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
Batch# 32262 AFFIDAVITH
12/01/2017 10:36:39 AM 5 pgs
Fees: $27.00 Taxes: $0.00
20171201-0122721

ADDRESS NEW OWNER:
Judy Dunn
4804 Indian Summer Drive
Nashville, TN 37207

SENT TAX BILLS:
Same as above

MORTGAGE: None

MAP-PARCEL: 059 10 0 141.00

Property Address
4055 Ames Drive
Nashville, TN 37218

AFFIDAVIT OF HEIRSHIP

On this 23 day of Nov, 2016, before me personally appeared Judy Dunn, hereinafter referred to as Affiant, being duly sworn, makes oath as follows.

1. That Affiant presently resides at the following address: 4804 Indian Summer Drive, Nashville, TN 37207.
2. That Affiant is the only child of, and personally knew Beulah Dismukes Dunn and James L. Dunn who are both now deceased. Beulah Dismukes Dunn died on September 28, 2006 and James L. Dunn died on May 17, 2016. Attached to this affidavit are certificates of death for both individuals.
3. That Affiant, Judy Dunn, knew at the date of death of both decedents, Beulah Dismukes Dunn and James L. Dunn, owned an interest in the following described real estate in Davidson County Tennessee. The property is known as 4055 Ames Drive, Nashville, Davidson County Tennessee, bearing the map and parcel number of: 059 10 0 141.00. This real property is further described as:

Land in Davidson County, Tennessee, being Lot No. 118 of the Plan of Haynes estates, Section 2, as of record in Book 4175, Page 13, Register's Office for Davidson County, Tennessee.

Said Lot No. 118 fronts 79.94 feet on the westerly side of Ames Drive and runs back between lines 125.14 feet on the southerly side to a lie in the rear on which is measures 84.72 feet.

Being ... same property conveyed to Rainey Charles Wood and wife, Margaret Christine Wood by deed from W. L. Bainbridge Company, of record in Book 4280, Page 790, Register's Office for said County. The said Rainey Charles Wood having since died.

Margaret Christine Wood being one and the same person as Margaret C. Wood.

Christopher M. Wood executes this instrument as Attorney-In-Fact for Margaret C. Wood pursuant to the Power of Attorney being recorded simultaneously herewith.

Being the same property conveyed to James L. Dunn and wife, Beulah D. Dunn by deed from Margaret Christine Wood, Unmarried, of record in Book 11387, Page 15, Register's Office, Davidson County Tennessee.

4. After the death of Beulah Dismukes Dunn the aforementioned property was deeded to James L. Dunn on August 8, 2010 and said deed was recorded in the Davidson County Register of Deeds: instrument number: 20100804-0061345
5. That decedent, James L. Dunn who died on May 17, 2016, was a resident citizen of Davidson County Tennessee at the time of his death.
6. That decedent, James L. Dunn died intestate.
7. That James L. Dunn was not married at the time of his death on May 17, 2106.

8. That the following persons are all the children of the decedent, James L. Dunn, natural or adopted living or deceased:

Judy L. Dunn, 4804 Indian Summer Drive, Nashville, Tennessee 37207.

FURTHER THE AFFIANT SAITH NOT.

JUDY DUNN

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, MARY E AUSBROOKS, Notary Public, the within named Judy Dunn 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 23 day of Nov, 2016.

NOTARY PUBLIC
MY COMMISSION EXPIRES: 9-10-18

MARY ELIZABETH AUSBROOKS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires SEPT. 10, 2018

STATE OF TENNESSEE
Office of Vital Records

0605717

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Beulah Dismukes Dunn
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): September 28, 2006
4. SOCIAL SECURITY NUMBER: -6582
5a. AGE-LAST BIRTHDAY (Years): 76
5b. UNDER 1 YEAR: Mos. / Days
5c. UNDER 1 DAY: Hours / Min.
6. DATE OF BIRTH (Month, Day, Year): July 15, 1930
7. BIRTHPLACE (City and State or Foreign Country): Fayetteville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
8a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [X] Inpatient 2 ER/Outpatient 3 DOA; Other: 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Vanderbilt Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): James Dunn
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Teacher
12b. KIND OF BUSINESS/INDUSTRY: Metro Public Schools
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 4540 Clarksville Hwy.
CENSUS TRACT: 6
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 No
13f. ZIP CODE: 37218-
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.): Yes 0 [X] No
15. RACE-American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 4; College (1-4 or 5+):

NAME OF DECEDENT: Person to be Named by Funeral Director

PARENTS

17. FATHER'S NAME (First, Middle, Last): Joe Dismukes
18. MOTHER'S NAME (First, Middle, Maiden Surname): Mary Wilson

INFORMANT

19a. INFORMANT'S NAME (Type/Print): James Dunn
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4540 Clarksville Hwy. Nashville, Tn. 37218

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): Forest Lawn Mausoleum
20c. LOCATION-City or Town, State: Goodlettsville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Michael A. Lewis
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4703
21c. SIGNATURE OF EMBALMER: Delmas Bogus
21d. LICENSE NUMBER OF EMBALMER: 3687
22a. NAME AND ADDRESS OF FUNERAL HOME: Lewis & Wright Funeral Directors, 2500 Clarksville Hwy., Nashville, Tennessee 37208-
22b. LICENSE NUMBER OF FUNERAL HOME: 0812

REGISTRAR

23. REGISTRAR'S SIGNATURE: Robert W. Rhodes
24. DATE FILED (Month, Day, Year): October 12, 2006

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

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: Bill B. Clark
25b. LICENSE NUMBER: 025554
25c. DATE SIGNED (Month, Day, Year): 10/6/2006
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)
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)

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.

SEE INSTRUCTIONS ON OTHER SIDE

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CARDIOPULMONARY ARREST	5 MINUTES
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): b. Hypoxic Brain injury / Cerebrovascular Accident	10 DAYS
	DUE TO (OR AS A CONSEQUENCE OF): c. Coronary Atherosclerosis	20 YEARS
	DUE TO (OR AS A CONSEQUENCE OF): d. Metastatic Lung Cancer	UNKNOWN

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 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
31c. INJURY AT WORK? 1 Yes M 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)

PH-1659 (REV. 6/99)
BIRTH NO.
RDA 1398

8513405

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

8513405 9/2/2016
Date Issued

CERTIFICATION OF VITAL RECORD

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

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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): James Lawrence Dunn
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): May 17, 2016
4. TIME OF DEATH:
5a. AGE-Last Birthday (Years): 86
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): November 22, 1929
7. BIRTHPLACE (City and State or Foreign Country): Springfield, Tennessee

TYPE/Print IN PERMANENT BLACK INK

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

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

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS: [ ] Married [ ] Married, but separated [X] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: Retired Teacher
11b. KIND OF BUSINESS/INDUSTRY: Education
12. SOCIAL SECURITY NUMBER: -8352
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 4540 Clarksville Highway
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37218
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
[ ] 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)
[X] 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
[X] 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): Willie T. Dunn, Jr.
18. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Cleora Holland

DISPOSITION

20a. INFORMANT'S NAME: Judy Dunn
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 4540 Clarksville Hwy., Nashville, Tennessee 37218
21a. METHOD OF DISPOSITION: [ ] Donation [X] Entombment [ ] Burial [ ] Cremation [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Forest Lawn Memorial Gardens
21c. LOCATION - City or Town and State: Goodlettsville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Richard A. Lewis
22b. LICENSE NUMBER: 3638
22c. SIGNATURE OF EMBALMER: ▶ Patrick Tucker
22d. LICENSE NUMBER: 5072
23a. NAME AND ADDRESS OF FUNERAL HOME: Lewis & Wright Funeral Directors 2500 Clarksville Pk. Nashville, TN 37208
23b. LICENSE NUMBER OF FUNERAL HOME: 0812

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REGISTRAR

24. REGISTRAR'S SIGNATURE ▶ [signature] DR
25. DATE FILED (Month, Day, Year): 5/23/16

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

26. CERTIFIER (Check only one):
26a. [X] 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.
27a. SIGNATURE OF CERTIFIER: ▶ Benjamin Martel Ben Martel, MD
27b. LICENSE NUMBER: FM 43377
27c. DATE SIGNED (Month, Day, Year): 5/20/16
27d. NAME AND ADDRESS: 4220 Harding Rd suite 500 Nashville, Tn 37205

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. Mesenteric Ischemia — Due to (or as a consequence of):
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
b. — Due to (or as a consequence of):
c. — Due to (or as a consequence of):
d.

Approximate Interval: Onset to death: a. weeks

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 [X] 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: [ ] 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

8513407

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

8513407 9/2/2016
Date Issued

CERTIFICATION OF VITAL RECORD