PN: 120-05-0-174-00

Prepared By/Mail to:
Cooper Coons, Ltd.
10655 Park Run Drive, Suite 130
Las Vegas, NV 89144

Mail Tax Statements to:
Claudia Adair
412 Glenpark Drive
Nashville, Tennessee 37217

Bill Garrett Davidson County
Batch# 105818 **AFFIDAVITH**
06/18/2018 12:06:09 PM 5 pgs
Fees: $27.00 Taxes: $0.00
20180618-0058321

AFFIDAVIT OF SURVIVING SPOUSE

(Death of Spouse)

CLAUDIA ADAIR, of legal age, being first duly sworn, deposes and says:

That LUTHER BERT ADAIR, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as LUTHER ADAIR named as one of the parties in that certain Deed dated April 19, 1992 executed by LUTHER ADAIR and wife, CLAUDIA ADAIR, recorded on April 23, 1992 as Reference No. 04338, of Official Records of Davidson County, State of Tennessee, bounded and described as follows:

Land in Davisson County, Tennessee, being Lot No. 5C10 on the Plan of Glengary Park, Section 5C, of record in Plat Book 3500, Page 54, Register's Office for said County, to which reference is made for a more complete description.

SUBJECT TO:

1. Taxes for the current fiscal year, not delinquent, including personal property taxes of any former owner, if any.
2. Restrictions, conditions, reservations, rights, rights of way and easements now of record, if any, or any that actually exist on the property.

Commonly known as: 412 Glenpark Drive, Nashville, Tennessee 37217

GRANTEE'S ADDRESS: CLAUDIA ADAIR
412 Glenpark Drive, Nashville, Tennessee 37217

Witness her hand this 24th day of April, 2018.

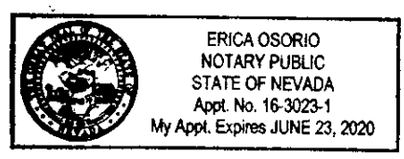
Claudia Adair

CLAUDIA ADAIR

STATE OF Nevada)
) ss.
COUNTY OF Clark)

On this 24th day of April 2018, before me the undersigned, a Notary Public in and for the said County of Clark, State of Nevada, personally appeared CLAUDIA ADAIR, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.



NOTARY PUBLIC

54

3.6 AC.±

OWNERS CERTIFICATE

I hereby certify that I am the owner and adopt the plan of subdivision of the property as shown hereon and dedicate all public ways and easements as shown hereon. No lot or lots as shown hereon shall be subdivided, resubdivided, reblocked, or altered or changed so as to produce less area unless otherwise approved by the Metropolitan Planning Commission and under such condition shall such lot or lots be subdivided, resubdivided, altered or changed to produce less area than prescribed by the restrictive covenants as of record in Book ____ Page ____ R.O.D.C. Tenn.

Date _____

By _____
Andrew Ewing, Trustee

SURVEYORS CERTIFICATE

I hereby certify that the plan shown hereon is correct and that approved monuments shown thus ● have been placed as indicated. All side lot lines are at right angles or radial to the street or otherwise noted.

Date Aug. 3, 1963

By _____
E. L. Miller Jr.

SUBDIVISION NO. 63-106-U

Part of Master Plan No. 63-70-U

COMMISSIONS APPROVAL

Approved by the Metropolitan Planning Commission.

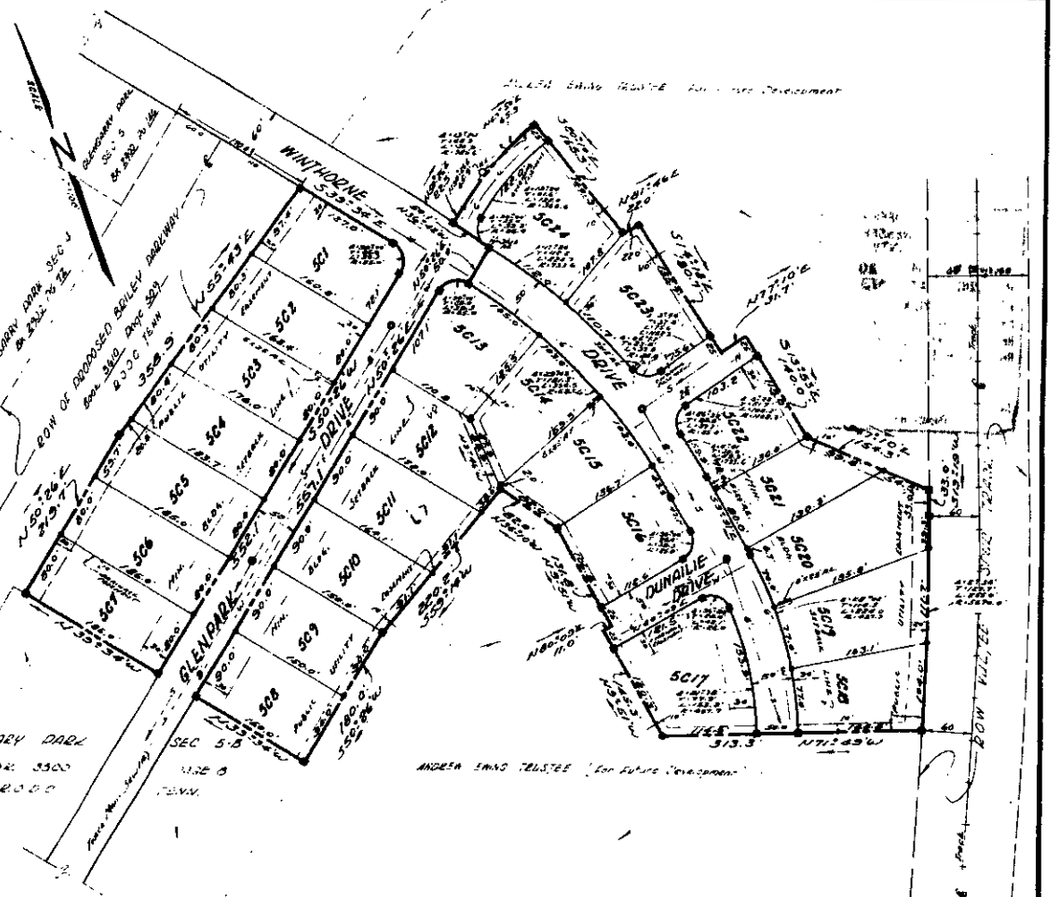
Date 8/19/63

By _____
Secretary

RECORD

Recorded AUGUST 20th 1963 Book 3500 Page 54
R.O.D.C. Tennessee

E. L. Miller Jr. & Co.
2221 Nolensville Pike
Nashville, Tenn.



SECTION 5-C

GLENGARRY PARK

2ND CIVIL DIST. DAVIDSON CO. TENN.

ANDREW EWING, TRUSTEE
owner & developer

SCALE 1" = 100'

Job No. 5-62

BILL GARRETT
REGISTER OF DEEDS

www.nashville.gov/rod

PO Box 196398
Nashville, TN 37219-6398
(615) 862-6790 phone
(615) 880-2039 fax

The following oath of consideration is required on all deeds transferring property:

STATE OF ~~TENNESSEE~~ Nevada
COUNTY OF ~~DAVIDSON~~ Clark

The actual consideration or true value, whichever is greater for this transfer is $ Ø.

Claudia Adair
Affiant

Subscribed and sworn before me, this 24th day of April, 2018.

Notary

ERICA OSORIO
NOTARY PUBLIC
STATE OF NEVADA
Appt. No. 16-3023-1
My Appt. Expires JUNE 23, 2020

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0502021

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): Luther Bert Adair
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): April 4, 2005
4. SOCIAL SECURITY NUMBER (of Decedent): 081-36-0641
5a. AGE LAST BIRTHDAY (Years): 61
5b. UNDER 1 YEAR: MONTHS / DAYS
5c. UNDER 1 DAY: HOURS / Min
6. DATE OF BIRTH (Month, Day, Year): Feb 25, 1944
7. BIRTHPLACE (City and State or Foreign Country): Brooklyn, New York
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [X] 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
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Claudia Williams
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Physician
12b. KIND OF BUSINESS/INDUSTRY: Health Care
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 412 Glen Park Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37217-
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [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) / College (1-8+)

NAME OF DECEDENT (For use by physician or medical examiner)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Charlie Oscar Moore
18. MOTHER'S NAME (First, Middle, Maiden Surname): Ellen Mae Smith

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Claudia Adair
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 412 Glen Park Drive Nashville, TN

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): Greenwood Main
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR
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 37208-1060
22b. LICENSE NUMBER OF FUNERAL HOME: 0812

REGISTRAR

23. REGISTRAR'S SIGNATURE
24. DATE FILED (Month, Day, Year): April 15 2005

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
25b. LICENSE NUMBER: TN 27164
25c. DATE SIGNED (Month, Day, Year): 4/14/05
26a. 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
26b. LICENSE NUMBER:
26c. DATE SIGNED (Month, Day, Year):
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)

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

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.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. ACUTE ANTERIOR MI — DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: b. CORONARY ATHEROSCLEROSIS — DUE TO (OR AS A CONSEQUENCE OF): c. — DUE TO (OR AS A CONSEQUENCE OF): d.
Approximate Interval Between Onset And Death: DAYS / YEARS
SEE INSTRUCTIONS ON OTHER SIDE

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 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [X] No

30. MANNER OF DEATH: 1 [X] 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)

TH-1658 (REV. 8/99)
BIRTH NO
RDA 1339

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 Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

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

Tonya Y. Ruttlen
Local Registrar

APR 15 2005
Date Issued

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

CERTIFICATION OF VITAL RECORD