THIS INSTRUMENT PREPARED BY: **Martin Heller Potempa & Sheppard** 2122 21st Avenue South Nashville, Tennessee 37212 (615) 800-7096	This Affidavit was prepared based on information provided by the parties and no independent title examination was prepared.

Address New Owners:	**Send Tax Bill To:**	**Tax Information:**
Lauren Nunn Micah Materi 607 Star Blvd. Madison, TN 37115 Yong Materi 813 N. Due West Ave. Madison, TN 37115	Yong Materi 813 N. Due West Ave. Madison, TN 37115	Parcel ID # 483-105624-703

AFFIDAVIT OF HEIRSHIP

1. We, Lauren Nunn and Micah Materi (collectively, "Affiants"), are adult residents of the State of Tennessee and are competent to give the testimony in this sworn Affidavit. Our testimony herein is based upon our personal knowledge.

2. We, the Affiants, are the daughters of Keith B. Materi, deceased (hereinafter, the "Decedent"). Decedent died on June 8, 2011 as a resident of Davidson County, Tennessee.

3. At the time of his death, Decedent was married to Yong Materi. We, the Affiants, are the only children of the Decedent.

4. Decedent died without a valid Last Will and Testament. His estate was not probated and no Letters of Administration were issued.

5. At the time of his death, Decedent owned a parcel of improved real property located at 813 N. Due West Avenue, Madison, TN 37115, which is more fully and particularly described as:

> Being Lot No. 88 on the Map of Due West Valley Acres, in the 11th Civil District of Davidson County, Tennessee, not of record, described as follows:

BILL GARRETT, Davidson County
Trans:T20170062455 AFFIDAVITH
Recvd: 07/20/17 15:55 4 pgs
Fees:22.00 Taxes:0.00
20170720-0073711

Beginning at the point in the southerly margin of Due West Avenue, at the corner of Lots Nos. 88 and 89; thence with the line between said lots southerly 500 feet to a point; thence westerly 46.24 feet to a point at the corner of Lots Nos. 87 and 88; thence with the line between said lots northerly 500 feet to the south margin of Due West Avenue; thence with the margin of the same easterly 100 feet to the beginning.

The legal description is identical with that in Deed recorded in Book 6679, Page 481, Register's Office of Davidson County, Tennessee.

Being the same property conveyed to Keith B. Materi by deed dated November 14, 1996 from Henry G. Cisneros, Secretary of Housing and Urban Development of Washington, D.C. of record in Book 10267, page 441 in the Register's Office of Davidson County, Tennessee.

6. Pursuant to Tenn. Code Ann. § 31-2-103, title to the parcel of improved real property located at 813 N. Due West Ave, Madison, TN 37115, vested One-Third (1/3) to Lauren Nunn, One-Third (1/3) to Micah Materi and One-Third (1/3) to Yong Materi, as tenants in common, immediately upon Decedent's death, and remains so vested as of the date of this Affidavit.

FURTHER AFFIANT SAYETH NOT.

SWORN this 20 **day of** July, **2017.**

Lauren Nunn, Affiant

STATE OF TENNESSEE)
)
COUNTY OF Davidson)

Now having first been sworn, the above-named Lauren Nunn, Affiant, appeared before me and proved her identity to me by a government issued photograph identification card, and gave the testimony in this Affidavit for the purpose(s) stated herein.

Sworn to and subscribed before me, the undersigned Notary Public, this 20th day of July, 2017.

Notary Public

My commission expires: 7/6/2020

GARRETT KNISLEY
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

Micah Materi, Affiant

STATE OF TENNESSEE)
)
COUNTY OF Davidson)

Now having first been sworn, the above-named Micah Materi, Affiant, appeared before me and proved her identity to me by a government issued photograph identification card, and gave the testimony in this Affidavit for the purpose(s) stated herein.

Sworn to and subscribed before me, the undersigned Notary Public, this 20th day of July, 2017.

Notary Public

GARRETT KNISLEY
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

My commission expires: 7/6/2020

STATE OF TENNESSEE
Office of Vital Records

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1103406

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last): Keith Bryan Materi	2. SEX: Male	3. DATE OF DEATH (Month, Day, Year): June 8, 2011	
4. SOCIAL SECURITY NUMBER (of Decedent): 410-17-0616	5a. AGE-LAST BIRTHDAY (Years): 50	5b. UNDER 1 YEAR: MOS / DAYS	5c. UNDER 1 DAY: HOURS / MINS
6. DATE OF BIRTH (Month, Day, Year): July 19, 1960	7. BIRTHPLACE (City and State or Foreign Country): Fort Benning, Georgia		

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 Residence 6 [X] Other (Specify) Hospice

9b. FACILITY NAME (If not institution, give street and number): Alive Hospice @ Skyline Madison Campus	9c. CITY, TOWN, OR LOCATION OF DEATH: Madison	9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Married	11. SURVIVING SPOUSE (If wife, give maiden name): Yong Moore	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Engineering
12b. KIND OF BUSINESS/INDUSTRY: Tennessee Department Of Transportation		

13a. RESIDENCE-STATE: Tennessee	13b. COUNTY: Davidson	13c. CITY, TOWN OR LOCATION: Madison	13d. STREET AND NUMBER OR RURAL LOCATION: 813 Due West Avenue

CENSUS TRACT

13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No	13f. ZIP CODE: 37115	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No. Specify, if yes:	15. RACE-American Indian, Black, White, etc. (Specify): White	16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+): 4

NAME OF DECEDENT: For use by physician or medical examiner

PARENTS

17. FATHER'S NAME (First, Middle, Last): Leroy Materi	18. MOTHER'S NAME (First, Middle, Maiden Surname): Mary Neumann

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Yong Materi	19b. RELATIONSHIP TO DECEASED: Wife	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 813 Due West Avenue Madison, TN 37115

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): Spring Hill Cemetery	20c. LOCATION-City or Town, State: Nashville, Tennessee

FUNERAL DIRECTOR

21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ James Dudney	21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3171	21c. SIGNATURE OF EMBALMER: ▶ Amanda Reeves	21d. LICENSE NUMBER OF EMBALMER: 6369

22a. NAME AND ADDRESS OF FUNERAL HOME: Spring Hill Funeral Home & Cemetery 5110 Gallatin Road Nashville, TN 37216	22b. LICENSE NUMBER OF FUNERAL HOME: 1046

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Tonya Y. Forman DL	24. DATE FILED (Month, Day, Year): June 15 2011

PHYSICIAN

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.

1 [X] SIGNATURE AND TITLE OF PHYSICIAN ▶	25b. LICENSE NUMBER: 44186	25c. DATE SIGNED (Month, Day, Year): 6.14.2011

MEDICAL EXAMINER

26a. 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 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): David Tribble, MD 1718 Patterson Street Nashville, TN 37203

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. Metastatic Cancer to Brain, Bone, Liver and Lung

DUE TO (OR AS A CONSEQUENCE OF): Colon Cancer

CAUSE

SEE INSTRUCTIONS ON OTHER SIDE

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.

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 [X] 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: M	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)

4621088

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

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

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Forman, Local Registrar
Davidson County, Tennessee

6/20/2011
Date Issued

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD