Bill Garrett Davidson County
Batch# 81964 AFFIDAVITH
04/17/2018 03:19:52 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20180417-0036212

This instrument was prepared by:
Chase A. Moore, Attorney at Law
4205 Gallatin Road
Nashville, Tennessee 37216
From Information Furnished by the Parties

GRANTEES: Napoleon Edmonson, Michelle Olukan, Gerald Garrett, Jamahl Reese, Jasamine Reese Claybrooks, Charles Beasley, Stephanie Beasley, Daniel Aighewi, Osgie Aighewi, Beverly Ward, Jacqueline Page, Joyce Page, Pamela Page, Teresa Speight, Felicia Page, Frances Kirby, Gerald Nubia, Valerie Ripp, Vickey Williams, Geran Nubia, Betty Edmondson, Windey Mindez, Pam Buchanan, Felicia Fike, Monique Fike-Washington, Arvella Fike, Iben-Ali Fike, Bernard Buchanan, Latoya Buchanan, Tiffany Parris, Ronald Buchanan, Gary Allen, Samuel Buchanan

SEND TAX NOTICES TO: SAMUEL BUCHANAN, 524 EDWIN STREET, NASHVILLE, TENNESSEE, 37207.

MAP & PARCEL NUMBER: 105 04 0 092.00

AFFIDAVIT OF HEIRSHIP

Tennessee Code Annotated § 30-2-712.

STATE OF TENNESSEE

COUNTY OF DAVIDSON

The undersigned, being duly sworn, deposes and says:

1. My full name is Samuel Edward Buchanan. I will refer to myself in this Affidavit as the Affiant.

2. I reside at 524 Edwin Street, Nashville, Tennessee, 37207.

3. I have personal knowledge of the matters stated in this Affidavit.

4. On February 3, 1999, Margaret E. Buchanan died at Baptist Hospital, Nashville, Tennessee(see attached Exhibit "B" for Certificate of Death). I will refer to this person as the Decedent.

5. The real property to which this Affidavit applies is located at 39 Trimble Street, Nashville, 37210 in Davidson County, Tennessee, more fully described as:

   See Attached Exhibit "A" for complete legal description

   For prior title, see Book 1514, Page 613 in the Register's Office of Davidson County, Tennessee.

6. At the time of the Decedent's death, the Decedent resided at 39 Trimble Street, Nashville, Tennessee, 37210.

7. The estate of the Decedent was not administered in a proceeding supervised by a court.

8. Facts concerning my relationship to the Decedent are: The Decedent was my mother. I am a son of the Decedent.

9. Additional facts pertinent to determine who is legally entitled to the estate of the Decedent at the time of the Decedent's death are: Spouse of the Decedent, Claude M. Buchanan, died on November 19, 1994. Child of the Decedent, Margaret B. Page Owens, died on October 17, 2008. Grandchild of the Decedent, Carolyn Elaine Edmondson Reece, died on May 30, 2005. Grandchild of the Decedent, Sandra Jean Aighewi, died on February 29, 1996. Child of the Decedent, Dorris Christine Nubia, died on February 3, 2016. Child of the Decedent, Claude Buchanan, Jr., died on June 14, 1988. Child of the Decedent, Elizabeth Joyce Fike, died on February 21, 2018. Child of the Decedent, William Henry Buchanan, died on August 24, 1991. Grandchild of the Decedent, Wendell Buchanan, died on June 2, 2000. Grandchild of the Decedent, Gary Buchanan, died on June 13, 1997.

Damien E Buchanan
Affiant

Sworn to and subscribed before me this 17 day of April, 2018.

My Commission expires: July 2, 2018

AMANDA FEDIGO
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires July 2, 2018

Amanda Fedigo
Notary Public

THE PREPARER OF THIS AFFIDAVIT MAKES NO REPRESENTATION AS TO THE STATUS OF TITLE TO THE PROPERTY DESCRIBED HEREIN. THIS AFFIDAVIT HAS BEEN PREPARED SOLELY FROM INFORMATION FURNISHED TO THE PREPARER, WHO MAKES NO REPRESENTATION WHATSOEVER OTHER THAN IT HAS BEEN ACCURATELY TRANSCRIBED FROM THE INFORMATION PROVIDED.

