THIS INSTRUMENT PREPARED BY: **Martin Heller Potempa & Sheppard** 2122 21st Avenue South Nashville, Tennessee 37212 (615) 800-7096 Bill Garrett Davidson County Batch# 118246 **AFFIDAVITH** 07/19/2018 09:27:23 AM 3 pgs Fees: $17.00 Taxes: $0.00 20180719-0070336	STATE OF TENNESSEE COUNTY OF DAVIDSON The actual consideration for this transfer is: $0.00 B. Catherine Orman Bettie Catherine Orman Subscribed and sworn to before me this 5 day of July 2018. Tessa Lawson NOTARY PUBLIC My Commission Expires: 03-15-2021 TESSA LAWSON STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

Address New Owner:	**Send Tax Bills To:**	**Tax Information:**
Bettie Catherine Orman 961 Seven Oaks Blvd. Apt. 8108, Box 180 Smyrna, TN 37167	New Owner	Map & Parcel: 155 08 0C 112.00

AFFIDAVIT OF HEIRSHIP

1. My name is Bettie Catherine Orman ("Affiant"). I am an adult resident of the State of Tennessee. I am competent to give the testimony in this sworn Affidavit, and my testimony herein is based upon my personal knowledge.

2. James Bethel Barnes ("Decedent") died on June 20, 2014. A copy of the Certificate of Death is attached as **Exhibit 1.**

3. Decedent had an ownership interest in a certain parcel of improved real property at the time of death, which is located at 5776 Stone Brook Drive, Brentwood, TN 37027 (the "Property") and more fully and particularly described as follows:

> Unit No. 5776, in Brentwood Trace Condominiums, Section Two, a Horizontal Property Regime, located on Fox Ridge Drive and Stone Brook Drive, Brentwood, Davidson County, Tennessee, as shown on the plat of Brentwood Trace Condominiums, Section Two, recorded in Book 5200, pages 376 and 377, Register's Office for Davidson County, Tennessee, to which reference is here made. The easements, restrictive covenants, conditions and regulations imposed upon and relating to the property, apartments, co-owners and tenants of Brentwood Trace Condominiums, Section Two, contained in the Master Deed and the By-Laws appended thereto, recorded in Book 5818, page 915, Register's

Office for said County, are incorporated in this deed by reference and made a part hereof the same as though copied herein. Also incorporated herein is amendment to By-Laws in Book 5868, Page 70.

Being the same property conveyed to James B. Barnes by warranty deed from Haury & Smith Contractors, Inc., dated January 20, 1983, recorded January 20, 1983, of record in Book 5995, Page 751 in the Register's Office of Davidson County, Tennessee.

5. Decedent died unmarried and without a will. Decedent had a son, Reid Davis Barnes, and a daughter, Bettie Catherine Orman (Affiant). Reid Davis Barnes predeceased Decedent on April 11, 2013, unmarried (divorced) and without issue. Therefore, Affiant is Descendant's sole heir-at-law pursuant to Tenn. Code Ann. § 31-2-104.

6. A probate estate has not been opened, and it is not anticipated that one will be opened.

7. Pursuant to Tenn. Code Ann. § 31-2-103, Decedent's interest in the Property vested in Affiant immediately upon death. As of the filing of this Affidavit, ownership of the Property remains vested as follows:

Bettie Catherine Orman – 100% interest.

FURTHER AFFIANT SAYETH NOT.

SWORN this 5 day of July 2018.

B. Catherine Orman

Bettie Catherine Orman

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Now having first been sworn, the above-named Bettie Catherine Orman, Affiant, appeared before me and proved his identity to me by a government issued photograph identification card, and gave the testimony in this Affidavit for the purpose(s) stated herein.

Sworn to and subscribed before me, the undersigned Notary Public, this 5 day of July, 2018.

Tessa Lawson

Notary Public

TESSA LAWSON
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY

My commission expires: 03-03-2020

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): James Bethel Barnes
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): Jun 20, 2014
4. TIME OF DEATH (Hours): [redacted]
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 7, 1927
7. BIRTHPLACE (City and State or Foreign Country): Memphis, TN

8a. PLACE OF DEATH (Check only one): Inpatient; ER/Outpatient; DOA; 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): Belcourt Terrace Nursing Home
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)
11a. DECEDENT'S USUAL OCCUPATION: Pilot
11b. KIND OF BUSINESS/INDUSTRY: Martha White Foods

12. SOCIAL SECURITY NUMBER: 409-34-3262
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TN
13b. COUNTY: Davidson
13c. CITY OR TOWN: Brentwood

13d. STREET AND NUMBER: 6776 Stonebrook Dr
13e. INSIDE CITY LIMITS: Yes / No
13f. ZIP CODE: 37027
14. WAS DECEDENT EVER IN THE 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): Cola Bethel Barnes
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Fannie Mae Barnes

20a. INFORMANT'S NAME: Catherine Orman
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 5697 Midland Rd Christiana, TN 37037

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

22a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
22b. LICENSE NUMBER: 5939
22c. SIGNATURE OF EMBALMER
22d. LICENSE NUMBER
23a. NAME AND ADDRESS OF FUNERAL HOME: Nashville Funeral and Cremation Service 210 McMillan St. Nashville, TN 37203
23b. LICENSE NUMBER OF FUNERAL HOME: 1136

24. REGISTRAR'S SIGNATURE: [signature] DR
25. DATE FILED (Month, Day, Year): June 27, 2014

26. CERTIFIER (Check only one):
26a. [X] 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.

27a. SIGNATURE OF CERTIFIER: [signature]
27b. LICENSE NUMBER: TN 45402
27c. DATE SIGNED (Month, Day, Year): 6-27-14
27d. NAME AND ADDRESS: 4300 Stammet Pl. Nash. TN 37215

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. CVA
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. Atrial Fibrillation; c.; d.
Approximate Interval: Onset to Death: a. Minutes; b. Years; c.; d.

Part II. Other significant conditions contributing to death, but not resulting in the underlying cause given in PART I.
28a. WAS AN AUTOPSY PERFORMED? Yes / No
28b. 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 43 days to 1 year before death; Not pregnant, but pregnant within 42 days of 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)

VH-1538 (Rev. 12/2011)
RDA 1906

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

NAME OF DECEDENT (For use by Physician or Institution)

TYPEWRITE IN PERMANENT INK

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.

6738441

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

6738441

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued: JUL 2 7 2014

CERTIFICATION OF VITAL RECORD