This Instrument Prepared By:
MARTIN A. KOOPERMAN
Attorney at Law
603 Woodland St.
Nashville, TN 37206
615-259-1214

New Owner/Send Tax Bills to:
Charles Edward Jones
112 Jacobs Way
Bon Aqua, TN 37025

Karen Y Johnson Davidson County
Batch# 144033 AFFIDAVITH
09/21/2018 04:10:39 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20180921-0094016

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE
COUNTY OF DAVIDSON

I, Carl Johnson, being first duly sworn on oath, state that I am of lawful age and that based upon my personal knowledge hereby affirm the following:

I, Carl Johnson, am an adult over the age of majority; a resident of Nashville, Davidson County, Tennessee, residing at 209 Allen Road, Goodlettsville, TN 37072.

1. I was related by marriage to Aline D. Jones and Linda S. Jones because my former wife, Barbara Stamps Johnson, was the sister of Cheryl Stamps, Jones, who was married to Charles Edward Jones, the son of Aline D. Jones. I have known the family for 60 years.

2. The said Charles Edward Jones was the son of Aline D. Jones and the brother of Linda S. Jones. He was the only sibling of the said Linda S. Jones, who died intestate unmarried with no children on March 13, 2005. Aline D. Jones died intestate on April 19, 2015 unmarried and being survived by her son, Charles Edward Jones. The only surviving heir of Aline D. Jones was Charles Edward Jones.

3. Aline D. Jones owned property located at 4605 Nevada Avenue, Nashville, Davidson County, Tennessee 37209, that was solely owned by her at the time of her death on April 19, 2015. The said property having been previously owned as tenants in common with her daughter, Linda S. Jones, who predeceased her on March 13, 2005. Therefore, the surviving heir to Aline D. Jones' real property at the time of her death was Charles Edward Jones.

4. The real property located at 4605 Nevada Avenue, Nashville, Davidson County, Tennessee owned by Aline D. Jones at the time of her death is described as follows:

> Being Lot No. 506 of Block 24 in Charlotte Park Company's Plan No. 1 as of record in Book 57, Page 103, Register's Office for said county. Said Lot No. 506 fronts 50 feet on the southerly side of Nevada Avenue and runs back southerly between parallel lines 150 feet to an alley.
>
> Being the same property conveyed to Aline D. Jones and Linda S. Jones by Quitclaim Deed from Aline D. Jones of record in Book 8596, Page 669, Register's Office for Davidson County, Tennessee. The said Linda S. Jones now being deceased.

5. The Affiant understands that this Affidavit has been executed, as an Affidavit of Heirship, pursuant to the provisions of Tennessee Code Annotated § 30-2-712, in order to establish the rights of the said Charles Edward Jones, as the sole heir at law of Aline D. Jones, deceased, pertaining to the property of the said Aline D. Jones, deceased.

Witness my hand this 21st day of September, 2018.

Carl Johnson

CARL JOHNSON

Personally before me, the undersigned, a Notary Public in and for the aforesaid state and county, Carl Johnson, with whom I am personally acquainted and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and seal in office this 21st day of September, 2018.

Martin Hooper

NOTARY PUBLIC

STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

My Commission Expires: 8/10/19

STATE OF TENNESSEE
Office of Vital Records

15 2525

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STA 2015 019829

TYPEWRITE OR PERMANENT BLACK INK

NAME OF DECEDENT (For use by Physician or Institution)

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Aline Delius Jones
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): April 19, 2015
4. TIME OF DEATH (Hours - Military): 4:1
5a. AGE-Last Birthday (Years): 90
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): September 20, 1924
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN

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): Alive Hospice Residence
8c. CITY OR TOWN: Nashville 094
8d. COUNTY OF DEATH: Davidson 19

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: File Clerk
11b. KIND OF BUSINESS/INDUSTRY: Insurance
12. SOCIAL SECURITY NUMBER: 412-24-3938
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 4605 Nevada Ave.
13e. INSIDE CITY LIMITS: ☑ Yes ☐ No
13f. ZIP CODE: 37209
14. WAS DECEDENT EVER IN US 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): Joe Delius
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Lillian George

20a. INFORMANT'S NAME: Charles Jones
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 112 Jacobs Way, Bon Aqua, TN 37025-5147

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

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Heather R. Sharpe
22b. LICENSE NUMBER: 5954
22c. SIGNATURE OF EMBALMER: ▶ Dawn Renee Everett
22d. LICENSE NUMBER: 6024

23a. NAME AND ADDRESS OF FUNERAL HOME: Eastland Funeral Home & Cremation Service 904 Gallatin Road, Nashville, TN 37206
23b. LICENSE NUMBER OF FUNERAL HOME: 120

24. REGISTRAR'S SIGNATURE: ▶ Michael Edwards D.R.
25. DATE FILED (Month, Day, Year): 4/23/15

26. CERTIFIER (Check only one)
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: ▶
27b. LICENSE NUMBER: 45572
27c. DATE SIGNED (Month, Day, Year): 04/22/2015
27d. NAME AND ADDRESS: Anh T. Manalowe, M.D. 1718 Patterson Street, Nashville, TN 37203

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.

		Approx. interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Alzheimer's Dementia	
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. Due to (or as a consequence of):	
	c. Due to (or as a consequence of):	
	d. Due to (or as a consequence of):	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. COPD

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-1639 (Rev. 10/2011) RDA 1398

WIDOWED

10404895

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.

Edward G. Bishop III
State Registrar

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

1 0 4 0 4 8 9 5

Date Issued SEP 2 0 2015

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

0501408 TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2005 010518

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

1 DECEDENT'S NAME (First Middle Last): Linda Sue Jones
2 SEX: Female
3 DATE OF DEATH (Month Day Year): March 13, 2005
4 SOCIAL SECURITY NUMBER: -6445
5a AGE LAST BIRTHDAY (Years): 56
5b UNDER 1 YEAR: MONTHS / DAYS
5c UNDER 1 DAY: HOURS / MIN
6 DATE OF BIRTH (Month Day Year): Sep 2, 1948
7 BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
9a PLACE OF DEATH (Check only one): 1 Inpatient 2 [X] ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
9b FACILITY NAME (If not institution give street and number): Baptist Hospital 019
9c CITY TOWN OR LOCATION OF DEATH: Nashville
9d COUNTY OF DEATH: Davidson
10 MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Never Married
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): Supervisor
12b KIND OF BUSINESS/INDUSTRY: David Lipscomb University
13a RESIDENCE STATE: Tennessee
13b COUNTY: Davidson
13c CITY TOWN OR LOCATION: Nashville
13d STREET AND NUMBER OR RURAL LOCATION: 4605 Nevada Ave
CENSUS TRACT
13e INSIDE CITY LIMITS? 1 [X] Yes 2 No
13f ZIP CODE: 37209
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes specify Cuban, Mexican, Puerto Rican, etc.) Yes 0 [X] No
15 RACE American Indian, Black, White, etc. (Specify): White
16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):
NAME OF DECEDENT (To be filled in by physician or institution)

17 FATHER'S NAME (First Middle Last): Herbert Lee Jones
18 MOTHER'S NAME (First Middle Maiden Surname): Aline Delius
19a INFORMANT'S NAME (Type/Print): Aline D Jones
19b RELATIONSHIP TO DECEASED: Mother
19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4605 Nevada Ave Nashville, Tennessee 37209
20a METHOD OF DISPOSITION: 1 [X] Burial 2 Cremation 3 Removed from State 4 Donation 5 Other (Specify)
20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Woodlawn Memorial Park
20c LOCATION City or Town, State: Nashville, Tennessee
21a SIGNATURE OF FUNERAL DIRECTOR: Phillip W Sisk
21b LICENSE NUMBER OF FUNERAL DIRECTOR: 5222
21c SIGNATURE OF EMBALMER: Rick Smith
21d LICENSE NUMBER OF EMBALMER: 5195
22a NAME AND ADDRESS OF FUNERAL HOME: Pettus-Owen & Wood Funeral Home 4506 Charlotte Ave , Nashville, Tennessee 37209
22b LICENSE NUMBER OF FUNERAL HOME: 905
23 REGISTRAR'S SIGNATURE:
24 DATE FILED (Month Day Year): March 16 2005

24a 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: MD-016053
25c DATE SIGNED (Month Day Year): 3/16/05

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):

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): Dr William C Penley, Suite 301, 300 20th Ave N , Nashville, TN 37203

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

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Out of hospital cardiac arrest — Approximate Interval Between Onset and Death: minutes
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. Metastatic colon cancer — 4 months
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS 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? 1 Yes 2 [X] No
29b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No

30 MANNER OF DEATH: 1 [X] Natural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be Determined 4 Homicide
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):

PH 1659 (REV. 8/98)
BIRTH NO.
RDA 1389

10404896

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.

Edward G. Bishop III
State Registrar

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

10404896
Date Issued Sep-20-2018

CERTIFICATION OF VITAL RECORD