THIS INSTRUMENT PREPARED BY: **Martin Heller Potempa & Sheppard** 2122 21st Avenue South Nashville, Tennessee 37212 (615) 800-7096 Bill Garrett Davidson County Batch# 105024 AFFIDAVITH 06/15/2018 10:28:30 AM 8 pgs Fees: $42.00 Taxes: $0.00 20180615-0057699	STATE OF TENNESSEE COUNTY OF DAVIDSON The actual consideration for this transfer is: $0.00 Sherrell Jackson Hurt SHERRELL JACKSON HURT Subscribed and sworn to before me, this 30 day of May 2018. Jessa Lawson **Notary Public** My Commission Expires: 03/03/2021 JESSA LAWSON STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

Address New Owner:	**Send Tax Bills To:**	**Tax Information:**
SHERRELL JACKSON HURT 1903 4th Avenue North Nashville, TN 37208	New Owner	Map & Parcel: 081 04 0 157.00

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

AFFIDAVIT OF HEIRSHIP

1. Gladys A. Jackson, deceased (hereinafter the "Decedent"), had four children in the course of her lifetime: Joseph Cornell Jackson, James Raleigh Jackson, Calvin Leon Jackson, and Sherrell Jackson Hurt.

2. Joseph Cornell Jackson died December 1, 2011. In the course of his lifetime he had three children: Desarea Jackson, LaKisha Jackson and Descheta Jackson.

3. James Raleigh Jackson died July 26, 2004. He did not have any children.

4. Calvin Leon Jackson died February 27, 2015. He did not have any children.

5. Sherrell Jackson Hurt is Decedent's only living child.

6. Decedent's only living heirs are Sherrell Jackson Hurt, Desarea Jackson, LaKisha Jackson and Descheta Jackson

7. Decedent died intestate in Davidson County on October 6, 2017 and was not married at the time of her death. An exact copy of her death certificate is attached hereto as **Exhibit 1**.

8. Decedent owned a certain parcel of improved real property at the time of her death located in Davidson County Tennessee at 1903 4th Avenue North, Nashville, TN 37208, more fully and particularly described as:

BEING the northerly 46 feet of the southerly 96 feet of lot No. 31 on the plan of D. T. McGavock's Second Addition, of record book 21, page 64, Register's Office for said County.

According to a survey made by Hickerson and Miller Engineer's and Surveyors August 21, 1959, said part of lot No. 31 fronts 46 feet on the south-westerly side 4th Avenue and extends back between parallel lines 171.1 feet to an alley.

BEING part of the real property conveyed from Thomas Lee Johnson and wife to Zelma Irene Watson by deed dated August 6, 1959, filed August 7, 1959, and recorded in book 2929, page 57, said Register's Office and conveyed again by deed from Zelma Irene Watson dated to Joseph Jackson and wife, Gladys Jackson on September 9, 1959, filed September 10, 1959, and recorded in book 2959 and page 250.

9. Decedent's husband, Joseph Jackson, died on September 20, 2012. His interest in said property transferred by operation of law to Decedent upon his death, whereon Decedent became the outright owner. A copy of Joseph Jackson's death certificate is attached hereto as **Exhibit 2**.

10. Pursuant to Tenn. Code Ann. § 31-2-103, Decedent's interest in the parcel of improved real property located at 1903 4th Avenue North, Nashville, TN 37208, as more particularly described herein, vested immediately upon Decedent's death in Affiants as follows: 50% to Sherrell Jackson Hurt, 16.66% to Desarea Jackson, 16.67% to LaKisha Jackson and 16.67% to Descheta Jackson.

11. All rights, title and interest in certain real property was conveyed to Sherrell Jackson Hurt by Quitclaim Deed executed by Sherrell Jackson Hurt, Desarea Jackson, LaKisha Jackson and Descheta Jackson, which is being recorded contemporaneously with this Affidavit of Heirship.

FURTHER AFFIANT SAYETH NOT.

SWORN this 6 **day of** JUNE **2018.**

Sherrell Jackson Hurt
SHERRELL JACKSON HURT

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, Tessa Lawson, Notary Public of the state and county aforesaid, SHERRELL JACKSON HURT, with whom I am personally acquainted, and who acknowledged that she executed the within instrument for the purposes therein contained.

