THIS INSTRUMENT WAS PREPARED AT THE REQUEST OF GRANTOR WITHOUT THE BENEFIT OF TITLE SEARCH OR SURVEY BY:

LARRY B. HOOVER
ATTORNEY AT LAW
1222 16th Avenue South, Suite 12
NASHVILLE, TENNESSEE 37212

BILL GARRETT, Davidson County
Trans:T20170078322 AFFIDAVITH
Recvd: 09/07/17 10:26 4 pgs
Fees:22.00 Taxes:0.00
20170907-0091959

ADDRESS NEW OWNER:
Herbert Edward Bradley
1316 Love Joy Court
Nashville, TN 37216

SENT TAX BILLS:
Same as above

MORTGAGE: Shellpoint Mortgage

MAP-PARCEL: 072 07 0 348.0

Property Address
1316 Love Joy Court
Nashville, TN 37216

AFFIDAVIT OF HEIRSHIP

On this 22nd day of August, 2017, before me personally appeared Herbert Edward Bradley, hereinafter referred to as Affiant, being duly sworn, makes oath as follows.

1. That Affiant is a resident citizen of Nashville, Davidson County Tennessee.
2. That Affiant is the husband of, and personally knew, Vanessa R. Bradley, who is now deceased. Vanessa R. Bradley died on May 19, 2017. Attached to this affidavit is the certificate of death for Vanessa R. Bradley.
3. That Affiant, Herbert Edward Bradley, knew at the date of death of the decedent, that Vanessa R. Bradley owned an interest in the following described real estate in Davidson County Tennessee. The property is known as 1316 Love Joy Court, Nashville, TN 37216, bearing the map and parcel number of: 072 07 0 348.0. This real property is further described as:

Land in Davidson County, Tennessee, being Lot No. 5 on the Plan of Ellis Estates, Section Two, of record in Book 6900, page 467, Register's Office of Davidson County, Tennessee, to which plat reference is hereby made for a more accurate

legal description of said Lots.

Being the same property conveyed to William W. Cayce and wife, Beatrice Cayce by deed dated 12-9-87, from William W. Cayce and wife Beatrice Cayce and Harold F. Goodwin, filed for record on 12-11-87, in Book 7424, page 449, Register's office for Davidson County Tennessee. The said William W. Cayce having since died on 12/08/1994.

Being the same property conveyed to Vanessa R. Bradley by dead dated April 28, 2000, from Beatrice Cayce, unmarried, filed for record on May 10, 2000 under instrument number 20000051000472711O, Register's Office of Davidson County, Tennessee.

This conveyance is subject to: (1) any and all restrictions and easements; (2) zoning regulations; (3) taxes that have been assumed by the Grantee herein.

4. That decedent, Vanessa R. Bradley who died on May 19, 2017, was a resident citizen of Davidson County Tennessee at the time of her death.
5. That decedent, Vanessa R. Bradley died intestate.
6. That Vanessa R. Bradley was married at the time of her death on May 19, 2107 to Herbert Edward Bradley.
7. That no children were born to Vanessa R. Bradley.

FURTHER THE AFFIANT SAITH NOT.

HERBERT EDWARD BRADLEY

STATE OF TENNESSEE)
COUNTY OF ~~DAVIDSON~~ Blount)

Personally appeared before me, Benjamin Hughes, Notary Public, the within named Herbert Edward Bradley with whom I am personally acquainted or proved to me on the basis of satisfactory evidence, and who acknowledged that he executed the within instrument for the purposes therein contained.

SWORN and SUBSCRIBED to before me on this the 22nd day of August, ~~2016.~~ 2017.

NOTARY PUBLIC
MY COMMISSION EXPIRES: 9/28/19

BENJAMIN HUGHES
STATE OF TENNESSEE NOTARY PUBLIC
BLOUNT 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): Vanessa Renee Campbell Bradley
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): May 19, 2017
4. TIME OF DEATH (Approx.):
5a. AGE-Last Birthday (Years): 59
5b. UNDER 1 YEAR — Months:
5c. UNDER 1 DAY — Days / Hours / Minutes:
6. DATE OF BIRTH (Month, Day, Year): October 8, 1957
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee

TYPE/PRINT IN PERMANENT BLACK INK

8a. IF DEATH OCCURRED IN A HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA
8a. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: [ ] Hospice facility [ ] Nursing home/Long term care facility [ ] Decedent's home [X] Other residence [ ] Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): Centennial Medical Center
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: [X] Married [ ] Married, but separated [ ] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Herbert Bradley
11a. DECEDENT'S USUAL OCCUPATION: Beautician
11b. KIND OF BUSINESS/INDUSTRY: Salon

12. SOCIAL SECURITY NUMBER: [redacted]3745
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 1316 Love Joy Ct.
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37216
14. WAS DECEDENT EVER IN US ARMED FORCES? [ ] Yes [X] 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
[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)
[ ] White
[X] 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): Floyd Campbell, Sr.
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Mattie Mathis

DISPOSITION

20a. INFORMANT'S NAME: Mattie Cartwright
20b. RELATIONSHIP TO DECEDENT: Mother
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 915 Delmas Ave. Nashville, 37216
21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Springhill Cemetery
21c. LOCATION - City or Town and State: Nashville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Byrettia L. Broady
22b. LICENSE NUMBER: 5130
22c. SIGNATURE OF EMBALMER: ▶ Terrell A. Broady
22d. LICENSE NUMBER: 4117
23a. NAME AND ADDRESS OF FUNERAL HOME: Terrell Broady Funeral Home, Inc. 3855 Clarksville Pike, Nashville, Tn. 37218
23b. LICENSE NUMBER OF FUNERAL HOME: 1137

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Dylan Cramer DR
25. DATE FILED (Month, Day, Year): 5/26/17

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: ▶ Jennifer Johnson MD
27b. LICENSE NUMBER: 42435
27c. DATE SIGNED (Month, Day, Year): 05,24,2017
27d. NAME AND ADDRESS: Jennifer Johnson 2300 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.

		Approximate interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	Cerebral herniation	3 days
Due to (or as a consequence of) b.	Cerebral edema	
Due to (or as a consequence of): c.	ischemic stroke	
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

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

093111743

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.

MAY 26 2017

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

Lori B. Ferranti, PhD, MSN, MBA, RN
State Registrar/Asst. Commissioner

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

No. 0 0 9 3 1 1 7 4 3
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