AFFIDAVIT OF HEIRSHIP

New Owner	Send Tax Bills To:	Map/par No.
Linda D. Loudermilk	**Linda D. Loudermilk**	**119-6**
Anita K. Bobbitt	**822 Stonebrook Blvd**	**119**
Larry E. Oldfield	**Nolensville, Tennessee 37135**	

Instrument Prepared by: Dan R. Alexander, 2016 8th Avenue South, Nashville, TN 37204

In Re: a certain tract or parcel of land in Davidson County, Tennessee, described as follows:

Being real property in Davidson County, Tennessee being more fully described as

Lot No. 197 on the Plan of Sterling Heights, Section 5, as of record in book 1835, page 37, Register's Office for said County.

Said lot No. 197 fronts 75 feet on the southerly side of Valeria Street and runs back between parallel lines 160 feet to a dead line.

Being the same property conveyed to Andrew Clayton Rader and wife, Roman Hazel Rader, by deed from Leroy Bell and wife, of record in book 3761, page 513, said Register's Office.

Being the same property conveyed to Oscar E. Oldfield and wife, Lois Oldfield by Warranty Deed on June 2, 1971 of record in Deed Book 4509, Page 674 Register's Office for Davidson County, Tennessee.

Being the same property that is the subject of a Release of a Trust Deed of record in Book 9964, Page 175 Register's Office of Davidson County, Tennessee filed on June 2, 1971 releasing a Warranty Deed o5 record in Book 4509, Page 675 as Instrument 190713.

This is improved property known as 53 Valeria Street, Nashville, Davidson County, Tennessee 37210.

Comes now, Linda D. Oldfield Loudermilk and after first being duly sworn according to law, attests and states as follows:

1. Affiant is the daughter of the late Oscar Eugene Oldfield and Lois Katherine Oldfield.

BILL GARRETT, Davidson County
Trans:T20170071185 AFFIDAVITH
Recvd: 08/16/17 14:05 6 pgs
Fees:32.00 Taxes:0.00
20170816-0084216

2. The above described real property was purchased by Oscar Eugene Oldfield and Wife, Lois Katherine Oldfield, on June 2, 1971 by Warranty Deed as tenants by the entireties and recorded in the Office of the Register of Deeds of Davidson County Tennessee in Deed Book 4509, Page 675 Register's Office for Davidson County, Tennessee. The real was owned by Oscar Eugene Oldfield and his lawfully wedded wife, Lois Katherine Oldfield as tenants by the entireties and they remained lawfully married until the death of Oscar Eugene Oldfield on December 12, 1985.

3. Oscar Eugene Oldfield died on December 12, 1985 while a citizen and resident of of Davidson County, Tennessee. His death is recorded in the attached Certificate of Death, State of Tennessee, Department of Vital Statistics No. 8505917. (Exhibit No. 1).

4. Lois Katherine Oldfield died on November 24, 2008 while a citizen and resident of Davidson County, Tennessee. Her death is recorded in the attached Certificate of Death. Tennessee Office of Vital Records as Certificate No. 2747695. (Exhibit No. 2)

5. At time of the death of Oscar Eugene Oldfield was lawfully married to Lois Katherine Oldfield who survived him.

6. Oscar Eugene Oldfield and wife Lois Katherine Oldfield remained lawfully married until his death on December 12, 1985.Oscar Eugue Oldfield died intestate.

7. At the time of his death, Oscar Eugene Oldfield was survived by his Wife, Lois Katherine Oldfield. The real property described above vested entirely to Lois K. Oldfield as tenants by the entirety upon death of Oscar Eugene Oldfield.

8. Lois Katherine Oldfield died on November 24, 2008. Her death is recorded in the attached Certificate of Death, State of Tennessee, Department of Vital Statistics No. 0806822.

(Exhibit 2).

9. Lois Katherine Oldfield died intestate on November 24, 2008. At the time of her death, Lois Katherine Oldfield was survived by three adult children, namely; Linda D. Loudermilk, 822 Stonebrook Blvd, Nolensville, TN. 37135, Anita K. Bobbitt, 2951 Owl Hollow Road, Franklin, TN. 37064, and a son, Larry E. Oldfield, 8024 Greenbrier Road, Joelton, TN. 37080.

10. The only lawful heirs to the above described real property are the three adult children of the late Oscar Eugene Oldfield and wife, Lois Katherine Oldfield: Linda D. Oldfield Loudermilk, 822 Stonebrook Blvd, Nolensville, TN. 37135, Anita K.Oldfield Bobbitt, 2951 Owl Hollow Road, Franklin, TN. 37064, and Larry E. Oldfield, 8024 Greenbrier Road, Joelton, TN. 3708.

11. All interest in the real property above described real property is vested in Linda D. Loudermilk, Anita K. Bobbitt, and Larry E. Oldfield.

12. **FURTHER AFFIANT SAITH NOT**.

Witness my hand and seal to his Affidavit of Heirship in Nashville, Davidson County Tennessee on this 14th day of August 2017.

Linda D. Loudermilk

Linda D. Loudermilk

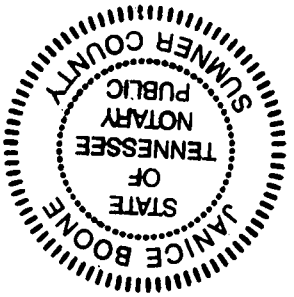
State of Tennessee)
County of Davidson)

Personally appeared before me, the undersigned authority, a Notary Public in and for the within named Linda D. Loudermilk, the bargainor(s) with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at office this 14th day of August 2017.

My Commission Expires: 9-25-2019

Janice Boone
Notary Public



Metropolitan Government of Nashville and Davidson County

Richard H. Fulton, Mayor

J. M. BISTOWISH, M.D., REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY

DEC 30 1985

J. M. Bistowish M.D

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

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.

8505917
BECOMES A LEGAL
WHEN PROPERLY EXE-
AND FILED.

R PRINT IN
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DECEASED

RESIDENCE WHERE DE-
LIVED. IF DEATH OC-
IN INSTITUTION, GIVE
NCE BEFORE ADMIS-

PARENTS AND INFORMANT

REQUIRED PRIOR TO
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N CARRIER OR RE-
FROM STATE.

DISPOSITION

CERTIFIER

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SIGN HERE. ANY
IAN OR MEDICAL EX-
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SIGN MEDICAL CER-
TION WITHIN 48
S. POWER OF
TURE CANNOT BE
ATED.

CAUSE

1659
9/81 CRC

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

VITAL RECORDS

BIRTH NO. _____ STATE FILE NO.

DECEASED—NAME (FIRST / MIDDLE / LAST)	DATE OF DEATH (MONTH, DAY, YEAR)
1. OSCAR EUGENE OLDFIELD	2. Dec. 12, 1985

AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR: MOS. / DAYS	UNDER 1 DAY: HOURS / MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)	ORIGIN OR DESCENT — ITALIAN, MEXICAN, GERMAN, ETC. (SPECIFY)	SEX
3a. 63	3b.	3c.	4. Sept. 10, 1922	5a. White	5b. English	6. Male

COUNTY OF DEATH	CITY, TOWN OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.)	IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify)
7a. Davidson	7b. Nashville	7c. Yes	7d. Southern Hills Hospital	7e. Inpatient

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Tenn.	9. U.S.A.	10. Married	11. Lois Little

SOCIAL SECURITY NUMBER (IF NONE, SPECIFY)	SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE)	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY
12a. [redacted]7077	12b. WW II	13a. Mechanic	13b. Avis Truck Rental

RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (SPECIFY YES OR NO)	CENSUS TRACT NO.
14a. Tenn.	14b. Davidson	14c. Nashville	14d. 53 Valeria St.	14e. Yes	14f.

FATHER—NAME	MOTHER—MAIDEN NAME	INFORMANT—NAME	MAILING ADDRESS
15. John C. Oldfield	16. Ethel Sipsy	17. Wife	Same

BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY)	DATE (MONTH, DAY, YEAR)	CEMETERY OR CREMATORY—NAME	LOCATION (CITY OR TOWN, STATE)
18a. Burial	18b. 12-14-85	18c. Woodlawn	18d. Nashville, Tenn.

FUNERAL DIRECTOR (SIGNATURE)	LICENSE NO.	EMBALMER (SIGNATURE)	LICENSE NO.
19a. William R. Oglesbee	19b. 2700	19c. William R. Oglesbee	19d. 3310

FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR
20. Woodbine Funeral Home Nashville, Tenn.	Esther D. Groh	21. 12-30-85

PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED.	SIGNATURE	DEGREE	DATE SIGNED (MONTH, DAY, YEAR)
22a.	Paul A. Latour	MD	22b. 12-23-85
MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.	SIGNATURE	TITLE	DATE SIGNED (MONTH, DAY, YEAR)
23a.			23b.

CERTIFIER—NAME (TYPE OR PRINT)	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
24a. Paul A. Latour, M.D.	24b.

25. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE
(a) CARDIAC ARREST — Ø

DUE TO, OR AS A CONSEQUENCE OF:
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST
(b) CORONARY ATHEROSCLEROSIS AND — YEARS

DUE TO, OR AS A CONSEQUENCE OF:
(c) ISCHEMIC (ATHEROSCLEROTIC) BOWEL DISEASE — 2 WKS

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) — AUTOPSY (YES OR NO) 26.

CHRONIC RENAL INSUFFICIENCY, BACTERIAL PERITONITIS

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	DESCRIBE HOW INJURY OCCURRED
27a.	27b.	27c. M.	27d.

INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)
27e.	27f.	27g.

EXHIBIT 1

202-06-002

STATE OF TENNESSEE
Office of Vital Records

0806822

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Lois Katherine Oldfield
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): November 24, 2008
4. SOCIAL SECURITY NUMBER: [redacted]-2924
5a. AGE-LAST BIRTHDAY (Years): 86
5b. UNDER 1 YEAR: MON. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Apr 6, 1922
7. BIRTHPLACE (City and State or Foreign Country): Lewisburg, 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 [ ] Residence 6 [X] Other (Specify): Assisted Living
9b. FACILITY NAME (If not Institution, give street and number): Sycamores Terrace
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name):
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Seamstress
12b. KIND OF BUSINESS/INDUSTRY: TN Towel & Uniform
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1427 Lebanon Road, Apt. 335
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37210
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+):

LABEL OF DECEDENT, if any, by physician or medical examiner

PARENTS

17. FATHER'S NAME (First, Middle, Last): Tommy Little
18. MOTHER'S NAME (First, Middle, Maiden Surname): Kitty Allen

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Linda Loudermilk
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 822 Stonebrook Blvd., Nolensville, Tennessee 37135

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 Memorial Park
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Wendell T. Byrd
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2556
21c. SIGNATURE OF EMBALMER: Richard Norman
21d. LICENSE NUMBER OF EMBALMER: 3137
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Inc. 3620 Nolensville Rd., Nashville, Tennessee 37211-
22b. LICENSE NUMBER OF FUNERAL HOME: 396

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda L. Bowles, DR
24. DATE FILED (Month, Day, Year): November 26, 2008

CERTIFIER

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: [illegible] Family Medicine
25b. LICENSE NUMBER: MD019669
25c. DATE SIGNED (Month, Day, Year): 11-26-08
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): Robert Bishop, M.D. 397 Wallace Road C-100, Nashville, TN 37211

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)

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Cardiopulmonary Arrest — 10 minutes
DUE TO (OR AS A CONSEQUENCE OF): b. metastatic soft tissue sarcoma — 3 months
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
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: Hypertension, hypercholesterolemia
29a. WAS AN AUTOPSY PERFORMED? [ ] Yes [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? [ ] Yes [ ] No

30. MANNER OF DEATH: 1 [ ] Natural 5 [ ] Pending Investigation 7 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY
31c. INJURY AT WORK? [ ] Yes [ ] 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)

PH-1659 (REV. 6/98) — BIRTH NO. — RDA 1399

2747695

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.

Sharon M. Leinbach
STATE REGISTRAR

Tonya Y. Foreman
Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

NOV 26 2008

EXHIBIT 2

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD