Bill Garrett Davidson County
Batch# 94414 AFFIDAVITH
05/18/2018 01:18:21 PM 9 pgs
Fees: $47.00 Taxes: $0.00
20180518-0047902

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

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

SENT TAX BILLS:
Same as above

MORTGAGE: None

MAP-PARCEL: 059 00 0 165.00

Property Address
2508 Gardner Lane
Nashville, TN 37207

AFFIDAVIT OF HEIRSHIP

On this 17 day of May, 2018, 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 2508 Gardner Lane, Nashville, Davidson County Tennessee, bearing the map and parcel number of: 070 04 0 012.00. This real property is further described as:

Land in Davidson County, Tennessee, being Lot No. 65 on the plan of Haynes Heights, Section II, as of record in Book 2331, page 58, Resister's Office for said County.

Said Lot No. 65 fronts 100 feet on the southwesterly side of Gardner Lane, and runs back 333 feet on the southeasterly line and 336.5 feet on the northwesterly line to a dead line in the rear on which it measures 100.1 feet thereon.

Being the same property conveyed to Arnold G. Love and wife, Dorothy L. Love by deed from Walter Young and wife Ear G. Young, of record in Book 2930, page 531, Register's Office for Davidson, County, Tennessee. The said Arnold G. Love having since died on March 15, 1986, thereby vesting title in Dorothy L. Love as Surviving Tenant by the Entirety. Dorothy L. Love having since died on March 20, 1996, intestate, leaving her son Barry Love as her only heir at law.

Being the same property conveyed to Mary New, by deed from Barry Love and wife, Yolanda Louise Love, of record in Book 11048, page 593, Register's Office for Davidson County, Tennessee. The said Mary New having since died on September 27, 1998, intestate, leaving her husband, Thomas B. New II her son Thomas B. New III, and her daughter Yolanda Love as her only heirs at law.

Bing the same property conveyed to James Dunn and wife, Beulah Dunn, by deed from Thomas B. New III, Thomas B. New II, and Yolanda Love, of record in Book 11165, Page 887, Register's Office for 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, JUDY DOBBINS, 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 17th day of MAY, 2018.

Judy Dobbins
NOTARY PUBLIC
MY COMMISSION EXPIRES: Sept. 10, 2018

JUDY ANN DOBBINS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires SEPT. 10, 2018

AFFIDAVIT AS TO HEIRS
(Pursuant to T.C.A. 30-2-712)

State of Tennessee
County of Davidson

On this the 23 day of Nov, 2016, before me personally appeared Darlene McKibbens, to me personally known wo being by me duly sworn on oath did say Affiant is over eighteen (18) years of age, resides at 4804 Indian Summer Drive, Nashville, TN 37207, and is familiar with the family history of James L. Dunn, deceased, who was an owner of the following property: 2504 Gardner, Nashville, Davidson County Tennessee 37207.

And that the said James L. Dunn died intestate on the 17th day of May, 2016. Mr. Jams L. Dunn was unmarried at that time, his wife Beulah Dismukes Dunn predeceasing him on September 28, 2006.

And Affiant further states that said deceased left surviving the following persons, as heir or persons otherwise interested in the estate,

1. Judy Dunn
   Daughter of the deceased
   4804 Indian Summer Drive, Nashville, Tennessee 37207

And Affiant further states that the above child is over eighteen (18) years of age and said decedent left no other children or adopted children or descendants of deceased children or adopted children

I further attest that I am a family member of the decedent and knew the history of the family.

Darlene McKibbens

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, Mary E Ausbrooks, Notary Public, the within named Darlene McKibbens, whom I am personally acquainted or was 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.

Mary E. Ausbrooks
NOTARY PUBLIC
My commission expires: 9-10-18

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

AFFIDAVIT AS TO HEIRS
(Pursuant to T.C.A. 30-2-712)

State of Tennessee
County of Davidson

On this the 23 day of Nov, 2016, before me personally appeared Trina Smith, to me personally known wo being by me duly sworn on oath did say Affiant is over eighteen (18) years of age, resides at 714 Due West Avenue, Madison, TN 37115, and is familiar with the family history of James L. Dunn, deceased, who was an owner of the following property: 2504 Gardner Lane, Nashville, Davidson County Tennessee 37207.

And that the said James L. Dunn died intestate on the 17th day of May, 2016. Mr. Jams L. Dunn was unmarried at that time, his wife Beulah Dismukes Dunn predeceasing him on September 28, 2006.

And Affiant further states that said deceased left surviving the following persons, as heir or persons otherwise interested in the estate,

2. Judy Dunn
Daughter of the deceased
4804 Indian Summer Drive, Nashville, Tennessee 37207

And Affiant further states that the above child is over eighteen (18) years of age and said decedent left no other children or adopted children or descendants of deceased children or adopted children

I further attest that I am a family member of the decedent and knew the history of the family.

Trina Smith

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, MARY E AUSBROOKS, Notary Public, the within named Trina Smith, whom I am personally acquainted or was 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.

Mary E Ausb

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

0 6 0 5 7 1 7

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

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

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 (of Decedent): 415-88-6582
4a. AGE-LAST BIRTHDAY (Years): 76
5b. UNDER 1 YEAR: MONTH / 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)
9a. FACILITY NAME (If not institution, give street and number): Vanderbilt Medical Center
9b. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9c. 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
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 [X] 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; College (1-4 or 5+): 4

NAME OF PERSON, Hospital, Institution

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 Jr.
24. DATE FILED (Month, Day, Year): October 12, 2006

CERTIFIER

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: Bella B. Chu
25b. LICENSE NUMBER: 025554
25c. DATE SIGNED (Month, Day, Year): 10/2/2006
25d. 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
25e. LICENSE NUMBER
25f. DATE SIGNED (Month, Day, Year)

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

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
DUE TO (OR AS A CONSEQUENCE OF): b.	Hypoxic Brain Injury / Cerebrovascular Accident	10 DAYS
DUE TO (OR AS A CONSEQUENCE OF): c.	Colonary Atherosclerosis	20 YEARS
DUE TO (OR AS A CONSEQUENCE OF): d.	Metastatic Lung Cancer	UNKNOWN

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

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 [ ] 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.

FH-1659 (REV. 6/99) RDA 1399

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

8513405

8513405 9/2/2016

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued

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 (Approx.):
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

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: [X] Inpatient [X] ER/Outpatient [ ] DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: [ ] Hospice facility [ ] Nursing home/long term care facility [X] 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

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: 411-48-8352
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

NAME OF DECEDENT (For use by Physician or Medical Examiner)

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
[ ] 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.
19. 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: [ ] Burial [ ] Cremation [ ] Donation [X] Entombment [ ] 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: 3639
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

REGISTRAR

24. REGISTRAR'S SIGNATURE: D.R.
25. DATE FILED (Month, Day, Year): 5/23/16

CERTIFIER

26. CERTIFIER (Check only one):
[X] 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: Benjamin Martel, MD
27b. LICENSE NUMBER: F-43373
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):
b. — Due to (or as a consequence of):
c. — Due to (or as a consequence of):
d.

Approximate Interval: Onset to death
a. weeks
b.
c.
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 [ ] 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)

RN-1459 (Rev. 10/2011)

RDA 1390

8513407

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

8513407 9/2/2016

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued