****

ADDRESS NEW OWNER:	SEND TAX BILL TO:	Map-Parcel No.
LISA LAMONT	**Same**	**107 04 0 017.00**
578 Lockwood Drive		
Nashville, TN 37214		

****

This Instrument Prepared By:
PAULA OGLE BLAIR, ATTORNEY AT LAW
211 Donelson Pike, Suite 214, Nashville, Tennessee 37214
FROM INFORMATION BY OTHERS

BILL GARRETT, Davidson County
Trans:T20170050759 AFFIDAVITH
Recvd: 06/14/17 10:58 3 pgs
Fees:17.00 Taxes:0.00
20170614-0059643

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Come the Affiant, Holly D. Hood, being of lawful age and resident of the State of Tennessee for the past five (5) years, being first duly sworn according to the law, and, pursuant to Tennessee Code Annotated § 30-2-712, hereby swear to the following of her own free will and based upon their personal knowledge and familiarity:

1. Clara H. Hood died on June 30, 2015. A Death Certificate is attached to this Affidavit.

2. The Decedent was unmarried at the time of her death.

3. The Decedent died leaving three (3) children, Lisa A. Lamont, William M. Hood, Jr., and Marvin W. Hood. The Decedent had no other children.

4. At the time of her death, Clara H. Hood owned an interest in property located 628 Claridge Drive, Nashville, Tennessee 37214, and more particularly described as follows:

Land in Davidson County, Tennessee, being Lot No. 24 on the Plan of Lakewood Subdivision, of record in Plat Book 2900, Page 144, in the Register's Office for said County, to which reference is hereby made for a more complete description of the property.

Being the same property conveyed to Clara H. Hood, by Warranty Deed from Robert J. Tisdale, unmarried, in Instrument Number 20040518-0058354, Register's Office for Davidson County, Tennessee, dated May 7, 2004 and recorded on May 18, 2 2004. The said Clara H. Hood died intestate on June 30, 2015, and her estate was admitted to probate on July 22,2015 as Case No. 15D-1143, in the Probate Court for Davidson County, Tennessee. Letters of Administration were issued to Lisa H. Lamont.

5. This Affidavit will confirm the vesting of the ownership interest of Lisa A. Lamont, William M. Hood, Jr., and Marvin W. Hood in the real property described herein, after the death of Clara H. Hood, as tenants in common.

FURTHER AFFIANTS SAYETH NAUGHT.

Holly D. Hood
AFFIANT

Sworn to and subscribed before me this 28th day of February, 2017.

NOTARY PUBLIC

My commission expires: My Commission Expires March 3, 2020

RAPHEAL GARDNER
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON 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): Clara Dean Hood
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): June 30, 2015
4. TIME OF DEATH (Approx.):
5a. AGE-Last Birthday (Years): 81
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): December 26, 1933
7. BIRTHPLACE (City and State or Foreign Country): Livingston, Tennessee

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

12. SOCIAL SECURITY NUMBER: [redacted]-8134
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 578 Lockwood Drive
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37214
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
[ ] 9th - 12th grade; no diploma
[X] 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): Beecher Harris
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Els Rogers

DISPOSITION

20a. INFORMANT'S NAME: Lisa Lamont
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 578 Lockwood Drive - Nashville, TN 37214
21a. METHOD OF DISPOSITION: [ ] Burial [ ] Cremation [ ] Donation [X] 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, Tennessee

REGISTRAR

22a. SIGNATURE OF FUNERAL DIRECTOR: John Andrew Pavlek
22b. LICENSE NUMBER: 5755
22c. SIGNATURE OF EMBALMER: Jasmine Zervas
22d. LICENSE NUMBER: 6749
23a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn Roesch Patton Funeral Home 660 Thompson Lane Nashville, TN 37204
23b. LICENSE NUMBER OF FUNERAL HOME: 933
24. REGISTRAR'S SIGNATURE: [signature]
25. DATE FILED (Month, Day, Year): 7/9/15

CERTIFIER

26. CERTIFIER (Check only one)
[X] 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: 45998
27c. DATE SIGNED (Month, Day, Year): 7/6/15
27d. NAME AND ADDRESS: Rachel Kingree 5051 Trinity Blvd Suite 713 Hermitage, TN

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. respiratory failure
Due to (or as a consequence of)
b. Stroke
Due to (or as a consequence of)
c.
Due to (or as a consequence of)
d.

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

Approximate interval: Onset to death
days

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
atrial fibrillation, Hypertension, sarcoma

29a. WAS AN AUTOPSY PERFORMED? [ ] Yes [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [X] No

30. MANNER OF DEATH: [X] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [ ] No [X] Unknown
32. IF FEMALE: [X] 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

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.

8058805

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

8058805

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued JUL 9 2015

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD