This Instrument Prepared by:
Bryan C. De Cuir, Attorney at Law
8120 Sawyer Brown Road, 108-B
Nashville, TN 37221
Telephone: (615) 673-8337

Bill Garrett Davidson County
Batch# 44565 AFFIDAVITH
01/04/2018 02:50:30 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20180104-0001445

AFFIDAVIT OF HEIRSHIP

The undersigned, being first duly sworn, deposes and says as follows:

1. I am an adult, a U.S. citizen, a resident of Davidson County, Tennessee, and the surviving spouse of Calvin H. Everhart.

2. At the time of his death, Calvin H. Everhart and I held title, as tenants by the entirety, to the improved real property commonly known as 1707 Warfield Drive, Nashville, TN 37215, by virtue of the Warranty Deed from Ralph H. Thurman and wife, Mildred Thurman, dated February 8, 1966 and recorded in book 3987, page 161, Register's Office for Davidson County, Tennessee.

3. Upon decedent's death I succeeded to all of his interest in said property as his surviving spouse

4. Decedent died intestate, but with personal property valued at less than $50,000.00, and therefore was exempt from Probate under the provisions of Section 30-4-101 of the Probate Code.

5. This Affidavit is freely given pursuant to the provisions of Tennessee Code Annotated Section 30-2-712, to help establish the heirship with respect to any real or personal property owned by the decedent Paul Bailey Williams in Davidson County, Tennessee, or elsewhere.

I make the above statements based on my own personal knowledge, and to the best of my knowledge and belief these statements are true, correct and complete.

IN WITNESS WHEREOF, the undersigned has executed this Affidavit as of the 18th day of December, 2017.

Imelda R. Everhart
IMELDA R. EVERHART

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named **IMELDA R. EVERHART** 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.

Witness my hand and official seal at Nashville, Tennessee, this 18th day of December, 2017.

[SEAL]

JANA DRURY
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF SUMNER
My Comm. Expires January 29, 2020

Jana Drury
Notary Public

My Commission Expires: January 29, 2020

201801040001445

STATE OF TENNESSEE
Office of Vital Records

1200243 — STATE FILE NUMBER

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Calvin Howard Everhart
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): January 11, 2012
4. TIME OF DEATH (Approx.): 3:30 pm
5a. AGE-Last Birthday (Years): 84
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): August 12, 1927
7. BIRTHPLACE (City and State or Foreign Country): Lexington, North Carolina

TYPEPRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: [X] 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) _____

8b. FACILITY NAME (If not institution, give street and number): Alive Hospice St. Thomas
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): Imelda Rottero
11a. DECEDENT'S USUAL OCCUPATION: Self Employed
11b. KIND OF BUSINESS/INDUSTRY: Golf Club Repair

12. SOCIAL SECURITY NUMBER: 241-34-1954
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 1707 Warfield Drive
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37215
14. WAS DECEDENT EVER IN US ARMED FORCES? [X] Yes [ ] No

NAME OF DECEDENT (For use by Physician or Institution)

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)
[X] 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): Baxter Everhart
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Mary Hedrick

20a. INFORMANT'S NAME: Imelda Everhart
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1707 Warfield Drive, Nashville, TN 37215

DISPOSITION

21a. METHOD OF DISPOSITION: [ ] Donation [ ] Entombment [X] Burial [ ] Cremation [ ] Removal from State [ ] Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): St.Lawrence Catholic Ch. Cemetery
21c. LOCATION - City or Town and State: Joelton, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Charles H. Teague
22b. LICENSE NUMBER: 5845
22c. SIGNATURE OF EMBALMER: ▶ Gerald Huley Clark III
22d. LICENSE NUMBER: 6493
23a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn-Roesch-Patton Funeral Home, 660 Thompson Lane, Nashville, TN 37204
23b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Linda L Bowling, DR
25. DATE FILED (Month, Day, Year): Jan. 19, 2012

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: ▶ David Tribble
27b. LICENSE NUMBER: 44186
27c. DATE SIGNED (Month, Day, Year): 1-18-2012
27d. NAME AND ADDRESS: David B. Tribble, MD — 1718 Patterson Street, 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. Aspiration Pneumonia	
	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. End-Stage Dementia	
	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.

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 [X] 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. 10/2011) — RDA 1399

5095985

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.

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Forman, Local Registrar
Davidson County, Tennessee

JAN 19 2012
Date Issued

CERTIFICATION OF VITAL RECORD

20180104000144 5

Certificate of Authenticity

I, BRYAN C. DECUIR, do hereby make oath that I am a licensed attorney and/or the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law.

Signature

State of TENNESSEE

County of DAVIDSON

Personally appeared before me, ~~BRYAN C. DECUIR~~ STEVEN A. MOCK, a notary public for this county and state, BRYAN C. DE CUIR who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Notary's Signature

STEVEN A. MOCK
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

My Commission Expires: 7/8/18.

Notary's Seal (If on paper)