****

ADDRESS NEW OWNER:
Vincent Wallace
877 Claylick Court
White's Creek, TN 37189

SEND TAX BILL TO:
Same

Map-Parcel No.
Map 23
Parcel 130
10D, 14616

****

This Instrument Prepared By:
PAULA OGLE BLAIR, ATTORNEY AT LAW
211 Donelson Pike, Suite 214, Nashville, Tennessee 37214
FROM INFORMATION BY OTHERS

Karen Y Johnson Davidson County
Batch# 152141 **AFFIDAVITH**
10/17/2018 02:35:45 PM 5 pgs
Fees: $27.00 Taxes: $0.00
20181017-0103052

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Come the Affiant, Vivian Denton, being of lawful age and a resident of the State of Tennessee for the past six (6) months, being first duly sworn according to law, and, pursuant to Tennessee Code Annotated § 30-2-712, hereby swear to the following of her own free will and based upon her personal knowledge and familiarity with Patricia Fuqua:

1. Patricia Fuqua died on August 19, 2017. A Death Certificate is attached to this Affidavit.

2. At the time of her death, Patricia Fuqua was unmarried.

3. At the time of her death, Patricia Fuqua owned an interest in property located in White's Creek, Davidson County, and more particularly described as follows:

Land in 10th Civil District of Davidson County, Tennessee, Property of C.H. Midgett according to a survey by Southern Land and Associates, Inc. of Nashville dated May 16, 1980, describes as follows:

Beginning at an iron pin located South 43 degrees 08' 33' West 45 feet from a monument marking this junction at the end of an access road and of the right-of-way of I-24 at approximate station 288+77; thence with said access road South 43

degrees 08' 33" West 45.00 feet to a monument; thence South51 degrees 03' 21" East 180 feet to an iron pin; thence South 00 degrees 40' 54" West 695.15 feet to an iron pin; thence North 51 degrees 03' 21" West 357.68 feet to an iron pin; thence North 10 degrees 09' 08" East 330.00 feet to an iron pin; thence North 48 degrees 06' 36" West 307.77 feet to an iron pin; thence North 53 degrees 25' 47" East 305.70 feet to an iron pin; thence South 46 degrees 51' 27" East 140.70 feet to the beginning, containing 5.00 acres, more or less.

Being the same property conveyed to Patricia Ann Fuqua by Affidavit of Heirship signed on May 22, 2017, of record in Instrument Number 20170613-0059312, Registers Office for Davidson County, Tennessee, filed on June 13, 2017.

5. The property described herein was bequeathed to Vincent Wallace. A copy of the Last Will and Testament of Patricia Fuqua is attached.

6. This Affidavit will confirm that Patricia Fuqua's ownership interest as described herein vested in her son and beneficiary of her Last Will and Testament, Vincent Wallace, after her death on August 19, 2017.

FURTHER AFFIANTS SAYETH NAUGHT

VIVIAN DENTON

Sworn to and subscribed before me this 12 day of Oct, 2018.

NOTARY PUBLIC

My commission expires: 3/3/2020

LORI BRASILI
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Patricia Ann Fuqua
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): August 19, 2017
4. TIME OF DEATH (Approx.): 10:35
5a. AGE-Last Birthday (Years): 66
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): March 16, 1951
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee

TYPEWRITE 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): Alive Hospice @ Skyline
8c. CITY OR TOWN: Madison
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution)

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: Mail Carrier
11b. KIND OF BUSINESS/INDUSTRY: US Postal Service
12. SOCIAL SECURITY NUMBER: 408-88-1302
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Whites Creek
13d. STREET AND NUMBER: 877 Claylick Ct
13e. INSIDE CITY LIMITS: ☑ Yes ☐ No
13f. ZIP CODE: 37189-9105
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

PARENTS

18. FATHER'S NAME (First, Middle, Last): George Gordon Hallum Sr.
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Ruth Taylor