Sworn to and subscribed before me, the undersigned Notary Public, this 30 day of May 2018.

Tessa Lawson
Notary Public

TESSA LAWSON STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

My Commission Expires: 03-03-2020

Desarea M Jackson
DESAREA JACKSON

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, Katie Aeschliman, Notary Public of the state and county aforesaid, DESAREA JACKSON, with whom I am personally acquainted, and who acknowledged that she executed the within instrument for the purposes therein contained.

Sworn to and subscribed before me, the undersigned Notary Public, this 6 day of June 2018.

Katie Aeschliman
Notary Public

KATIE AESCHLIMAN STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

My Commission Expires: May 03, 2021

LaKisha Jackson

LAKISHA JACKSON

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, KATIE AESCHLIMAN, Notary Public of the state and county aforesaid, LAKISHA JACKSON, with whom I am personally acquainted, and who acknowledged that she executed the within instrument for the purposes therein contained.

Sworn to and subscribed before me, the undersigned Notary Public, this 6 day of JUNE 2018.

Katie Aeschliman

Notary Public

KATIE AESCHLIMAN STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

My Commission Expires: May 3, 2021

Descheta Jackson

DESCHETA JACKSON

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, KATIE AESCHLIMAN, Notary Public of the state and county aforesaid, DESCHETA JACKSON, with whom I am personally acquainted, and who acknowledged that she executed the within instrument for the purposes therein contained.

Sworn to and subscribed before me, the undersigned Notary Public, this 6 day of JUNE 2018.

Katie Aeschliman

Notary Public

KATIE AESCHLIMAN STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

My Commission Expires: May 3, 2021

Exhibit 1

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: 2017 105653

DECEDENT

1. DECEDENT'S LEGAL NAME (Type or Print): GLADYS ANN JACKSON
2. SEX: FEMALE
3. DATE OF DEATH: 10/08/2017
4. TIME OF DEATH: 09:10 AM
5a. AGE: 86
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH: 02/01/1931
7. BIRTHPLACE: NASHVILLE, TENNESSEE
8a. PLACE OF DEATH: DECEDENT'S HOME
8b. FACILITY NAME: 1903 4TH AVE NOTH
8c. CITY OR TOWN: NASHVILLE
8d. COUNTY OF DEATH: DAVIDSON
9. MARITAL STATUS: WIDOWED
10. SURVIVING SPOUSE (Name prior to first marriage):
11a. DECEDENT'S USUAL OCCUPATION: LABORER
11b. KIND OF BUSINESS/INDUSTRY: WERTHAN BAG
12. SOCIAL SECURITY NUMBER: 412-96-4938
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY OR TOWN: NASHVILLE
14a. STREET AND NUMBER: 1903 4TH AVE NOTH
14b. INSIDE CITY LIMITS?: YES
15. ZIP CODE: 37208
16. WAS DECEDENT EVER IN US ARMED FORCES?: NO
17. DECEDENT'S EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
18. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO
19. DECEDENT'S RACE: BLACK OR AFRICAN AMERICAN

PARENTS

20. FATHER'S NAME: REDDICK REAGON
21. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: ELIZABETH KEEBLE

22a. INFORMANT'S NAME: SHERRELL JACKSON HURT
22b. RELATIONSHIP TO DECEDENT: DAUGHTER
22c. MAILING ADDRESS: 717 PAIGE CIRCLE, NASHVILLE, TENNESSEE 37207

DISPOSITION

23a. METHOD OF DISPOSITION: BURIAL
23b. PLACE OF DISPOSITION: MIDDLE TN STATE VETERAN CEMETERY
23c. LOCATION: NASHVILLE, TENNESSEE
24a. SIGNATURE OF FUNERAL DIRECTOR: /s/ BY RETTIA LAWRENCE BROADY
24b. LICENSE NUMBER: 5130
24c. SIGNATURE OF EMBALMER: /s/ Terrell Andre Broady
24d. LICENSE NUMBER: 4117
25a. NAME AND ADDRESS OF FUNERAL HOME: TERRELL BROADY FUNERAL HOME, INC., 3855 CLARKSVILLE PIKE, NASHVILLE, TENNESSEE 37218-2219
25b. LICENSE NUMBER: 1137

REGISTRAR

26. REGISTRAR'S SIGNATURE: /s/ LORI FERRANTI
27. DATE FILED: 10/25/2017

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS

28. CERTIFIER
28a. ☒ PHYSICIAN – TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED
28b. ☐ MEDICAL EXAMINER – ON THE BASIS OF EXAMINATION, AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED
27a. CERTIFIER: /s/ DANIEL WILLIAM CARMODY
27b. LICENSE NUMBER: 037163
27c. DATE SIGNED: 10/20/2017
27d. NAME AND ADDRESS: DANIEL WILLIAM CARMODY 4179 IRONWOOD DR, GREENBRIER TENNESSEE 37073

MEDICAL CERTIFICATION

29. 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 (Enter disease or condition we dying in death) 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
a. ALZHEIMER'S DEMENTIA — YEARS
DUE TO (OR A CONSEQUENCE OF)
b.
DUE TO (OR A CONSEQUENCE OF)
c.
DUE TO (OR 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?: NO
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?

30. MANNER OF DEATH: NATURAL
31. DID TOBACCO USE CONTRIBUTE TO DEATH?: NO
32. IF FEMALE: NOT PREGNANT WITHIN PAST YEAR

33. IF TRANSPORTATION INJURY, SPECIFY:
34a. DATE OF INJURY
34b. TIME OF INJURY
34c. INJURY AT WORK?
34d. PLACE OF INJURY
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY

VS-1000 (Rev. 8/2017) RDA 10112

09612367

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.

NOV 01 2017

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

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

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

0 9 6 1 2 3 6 7
Date Issued

CERTIFICATION OF VITAL RECORD

Exhibit 2

STATE OF TENNESSEE
Office of Vital Records

1205566

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH — STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Joseph Jackson
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): September 20, 2012
4. TIME OF DEATH (Asterisk):
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): September 16, 1926
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): Nashville Metro General Hospital
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): Gladys Reagon
11a. DECEDENT'S USUAL OCCUPATION: Bus Driver
11b. KIND OF BUSINESS/INDUSTRY: Transportation

12. SOCIAL SECURITY NUMBER: 414-22-6720
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TN
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 1903-4th Ave North
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37208
14. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No

NAME OF DR. SIGNING (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)
☐ 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 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): James Jackson
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Elnora Johnson

DISPOSITION

20a. INFORMANT'S NAME: Gladys Jackson
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1903-4th Ave North; 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): Middle TN Veterans Cemetery
21c. LOCATION - City or Town and State: Pegram, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: Eric M. Johnson
22b. LICENSE NUMBER: 3325
23a. SIGNATURE OF EMBALMER: Ronald Stewart
23b. LICENSE NUMBER: 3732
23c. NAME AND ADDRESS OF FUNERAL HOME: Johnson's House of Atena; 1107 Buchanan St., nashville, TN 37208
23d. LICENSE NUMBER OF FUNERAL HOME: 704

REGISTRAR

24. REGISTRAR'S SIGNATURE: Linda L Bowers, DE
25. DATE FILED (Month, Day, Year): Sept. 21, 2012

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS

26. CERTIFIER (Check only one):
26a. ☒ PHYSICIAN - To the best of my knowledge, death occurred at the time, 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: W. C. [illegible]
27b. LICENSE NUMBER: 26654
27c. DATE SIGNED (Month, Day, Year): 9/21/12
27d. NAME AND ADDRESS: Wayne Moore 1818 Albion St Nashville Tn

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. Acute Cerebral Hemorrage
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. Hypertension
Due to (or as a consequence of): c.
Due to (or as a consequence of): d.
Approximate Interval: Onset to death

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 – 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-1508 (Rev. 10/2011) — RDA 1309

5278648

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. Foreman
Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

SEP 24 2012
Date Issued

CERTIFICATION OF VITAL RECORD