Exhibit "A"

LAND lying in Davidson County, State of Tennessee, and being more particularly described as follows, to-wit:

BEING Lot No. 7 in the Old Fairgrounds Plan of lots as of record in Book 21, page 116, of the Register's Office for Davidson County. Said lot fronts 50 feet more or less on the south side of the Old Murfreesboro Road, now Trimble Street, and runs back between parallel lines 160 feet more or less to an alley. Said property is known as No. 39 Trimble Street in the City of Nashville, Tennessee, and is the same property conveyed to Claud Buchanan and wife, Margaret Buchanan, by Deed from Amy Rich, Trustee, of record in Book 1514, Page 613, Register's Office for Davidson County, Tennessee.

EXHIBIT A

STATE OF TENNESSEE
Office of Vital Records

19901809

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1999 012566

1 DECEDENT'S NAME (First, Middle, Last): MARGARET E. BUCHANAN
2 SEX: FEMALE
3 DATE OF DEATH (Month, Day, Year): FEBRUARY 3, 1999
4 SOCIAL SECURITY NUMBER:
5a AGE-LAST BIRTHDAY (Years): 87
5b UNDER 1 YEAR: MONTHS / DAYS
5c UNDER 1 DAY: HOURS / MIN.
6 DATE OF BIRTH (Month, Day, Year): 10-7-1911
7 BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [XX] No
9a PLACE OF DEATH (Check only one): HOSPITAL 1 [XX] 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): Baptist Hospital 079
9c CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d COUNTY OF DEATH: Davidson
10 MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Widowed
11 SURVIVING SPOUSE (If wife, give maiden name): N/A
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Mail Clerk
12b KIND OF BUSINESS/INDUSTRY: National Baptist Publishing House
13a RESIDENCE-STATE: Tenn.
13b COUNTY: Davidson
13c CITY, TOWN OR LOCATION: Nashville
13d STREET AND NUMBER OR RURAL LOCATION: 39 Trimble Street
13e INSIDE CITY LIMITS? 1 [XX] Yes 2 No
13f ZIP CODE: 37210
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes 0 [XX] No
Specify, if yes
15 RACE-American Indian, Black, White, etc. (Specify): Black
16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12 XX; College (1-4 or 5+)
17 FATHER'S NAME (First, Middle, Last): Will Chrisman
18 MOTHER'S NAME (First, Middle, Maiden Surname): Channie Pinkston
19a INFORMANT'S NAME (Type/Print): Frances Ann Kirby
19b RELATIONSHIP TO DECEASED: Daughter
19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 39 Trimble Street Nashville, Tennessee 37210
20a METHOD OF DISPOSITION: 1 [XX] Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)
20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Greenwood Cemetery
20c LOCATION-City or Town, State: Nashville, Tennessee
21a SIGNATURE OF FUNERAL DIRECTOR: ► Katharyn M. Patton
21b LICENSE NUMBER OF FUNERAL DIRECTOR: 3186
21c SIGNATURE OF EMBALMER: ► Ronald Stewart
21d LICENSE NUMBER OF EMBALMER: 3732
22a NAME AND ADDRESS OF FUNERAL HOME: PATTON BROTHERS FUNERAL HOME 1306 South Street/Nashville, Tennessee 37212
22b LICENSE NUMBER OF FUNERAL HOME: 185
23 REGISTRAR'S SIGNATURE: ► Brenda L Jones
24 DATE FILED (Month, Day, Year): Feb 16, 1999
25a PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 SIGNATURE AND TITLE OF PHYSICIAN: M.D.
25b LICENSE NUMBER: MD 28439
25c DATE SIGNED (Month, Day, Year): 3/30/99
26a 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 as stated. 2 SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b LICENSE NUMBER
26c DATE SIGNED (Month, Day, Year)
MED. EXAMINER NOTIFIED
27 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Ugo Nwachuku, M.D., 1005 D. B. Todd Blvd., Nashville, TN 37208
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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Sepsis	DUE TO (OR AS A CONSEQUENCE OF)	4 days
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: b. Severe dehydration with hypernatriemia	DUE TO (OR AS A CONSEQUENCE OF)	4 days
c. Acute renal failure	DUE TO (OR AS A CONSEQUENCE OF)	4 days
d. Ischemic Cardiomyopathy.		>5 years.

PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Acute myocardial infarction on 12/29/98
29a WAS AN AUTOPSY PERFORMED? 1 Yes 2 [✓] 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 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)

BIRTH NO

RDA 1309

09490624

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.

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

John J. Dreyzehner, MD, MPH, FACOEM

0 9 4 9 0 6 2 4
Date Issued

EXHIBIT B