DISPOSITION

20a. INFORMANT'S NAME: Vincent Wallace
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): Po Box 152, Whites Creek, TN 37189-0152
21a. METHOD OF DISPOSITION: ☑ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Forest Lawn Memorial Gardens
21c. LOCATION - City or Town and State: Goodlettsville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: Michael Lee Frazier
22b. LICENSE NUMBER: 6079
22c. SIGNATURE OF EMBALMER: N/A
22d. LICENSE NUMBER:
23a. NAME AND ADDRESS OF FUNERAL HOME: Forest Lawn Funeral Home & Memorial Gardens 1150 South Dickerson Road, Goodlettsville, TN 37072
23b. LICENSE NUMBER OF FUNERAL HOME: 927

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REGISTRAR

24. REGISTRAR'S SIGNATURE: Dylan Crumley DR
25. DATE FILED (Month, Day, Year): 8/28/17

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 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: R Berkompas MD
27b. LICENSE NUMBER: 17891
27c. DATE SIGNED (Month, Day, Year): 8/28/17
27d. NAME AND ADDRESS: Robert Berkompas, M.D. 1718 Patterson Street, Nashville, TN 37203

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.

		Approximate Interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Chronic obstructive pulmonary disease	
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	Due to (or as a consequence of): b.	
	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? ☐ 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-1659 (Rev. 10/2011)
RDA 1398

09487632

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.

AUG 28 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

09487632
Date Issued

CERTIFICATION OF VITAL RECORD

Copy 17P1601

FILED

OCT 12 2017

May 24, 2015

Last Will and Testament of Patricia A. Fuguea

I Patricia A Fuguea a resident of the State of Tennessee, County of Davidson. being of sound mind and memory do hereby declare that this is my will. My date of birth is March 16, 1951. My physical address is 877 Claylick Ct. Whites Creek TN. 37189 My mailing address is PO Box 707 Goodlettsville, TN. 37070

First I Revoke all former wills and codicils I previously made.

Second I bequeath, (give) my son Vincent Edward Wallace the following My home at 877 Claylick Ct. Whites Creek TN 37189 My property at 867 Claylick Ct Whites Creek 37189. My house at 1100 Gibson Dr. Madison TN. 37115 The contents of both homes. Any money in my bank account. Any money owed to me by IRS or my retirement funds. Any refunds due to me by anyone. Any automobiles I may own at my death. Any thing I own not listed above with the exception of the three rings listed below.

To my Granddaughter Devin Wynn Wallace I leave a diamond Cluster ring.

To my Granddaughter Margaret Francis Wallace I leave a diamond Cluster ring.

To my Granddaughter Emily Nicole Wallace I leave my diamond and sapphire ring.

This will consist of one page only.

I sign this will of my own free will.

Sign Patricia A. Fuguea May 24, 2015

Print Patricia A. Fuguea May 24, 2015

We the witnesses, sign our name to this document and we declare that we know Patricia A Fuguea and she is of sound mind and is under no duress to make this will.

1. Witness Name & Date Patricia J. Hill 5-24-2015
   Witness Address 413 Lorna Dr. Nashville Tn. 37214
2. Witness Name & Date Bobby J Taylor 5-24-2015
   Witness Address 138 Mansker Park Dr. Hendersonville, Tn 37075

STATE OF TENNESSEE

I, RICHARD R. ROOKER, Clerk of the Circuit Court for Davidson County, in the State aforesaid, do hereby certify that the foregoing is a true and correct copy of the LAST WILL AND TESTAMENT heretofore filed in the SEVENTH Circuit Court for Davidson County, Tennessee, on the 12 day of OCTOBER, 2017, in Docket Number 17P1601, IN RE: FUQUA, PATRICIA ANN, as same remains of record in the Minutes of said Court.

IN TESTIMONY WHEREOF, I hereunto subscribe my name and affix the seal of said Court, at office, in Nashville, the 25 day of APRIL in the year 2018 and in the 241 year of American Independence.

RICHARD R. ROOKER, Clerk,

By: _____
Deputy Clerk

[SEAL]

