Karen Y Johnson Davidson County
Batch# 150314 AFFIDAVITH
10/10/2018 08:13:00 AM 7 pgs
Fees: $37.00 Taxes: $0.00
20181010-0100291

Prepared by and Return to:
The Law Office of S. Ruffin Craig, Jr., LLC
5115 Maryland Way
Brentwood, Tennessee 37027
(615) 933-5105

AFFIDAVIT OF INHERITANCE (REAL ESTATE)

Owner:	Send tax notice to:	Map & Parcel No.:
Jeffrey L. Fuqua and Jacqueline A. Lee	Jeffrey L. Fuqua 835 Thatcher Way Franklin, TN 370674	075 10 0 023.00

The undersigned, being duly sworn, depose and say:

Jo Ann Fuqua, a resident of Davidson County, Tennessee, who died July 6, 2018 as evidenced by a copy of the death certificate attached as Exhibit A, held a fee simple interest in real estate located in Davidson County by virtue being the surviving spouse of **Billy L. Fuqua**, who died on July 25, 2016 as evidenced by a copy of the death certificate attached as Exhibit B:

> Being Lot No. 197 on the Plan of Hermitage Estates, of record in Book 3300, page 71, Register's Office for said County, as follows:
>
> Said Lot No. 197 fronts 80 feet on the easterly side of Weldon Drive and runs back 123.3 feet on the northerly line and 130.7 feet on the southerly line to a dead line measuring 80.33 feet thereon.
>
> Being the same property conveyed to Billy L. Fuqua and wife, Jo Ann Fuqua by deed from Jerry A. Work and wife, Janice F. Work of record in Book 4125, page 732, said Register's Office.
>
> SUBJECT TO all restrictions, easements and planning documents of record.

The undersigned each received a one-half (1/2) interest as Tenants in Common in the real estate described above by virtue of being the recipients of the real estate under the provisions of the Last Will and Testament of Jo Ann Fuqua, filed on record with the Seventh Circuit Court (Probate Division) of Davidson County, Tennessee, Small Estate Administration, Docket No. 18P-1518.

There are no debts or encumbrances remaining that are or might become a lien on the interest in the described real estate.

This Affidavit of Heirship is freely given pursuant to T.C.A. § 30-2-712, *et seq.*, to help establish and reflect the heirship with respect to any real or personal property owned by Jo Ann Fuqua in Davidson County, Tennessee, or elsewhere.

T.C.A. § 67-4-409(a)(3)(D) exempts this instrument from tax and T.C.A. § 67-4-409(a)(5) further provides the valuation oath is unnecessary, the affidavit being used to evidence transfer of title to the property to a beneficiary.

Further, affiants saith not.

STATE OF TENNESSEE)
COUNTY OF Davidson)

Jeffrey L. Fuqua

SUBSCRIBED AND SWORN TO before me this 22 day of September, 2018.

Notary Public

My Commission expires 07/09/2022

EMILY PALING
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires July 9, 2022

STATE OF TENNESSEE)
COUNTY OF Davidson)

Jacqueline Ann Lee

Jacqueline A. Lee

SUBSCRIBED AND SWORN TO before me this 22 day of September, 2018.

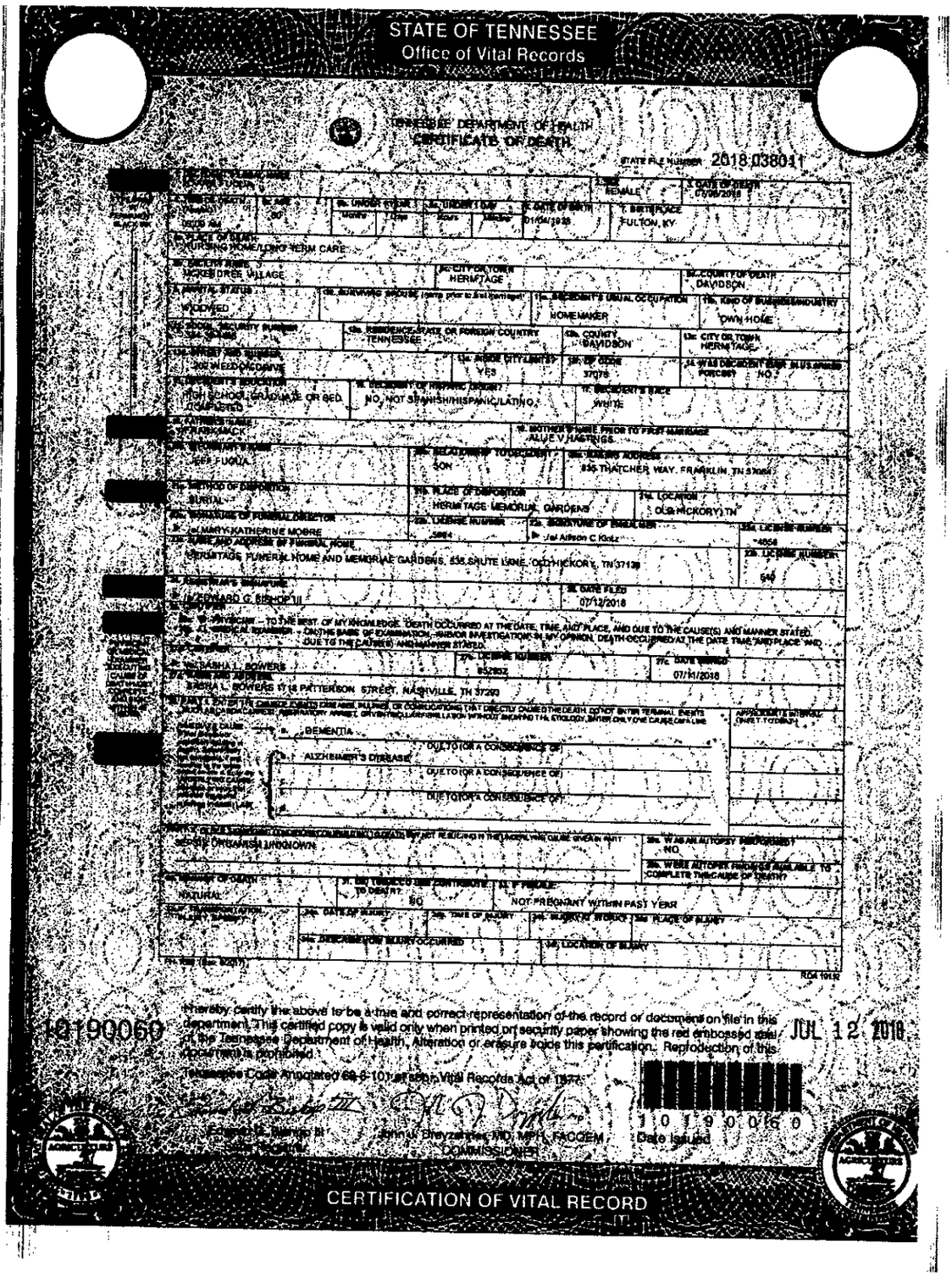
Emily Paling

Notary Public

My Commission expires 07/09/2022

EMILY PALING
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires July 9, 2022

EXHIBIT A



STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2018038011

[redacted]
FEMALE
07/09/2018
AGE 90
01/04/1928
FULTON, KY
NURSING HOME/LONG TERM CARE
NICKS DRIVE VILLAGE
HERMITAGE
DAVIDSON
WIDOWED
HOMEMAKER
OWN HOME
[redacted]
TENNESSEE
DAVIDSON
HERMITAGE
302 NEED DRIVE
YES
37076
NO
HIGH SCHOOL GRADUATE OR GED COMPLETED
NO, NOT SPANISH/HISPANIC/LATINO
WHITE
[redacted]
MARKACK
ALLIE V HASTINGS
[redacted]
JEFF FUQUA
SON
835 THATCHER WAY, FRANKLIN, TN 37064
BURIAL
HERMITAGE MEMORIAL GARDENS
OLD HICKORY TN
/s/ MARY KATHERINE MOORE
5864
/s/ Allison C Klotz
4656
HERITAGE FUNERAL HOME AND MEMORIAL GARDENS, 535 SHUTE LANE, OLD HICKORY, TN 37138
646
[redacted]
/s/ LEONARD G BISHOP III
07/12/2018
/s/ SASHA L. BOWERS
852802
07/11/2018
SASHA L. BOWERS 1118 PATTERSON STREET, NASHVILLE, TN 37203
a. DEMENTIA
b. ALZHEIMER'S DISEASE
DUE TO (OR AS A CONSEQUENCE OF)
DUE TO (OR AS A CONSEQUENCE OF)
DUE TO (OR AS A CONSEQUENCE OF)
ORGANISM UNKNOWN
NO
NATURAL
NO
NOT PREGNANT WITHIN PAST YEAR
RDA 1918

I10190060

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.

