This Instrument Prepared By:
Mark C. Scruggs, Attorney
Johnson, Scruggs & Barfield
95 White Bridge Road, Suite 508
Nashville, TN 37205

Bill Garrett Davidson County
Batch# 80168 **AFFIDAVITH**
04/12/2018 10:39:19 AM 5 pgs
Fees: $27.00 Taxes: $0.00
20180412-0034432

NEW OWNERS: Karen Greer and Evelyn Sutton

SEND TAX NOTICES TO: 1108 Alexander Circle, Nashville, TN 37208

MAP PARCEL NUMBER: Map 81-11 Parcel 148

AFFIDAVIT OF HEIRSHIP

Tennessee Code Annotated § 30-2-712

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

We, Karen Greer and Evelyn Sutton, , being first duly sworn on oath, state that we are of lawful age and based upon our personal knowledge further depose and state as follows:

1. **Daisy Sutton**, died on February 21, 2017 at Nashville, Tennessee. At the time of her death, she was a resident of Davidson County, Tennessee residing at 1610 22nd Avenue North, Nashville, TN 37208. A copy of Daisy Sutton's death certificate is attached as Exhibit 1. Ms. Sutton was a widow and predeceased by her Husband, Charles Alfred Sutton, deceased 01/07/1975. A copy of Charles Alfred Sutton's death certificate is attached as Exhibit 2.

2. The real property to which this Affidavit applies is located at 1610 22nd Avenue North, Nashville, TN 37208 and more fully described as follows:

> Being the southerly 44 feet of Lot No. 59 on the Plan of S.A. Champion's Subdivision of certain lots in Harding's Addition, as of record in Book 161, page 132, Register's Office for said County, to which plat reference is hereby made for a more complete and accurate description thereof.
>
> Said part of said lot fronts 44 feet on the east side of 22nd Avenue North, and runs back between parallel lines, 154.7 feet more or less to an alley.
>
> Being the same property conveyed to Charles Alfred Sutton and Wife, Daisy Lytle Sutton on April 23, 1971 from Edward R. Lytle and Wife, Geneva Lytle, by Warranty Deed of record in Book

4495, Page 997, Register's Office for Davidson County, Tennessee.

(A copy of the above-referenced deed is attached as Exhibit 3.)

3. At the time of **Daisy Sutton's** death, the Decedent resided at 1610 22nd Avenue North, Nashville, TN 37208.

4. The estate of the Decedent, **Daisy Sutton**, was not administered in a proceeding supervised by a court and the Decedent died intestate.

5. Affiants make oath that they inherit all the right, title and interest to the property owned by the Decedent, **Daisy Sutton**, at the time of her death by laws of descent and distribution and being the heirs to the Decedent's estate.

6. That to the best of the Affiants' knowledge, they are unaware of either the existence of any Last Will and Testament of **Daisy Sutton**, Decedent, or the intent on the part of any person or entity to probate the estate of **Daisy Sutton**.

7. That to the best of the Affiants' knowledge, there are no claims against the estate of **Daisy Sutton** that have not been satisfied, including without limitation, any claim by TennCare and that all taxes against the estate of **Daisy Sutton** have been satisfied.

8. Tennessee Code Annotated § 30-2-712 provides that whomever shall willfully, corruptly and falsely swear to any statement in an affidavit of heirship known by him or her to be false, or about which he does not have sufficient knowledge to justify his making such a sworn statement, on conviction, shall be imprisoned in the penitentiary for not less than one, nor more than five years.

FURTHER AFFIANTS SAITH NOT.

Karen Greer

Karen Greer, ***Affiant***

Evelyn Sutton

Evelyn Sutton, ***Affiant***

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, a Notary Public in and for said County and State, the within named, **Karen Greer**, with whom I am personally acquainted, and who acknowledged that she executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at Nashville, Tennessee, this the 9th day of April, 2018.

Jo Lynn Mangrum
Notary Public
My Commission Expires: 08/20/2019



STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, a Notary Public in and for said County and State, the within named, **Evelyn Sutton**, with whom I am personally acquainted, and who acknowledged that she executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at Nashville, Tennessee, this the 9th day of April, 2018.

Jo Lynn Mangrum
Notary Public
My Commission Expires: 08/20/2019



STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Daisy Sutton
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): February 21, 2017
4. TIME OF DEATH (Military): 12:40 pm
5a. AGE-Last Birthday (Years): 80
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): May 9, 1936
7. BIRTHPLACE (City and State or Foreign Country): Nashville TN

TYPE/PRINT IN PERMANENT BLACK INK

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): 1108 Alexander Circle
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (If not done by Physician or Institution)

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: Nurse
11b. KIND OF BUSINESS/INDUSTRY: Healthcare
12. SOCIAL SECURITY NUMBER: 408-52-8020
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TN
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 1108 Alexander Circle
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 (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): Edward Ross Lytle
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Katherine

20a. INFORMANT'S NAME: Karen Greer
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1108 Alexander Circle Nashville TN 37208

