Bill Garrett Davidson County
Batch# 15375 AFFIDAVITH
10/19/2017 10:33:33 AM 5 pgs
Fees: $27.00 Taxes: $0.00
20171019-0107090

THIS INSTRUMENT PREPARED BY
AND RETURN TO:
CHAMBLISS, BAHNER & STOPHEL, P.C.
Suite 1700, Liberty Tower
605 Chestnut Street
Chattanooga, Tennessee 37450
Attention: Gregory D. Willett

ADDRESS OF NEW OWNER(S):	SEND TAX BILLS TO:	MAP PARCEL NO.
Dorothy A. Randall 5012 Silver Lane Apison, TN 37302	Dorothy A. Randall 5012 Silver Lane Apison, TN 37302	056 00 0 048.00

AFFIDAVIT OF INHERITANCE

T.C.A. § 30-2-712

STATE OF TENNESSEE)

COUNTY OF HAMILTON)

The undersigned, being duly sworn, deposes and says:

1. Jon M. Randall, also known as John Mac Randall, and wife Dorothy Randall, also known as Dorothy A. Randall acquire that certain tract or parcel of real property located in Davidson County, Tennessee and being more particularly described in **Exhibit A** which is attached hereto and incorporated herein by reference (the "Property");

2. Jon M. Randall ("Decedent"), a resident of Hamilton County, State of Tennessee, died on February 1, 2016, as evidenced by a copy of the death certificate attached as **Exhibit B**, survived by Dorothy A. Randall to whom he was married at the time of his death; and

3. Based on the ownership of the Property by Decedent and Dorothy A. Randall as tenants by the entirety, Dorothy A. Randall became the sole owner of the Property as a result of Decedent's death.

(signatures on following pages)

Further, deponent saith not.

DOROTHY A. RANDALL

10/17/17
Date

STATE OF TENNESSEE)
COUNTY OF HAMILTON)

Before me, a Notary Public of the state and county aforesaid, personally appeared DOROTHY A. RANDALL, to me known (or proved to me on the basis of satisfactory evidence) to be the person described in and who executed the foregoing instrument, and acknowledged that such person executed the same as her free act and deed.

WITNESS my hand and seal, at office in Hamilton County, Tennessee, this 17th day of October, 2017.

Notary Public

My Commission Expires: MARCH 9, 2019

GREGORY D. WILLETT
STATE OF TENNESSEE NOTARY PUBLIC
HAMILTON COUNTY

EXHIBIT A

Land in the 13th Civil District of Davidson County, Tennessee, and described as follows: BEGINNING at the west end of a concrete piece 12 foot long, more or less, which extends over a small branch which flows under the Back Creek Road and lies along the south side of said Back Creek Road, said small branch flows Southerly between the property of M. L. Randall et ux., see deed of record in Book 2019, page 303 said Register's Office and the property of John Mac Randall, et ux of record in Book 3617, page 485, said Register's Office, and from said BEGINNING, south across said Back Creek 40 feet, more or less to an Ironwood Small tree, thence East and parallel with said Back Creek Road 233 feet, more or less; thence North and opposite to the east line of said John Mac Randall et ux according to his said deed 40 feet, more or less to a point in the south margin of said Back Creek Road, thence with the same and westerly 233 feet, more or less, to the place of the beginning. This being part of the land conveyed by deed F. M. Howington et als to the said H. L. Randall et ux, deed of record in Book 1055, page 165, said Register's Office.

GRANTOR'S SOURCE OF TITLE being Deed recorded at Book 4225, page 219 in the Register's Office of Davidson County, Tennessee.

No boundary survey of the above-referenced tracts or parcels of real estate was made at the time of this conveyance, and the description of the within tracts or parcels of real estate is not different from prior deeds.

EXHIBIT B

Death Certificate

(See attached)

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): Jon Mac Randall
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): February 1, 2016
4. TIME OF DEATH (Approx.): 12:05 PM
5a. AGE-Last Birthday (Years): 76
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): July 5, 1939
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee

TYPE/PRINT IN PERMANENT BLACK INK

NAME OF DECEDENT (For Use by Physician or Institution)

5a. PLACE OF DEATH (Check only one)

IF DEATH OCCURRED IN A HOSPITAL: ☐ 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):

5b. FACILITY NAME (If not institution, give street and number): 5012 Silver Lane
5c. CITY OR TOWN: Collegedale
5d. COUNTY OF DEATH: Hamilton

8. MARITAL STATUS: ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Dorothy Ann Cantrell
11a. DECEDENT'S USUAL OCCUPATION: Salesman
11b. KIND OF BUSINESS/INDUSTRY: Computer/IT Industry

12. SOCIAL SECURITY NUMBER:
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Hamilton
13c. CITY OR TOWN: Collegedale

13d. STREET AND NUMBER: 5012 Silver Lane
13e. INSIDE CITY LIMITS: ☐ Yes ☒ No
13f. ZIP CODE: 37302
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ 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
☒ 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)
☒ 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
☐ 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): Orville Leo Randall
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Maude Mildred McDonald

20a. INFORMANT'S NAME: Dorothy Ann Randall
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 5012 Silver Lane Collegedale, TN 37302

DISPOSITION

21a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Companion Funeral & Cremation Service
21c. LOCATION - City or Town and State: Cleveland, TN 37311
22a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
22b. LICENSE NUMBER: 16174
22c. SIGNATURE OF EMBALMER: Not Embalmed
22d. LICENSE NUMBER: n/a
23a. NAME AND ADDRESS OF FUNERAL HOME: Companion Funeral & Cremation Service 2415 Georgetown RD NW, Cleveland, Tennessee 37311
23b. LICENSE NUMBER OF FUNERAL HOME: 1241

REGISTRAR

24. REGISTRAR'S SIGNATURE: Gabriela Silva DR
25. DATE FILED (Month, Day, Year): February 10, 2016

CERTIFIER

26. CERTIFIER (Check only one):
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: TN 21452
27c. DATE SIGNED (Month, Day, Year): 2/4/2016
27d. NAME AND ADDRESS: 4411 Oakwood Dr Chatta TN 37416

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. Metastatic Pancreatic Cancer
Due to (or as a consequence of):
b. Liver Mass
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

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 ☒ No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☒ Yes ☐ No

30. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☒ Unknown
32. IF FEMALE: ☐ 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 1300

8177061

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.

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

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

8177061

Date Issued
FEB 10 2016

CERTIFICATION OF VITAL RECORD

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