****

ADDRESS NEW OWNER:
Edna Barrett
564 Rural Hill Road
Nashville, TN 37217

SEND TAX BILL TO:
Same

Map-Parcel No.136 13 0 004.00

****

This Instrument Prepared By:
PAULA OGLE BLAIR, ATTORNEY AT LAW
211 Donelson Pike, Suite 214, Nashville, Tennessee 37214
FROM INFORMATION BY OTHERS

Bill Garrett Davidson County
Batch# 72718 **AFFIDAVITH**
03/23/2018 02:06:19 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20180323-0027666

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Come the Affiant, Rhonda Leaver, being of lawful age and a resident of the State of Tennessee for the past six (6) months, being first duly sworn according to law, and, pursuant to Tennessee Code Annotated § 30-2-712, hereby swear to the following of her own free will and based upon her personal knowledge and familiarity with Richard B. Barrett and Vivian E. Barrett for twenty-five years:

1. Richard B. Barrett died on September 5, 2013. A Death Certificate is attached to this Affidavit.

2. At the time of his death, Richard B. Barrett was married to Vivian Edna Barrett.

3. At the time of their deaths, Richard B. Barrett and Vivian E. Barrett owned an interest in property located in Nashville, Davidson County, and more particularly described as follows:

> Land in Davidson County, Tennessee being Lot No. 80 on the Plan of Edge-O-Lake Estates as of record in book 3600, page 88, Register's Office for Davidson County, Tennessee to which plan reference is hereby made for a more complete and accurate legal description.

Being the same property conveyed by Richard B. Barrett and wife, Vivian E. Barrett on July 31, 2012 to Richard B. Barrett and wife, Vivian E. Barrett and Rhonda Gale Hall, and Husband, Charles Steven Hall by quick claim deed 20120806–0069718, Registers Office for Davidson County, Tennessee, dated August 6, 2012.

5. This Affidavit will confirm that Richard B. Barrett's ownership interest as described herein vested in his wife, Vivian E. Barrett, after the death of Richard B. Barrett on September 5, 2013. Vivian E. Barrett owns said property with Rhonda Hall and Charles Steven Hall as tenants in common.

FURTHER AFFIANTS SAYETH NAUGHT.

Rhonda Leaver

RHONDA LEAVER

Sworn to and subscribed before me this 13th day of March, 2018.

KRISTINA CADOVEC STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY MY COMMISSION EXPIRES 12-7-2020

Kristina Cadovec

NOTARY PUBLIC

My commission expires: 12/7/2020

STATE OF TENNESSEE
Office of Vital Records

1335467

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Richard Bell Barrett
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): September 5, 2013
4. TIME OF DEATH (Hour): 12:06 pm
5a. AGE-Last Birthday (Years): 83
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): October 5, 1929
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee

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)

8b. FACILITY NAME (If not institution, give street and number): 564 Rural Hill Road
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Vivian Edna Gaines
11a. DECEDENT'S USUAL OCCUPATION: Electrician
11b. KIND OF BUSINESS/INDUSTRY: Auto Plant

12. SOCIAL SECURITY NUMBER: 411-42-7086
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 564 Rural Hill Road
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37217
14. WAS DECEDENT EVER IN U.S. 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

18. FATHER'S NAME (First, Middle, Last): Oscar Barrett
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Fannie Wrather

20a. INFORMANT'S NAME: Vivian Barrett
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 564 Rural Hill Road Nashville, TN 37217

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Woodlawn Cemetery
21c. LOCATION – City or Town and State: Nashville, Tennessee

22a. SIGNATURE OF FUNERAL DIRECTOR: Clyde B. Crawford
22b. LICENSE NUMBER: 4114
22c. SIGNATURE OF EMBALMER:
22d. LICENSE NUMBER:

23a. NAME AND ADDRESS OF FUNERAL HOME: Crawford Mortuary & Crematory 2714 Grandview Avenue Nashville, Tennessee 37211
23b. LICENSE NUMBER OF FUNERAL HOME: 713

24. REGISTRAR'S SIGNATURE: B Hall for DR
25. DATE FILED (Month, Day, Year): Sept 9, 2013

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 ENDLING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS

27a. SIGNATURE OF CERTIFIER: J.B. Bassel MD
27b. LICENSE NUMBER: 6465
27c. DATE SIGNED (Month, Day, Year): 9/9/13
27d. NAME AND ADDRESS: J. B. Bassel MD 1718 Patterson Street, Nashville, TN 37203

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. Urosepsis
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): Alzheimer's Disease
c. Due to (or as a consequence of):
d. Due to (or as a consequence of):
Approximate interval: Onset to death: months / years

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I: Coronary artery Disease Pacemaker

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-1050 (Rev. 10/2011)
RDA 1389

6158656

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.

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

6158656

Date Issued: SEP 09 2013

CERTIFICATION OF VITAL RECORD