.
2. Any other matters as may appear of record in Register's Office for Davidson County, Tennessee.

This is improved property located at and known as 609 American Road, Nashville, TN 37209.

7. That at the time of his death, there was no Federal Estate Tax or Tennessee Inheritance Tax due on any property of Charles Wesley Raby, Jr., his total real and personal Estate being worth less than $ 600,000.00.

8. That at the time of his death, the property at 609 American Road, Nashville, TN 37209 had an approximate value of $ 76,200.00.

9. That this affidavit is freely given to help establish and reflect the current, correct legal ownership of this real estate formerly belonging to Charles Wesley Raby, Jr. and Mary Pate Raby as tenants by the entireties, in fee simple interest, in Davidson County Tennessee.

10. That the said Charles Wesley Raby, Jr. was not a recipient of TennCare benefits, and he had no debts which remain unpaid.

11. Affiant further states, upon oath, that the actual consideration for this instrument is $ 0.

12. This Affidavit is being given pursuant to *Tenn. Code Ann.* § 30-2-712.

Further the Affiant saith not.

Susan Allison Raby Patton

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared Susan Allison Raby Patton, the within named affiant, 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 the 5TH day of May, 2017.

NOTARY PUBLIC

MY COMMISSION EXPIRES: 8 January 2019

PAUL R. WHITE
NOTARY PUBLIC AT LARGE
DAVIDSON COUNTY, TENN.

LAST WILL AND TESTAMENT OF

CHARLES W. RABY, JR.

I, CHARLES W. RABY, JR., of Nashville, Davidson County, Tennessee, being of sound mind and disposing memory, do make, declare and publish this my Last Will and Testament, hereby revoking all former Wills and Codicils heretofore made by me.

I

I direct that all my just debts, including my funeral expenses and the costs of administration, be paid out of my general estate by my Executrix hereinafter named, as soon as practicable after my death. To this end, I authorize my Executrix to sell any of my property, real, personal or mixed and to execute all conveyances necessary to effectuate such sale, without obtaining an order of Court to do so.

II

I declare that I am married; my wife's name is Mary P. Raby. I have two children, to-wit: Mary Anne Raby and Susan Allison Raby.

III

After payment of my just debts, including my funeral expenses and the costs of administration, all the rest, residue and remainder of my estate, real, personal and mixed, of every nature and wheresoever situated, of which I may die seized and possessed, or to which I may be entitled, or of which I may have the power of testamentary disposition, control or appointment, I give, devise and bequeath to my wife, Mary P. Raby, absolutely and in fee simple, forever, if she survives me, for a period of thirty (30) days.

In the event my said wife does not survive me, or surviving me, should die within thirty (30) days after the date of my death, I direct that my wife shall be deemed to have predeceased me, and, in any one of these events, I then give, devise and bequeath the aforesaid rest, residue and remainder of my estate absolutely and in fee simple forever equally to my children, Mary Anne Raby, Susan Allison Raby, and any other children born to or adopted by me and my said wife, the issue of a deceased child representing and taking the deceased parent's share per stirpes.

Charles W. Raby, Jr.

EXHIBIT "A" p. 1 of 2

IV

I hereby nominate, constitute and appoint my said wife, Mary P. Raby, Executrix of this, my Last Will and Testament, and hereby excuse and exonerate her from giving bond or other security for the faithful discharge of her duties as such.

This, my Last Will and Testament, is typewritten on two pages, including the attestation clause and signatures of witnesses, and is identified by my signature on each page.

IN WITNESS WHEREOF, I, CHARLES W. RABY, JR., have hereunto set my hand to this, my Last Will and Testament, and declare and publish it as such in the presence of witnesses at Nashville, Tennessee, this 31st day of March, 1973.

Charles W. Raby, Jr.
CHARLES W. RABY, JR.

We, the undersigned witnesses, do hereby state that the above and foregoing Will was signed, published and declared by the Testator, Charles W. Raby, Jr., to be his Last Will and Testament, in the presence of all of us at one and the same time, and we, at his request and in his presence and in the presence of each other, have hereunto subscribed our names as witnesses, and we do hereby attest to the sound and disposing mind of said Testator and to the performance of aforesaid acts of execution and publication at the place and on the date hereinabove set out.

[illegible]
NAME

338 46th Ave N.
Nashville, Tennessee
ADDRESS

[illegible]
NAME

338 46th Ave N.
ADDRESS Nashville, Tenn.

Exhibit "A" p. 2 of 2

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

MAR 29 1994

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.

Fred S. Wadley, M.D.

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

B 401548

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): CHARLES WESLEY RABY JR.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): March 27, 1994
4. SOCIAL SECURITY NUMBER: [redacted]-2368
5a. AGE – LAST BIRTHDAY (Years): 63
5b. IF UNDER 1 YEAR (Months)
5c. IF UNDER 1 DAY (Hours)
6. DATE OF BIRTH (Month, Day, Year): SEP 14, 1930
7a. BIRTHPLACE (City and State or Foreign Country): NASHVILLE, TENNESSEE
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 X No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 Inpatient 2 ER/Outpatient 3 DOA; OTHER 4 Nursing Home 5 X Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 210 MAYBELLE LANE
9c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): MARY PATE
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): DIVISION DIRECTOR
12b. KIND OF BUSINESS/INDUSTRY: METRO PLANNING COMMISSION
13a. RESIDENCE – STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 210 MAYBELLE LANE
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37205
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – If yes, specify Cuban, Mexican, Puerto Rican, etc.): 1 Yes 2 X No
15. RACE – American Indian, Black, White, etc. (Specify only one): WHITE
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+): 2

PARENTS

17. FATHER'S NAME (First, Middle, Last): CHARLES WESLEY RABY
18. MOTHER'S NAME (First, Middle, Maiden Surname): RUBY FITZPATRICK

INFORMANT

19a. INFORMANT'S NAME (Type/Print): MARY RABY
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 210 MAYBELLE LANE, NASHVILLE, TN 37205

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): WOODLAWN
20c. LOCATION – City or Town, State: NASHVILLE, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2153
21c. SIGNATURE OF EMBALMER
21d. LICENSE NUMBER OF EMBALMER
22a. NAME AND ADDRESS OF FUNERAL HOME: MARSHALL-DONNELLY-COMBS, 201 25TH AVE. N. NASHVILLE, TN 37203
22b. LICENSE NUMBER OF FUNERAL HOME: 40

REGISTRAR

23. REGISTRAR'S SIGNATURE: Patricia Bass
24. DATE FILED (Month, Day, Year): March 29, 1994

CERTIFIER

26a. 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 X SIGNATURE AND TITLE OF PHYSICIAN: Eric Raefsky
26b. LICENSE NUMBER: MD 20164
26c. DATE SIGNED (Month, Day, Year): 3/29/94
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): ERIC RAEFSKY M.D. 250 25TH AVE. N., NASHVILLE, TN. 37203

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. Small Cell Lung Cancer — 5 months
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.
b. DUE TO (OR AS A CONSEQUENCE OF):
c. DUE TO (OR AS A CONSEQUENCE OF):
d. DUE TO (OR AS A CONSEQUENCE OF):
SEE INSTRUCTIONS ON OTHER SIDE
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 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-1055
REV. 1/89

EXHIBIT "B"