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

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Edward C Hatch
22b. LICENSE NUMBER: 4300
22c. SIGNATURE OF EMBALMER: ▶ Michelle Petrino
22d. LICENSE NUMBER: 4188

23a. NAME AND ADDRESS OF FUNERAL HOME: Revelation Funeral Home 2203 Buchanan St Nashville TN 37208
23b. LICENSE NUMBER OF FUNERAL HOME: 1262

24. REGISTRAR'S SIGNATURE: ▶ Dylan Crowley DR
25. DATE FILED (Month, Day, Year): 2/27/17

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: ▶ Daniel Carmody
27b. LICENSE NUMBER: 21173
27c. DATE SIGNED (Month, Day, Year): 2/23/17
27d. NAME AND ADDRESS: Dr Daniel Carmody MD 2525 Perimeter Pl Dr S Nashville TN 372

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. Dementia, Alzheimer's type
Approximate interval: Onset to death: years
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
Due to (or as a consequence of): b.
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 ☒ 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 - (e.g. 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

EXHIBIT 1

09028419

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.

FEB 27 2017

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

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH — VITAL RECORDS — FILE NO. 75-000537

1991 Co 1994 — BIRTH NO.

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

45 — PRINT IN PERMA... BLUE OR BLACK INK.

DECEASED

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATION

DISPOSITION

1. DECEASED — NAME	CHARLES	ALFRED	SUTTON	2. DATE OF DEATH (MONTH, DAY, YEAR)	January 7, 1975
3. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY))	Negro	4. SEX: Male	5a. AGE — LAST BIRTHDAY (YEARS): 53	5b. UNDER 1 YEAR — MONTHS	5c. UNDER 1 DAY — HOURS / MIN.	6. DATE OF BIRTH (MONTH, DAY, YEAR): January 17, 1921
7a. COUNTY OF DEATH: Davidson	7b. CITY, TOWN, OR LOCATION OF DEATH: Nashville	7c. INSIDE CITY LIMITS (YES OR NO): Yes	7d. HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN HOSPITAL, GIVE STREET ADDRESS OR LOCATION): VA Hospital		
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Tennessee	9. CITIZEN OF WHAT COUNTRY: U. S. A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married	11. SURVIVING SPOUSE (GIVE MAIDEN NAME): Daisy (Lytle) Sutton		
12. SOCIAL SECURITY NUMBER: 411-22-7038	13. SERVICE IN ARMED FORCES (SPECIFY WAR OR PEACE TIME SERVICE): WW II	14. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Mechanic	15. KIND OF BUSINESS OR INDUSTRY: Bolt Company		
16a. RESIDENCE — STATE: Tennessee	16b. COUNTY: Davidson	16c. CITY, TOWN, OR LOCATION: Nashville	16d. INSIDE CITY LIMITS (YES OR NO): Yes	16e. STREET AND NUMBER: 1610 22nd Avenue No.	
17a. FATHER — NAME: Charles Sutton	17b. MOTHER — MAIDEN NAME: Leuvenia Moore	17c. INFORMANT — NAME: Veteran, at time of admission	17d. MAILING ADDRESS		

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c).)

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute myocardial infarction	4409
DUE TO, OR AS A CONSEQUENCE OF: (b)	Coronary thrombosis	
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST. (c)		

PART II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a).

18. ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED (SPECIFY)	19. DATE OF INJURY (MONTH, DAY, YEAR)	20. HOUR	21. HOW INJURY OCCURRED (GIVE NATURE OF INJURY IN ITEM 1 OR PART II, IF ANY, ETC.)	22. AUTOPSY (YES OR NO): Yes	23. IF FEMALE — WAS DEATH WITHIN 1 YEAR OF PREGNANCY (YES OR NO): Yes
24. INJURY AT WORK (YES OR NO)	25. PLACE OF INJURY (HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY))	26. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)			

27. PHYSICIAN — CERTIFICATION (I attended the deceased from ... to ..., and last saw him alive on ..., and to the cause stated.) SIGNATURE: [signature] TITLE: M.D. DATE SIGNED (MONTH, DAY, YEAR): January 20, 1975

28. MEDICAL EXAMINER — CERTIFICATION (I have viewed the remains and have investigated the cause of death, or by my investigation, or at my opinion, death occurred at the time, date and cause stated.) SIGNATURE: DATE SIGNED (MONTH, DAY, YEAR):

29. CERTIFIER — NAME (TYPE OR PRINT): W. D. SALMON, JR., M.D. 30. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): VA Hospital Nashville Tennessee 37203

31. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial	32. DATE (MONTH, DAY, YEAR): Jan. 13, 1975	33. CEMETERY OR CREMATORY — NAME: National	34. LOCATION (CITY OR TOWN, STATE): Madison, Tennessee	
35. FUNERAL HOME — NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Richard Smith Funeral Home, Nashville, Tenn.			REGISTRAR — SIGNATURE: Ethel D. Graham	DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): JAN 23 75

FHLN FORM NO. 00 16 REVISED 11-72

EXHIBIT 2

10051271

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.

APR 06 2018

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

Edward D. Bishop III
State Registrar

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued

CERTIFICATION OF VITAL RECORD