JUL 12 2018

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

10190060
Date Issued

Edward G. Bishop III
State Registrar

John W. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

CERTIFICATION OF VITAL RECORD

EXHIBIT B

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): Billy Lee Fugua
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): July 25, 2016
4. TIME OF DEATH: 1905
5a. AGE-Last Birthday (Years): 80
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): March 08, 1936
7. BIRTHPLACE (City and State or Foreign Country): Wingo, Kentucky
8a. IF DEATH OCCURRED IN A HOSPITAL: ☑ Inpatient ☐ ER/Outpatient ☐ DOA
8b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing home/long term care facility ☐ Decedent's home ☐ Other residence ☐ Other (Specify)
8c. FACILITY NAME (If not institution, give street and number): Summit Medical Center
8d. CITY OR TOWN: Hermitage
8e. 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): Jo Ann Mack
11a. DECEDENT'S USUAL OCCUPATION: Superintendent
11b. KIND OF BUSINESS/INDUSTRY: J.B. Webb Contractor Co
12. SOCIAL SECURITY NUMBER: 407-46-1636
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Hermitage
13d. STREET AND NUMBER: 202 Weldon Dr
13e. INSIDE CITY LIMITS: ☑ Yes ☐ No
13f. ZIP CODE: 37076-2133
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, MBA, MSW)
☐ 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): Jesse O Fugua
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Marjorie Grady
20a. INFORMANT'S NAME: Jo Ann Fugua
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 202 Weldon Dr, Hermitage, TN 37076-2133
21a. METHOD OF DISPOSITION: ☐ Donation ☐ Entombment ☑ Burial ☐ Cremation ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Hermitage Memorial Gardens
21c. LOCATION - City or Town and State: Old Hickory, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Mary Katharine Moore
22b. LICENSE NUMBER: 5994
22c. SIGNATURE OF EMBALMER: ▶ Sherrod Kimmins
22d. LICENSE NUMBER: 6686
22e. NAME AND ADDRESS OF FUNERAL HOME: Hermitage Funeral Home, 535 Shute Ln, Old Hickory, TN 37138
23. REGISTRAR'S SIGNATURE: ▶ D Chambers DR
23b. LICENSE NUMBER OF FUNERAL HOME: 340
24. DATE FILED (Month, Day, Year): 7/29/16
25. CERTIFIER (Check only one):
25a. ☑ PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.
25b. ☐ 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.
25c. SIGNATURE OF CERTIFIER: ▶ [signature]
25d. LICENSE NUMBER: 45998
25e. DATE SIGNED (Month, Day, Year): 7/28/16
25f. NAME AND ADDRESS: Kinsale 5651 First Blvd Suite 309 Hermitage, TN
26. 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. Chronic respiratory failure with acute exacerbation
Approximate Interval: Onset to death: days
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. Cor pul mentale — Due to (or as a consequence of):
c. COPD — 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: Chronic kidney disease
27a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☐ No
27b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☑ No
28. MANNER OF DEATH: ☑ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☑ Yes ☐ Probably ☐ No ☐ Unknown
30. 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
31. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
32a. DATE OF INJURY (Month, Day, Year)
32b. TIME OF INJURY
32c. INJURY AT WORK? ☐ Yes ☐ No
32d. PLACE OF INJURY – At home, farm, street, factory, office, building, etc. (Specify)
32e. DESCRIBE HOW INJURY OCCURRED
32f. LOCATION OF INJURY (Street and Number, City or Town, State)

RN-1668 (Rev. 10/2011)
RDA 1998

MARRIED

8516212

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.

JUL 29 2016

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

8516212

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued

CERTIFICATION OF VITAL RECORD