Bill Garrett Davidson County
Batch# 22899 AFFIDAVITH
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Fees: $17.00 Taxes: $0.00
20171106-0114115

THIS AFFIDAVIT OF HEIRSHIP PREPARED BY:
JEFFREY MOBLEY
Howard Mobley Hayes & Gontarek, PLLC
2319 Crestmoor Road
Nashville, Tennessee 37215
(615)-627-4444

AFFIDAVIT OF HEIRSHIP

STATE OF ~~TENNESSEE~~ Georgia)
COUNTY OF Fulton)

Comes the affiant, Brian David McCray, Jr., being first duly sworn according to law, and being of lawful age, and swears to the following of his own free will and based upon his personal knowledge and familiarity:

1. Aimee Michelle McCray (the "decedent") died on April 9, 2017. A copy of the decedent's death certificate is attached hereto.

2. The decedent never married and had no issue.

3. The only heirs-at-law of the decedent are her parents, Brian David McCray, Sr. and Irene Klanseck McCray.

4. At the time of her death, the decedent owned real property located at 1516 14th Avenue North, Nashville, Tennessee, and being more particularly described in deed of record in Instrument No. 20131121-0120193, Register's Office of Davidson County, Tennessee, to which reference is hereby made for a more complete description.

5. This affidavit will confirm the vesting of title to the real property located at 1516 14th Avenue North, Nashville, Tennessee, in the decedent's heirs-at-law, Brian David McCray, Sr. and Irene Klanseck McCray, in equal shares as tenants-in-common.

Further, affiant saith not.

Dated this 10 day of ~~June~~ October, 2017.

Brian David McCray, Jr., affiant

Subscribed and sworn to before me this 10th day of October, 2017.

Notary Public

My Commission Expires: 10/6/18

KIMBERLY CHERTIA MCIVER NOTARY PUBLIC FULTON COUNTY, GEORGIA MY COMMISSION EXPIRES OCTOBER 6, 2018

STATE OF ~~TENNESSEE~~ Georgia)
COUNTY OF Fulton)

Personally appeared before me, the undersigned, Brian David McCray, Jr., to me known to be the person described in and who executed the foregoing instrument, and acknowledged that he executed the same as his free act and deed.

Notary Public

My Commission Expires: 10/6/18

KIMBERLY CHERTIA MCIVER NOTARY PUBLIC FULTON COUNTY, GEORGIA MY COMMISSION EXPIRES OCTOBER 6, 2018

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): AIMEE MICHELLE MCCRAY
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): April 09, 2017
4. TIME OF DEATH (Hour): 2:30 PM
5a. AGE-Last Birthday (Years): 35
5b. UNDER 1 YEAR: Months / Days
6. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): September 28, 1981
7. BIRTHPLACE (City and State or Foreign Country): Dearborn, Michigan

8a. 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): Lake

8b. FACILITY NAME (If not institution, give street and number): 1287 Floating Mill Rd
8c. CITY OR TOWN: DeKalb Co
8d. COUNTY OF DEATH: DeKalb

9. MARITAL STATUS: ☐ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☒ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage):
11a. DECEDENT'S USUAL OCCUPATION: Aesthetician
11b. KIND OF BUSINESS/INDUSTRY: Plastic Surgery
12. SOCIAL SECURITY NUMBER: 366-90-9072
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 1516 14th Ave. North
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37208
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 (eg., 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): Brian David McCray
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Irene Carol Klanseck

INFORMANT

20a. INFORMANT'S NAME: Brian McCray
20b. RELATIONSHIP TO DECEDENT: Father
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): P.O. Box 261 New Tazewell, TN 37824

DISPOSITION

21a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify):
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Spring Hill Memorial Park, Funeral Home & Cremation
21c. LOCATION - City or Town and State: Spring Hill, TN

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Pamela J. Stephens
22b. LICENSE NUMBER: 5116
22c. SIGNATURE OF EMBALMER: ▶ John Harper
22d. LICENSE NUMBER: 3415
22e. NAME AND ADDRESS OF FUNERAL HOME: Williamson Memorial Funeral Home & Cremation Services, 3009 Columbia Ave, Franklin, TN 37064
22f. LICENSE NUMBER OF FUNERAL HOME: 615

REGISTRAR

24. REGISTRAR'S SIGNATURE: Rachel Pickett DR
25. DATE FILED (Month, Day, Year): April 18, 2017

CERTIFIER

26. CERTIFIER (Check only one):
26a. ☐ PHYSICIAN - To the best of my knowledge, death occurred at the time 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 time, 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: ▶ Emily H Dennison
27b. LICENSE NUMBER: 53219
27c. DATE SIGNED (Month, Day, Year): April 10, 2017
27d. NAME AND ADDRESS: Emily H Dennison, M.D.; 850 R.S. Gass Boulevard, Nashville, TN 37216; MEC17-0664

MEDICAL HISTORY ATTEN

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. Pending
Due to (or as a consequence of):
b.
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-1850 (Rev. 8/2011) RDA 1390

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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.

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

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued 4/18/17

CERTIFICATION OF VITAL RECORD