Prepared By:
George E. Copple
1230 2nd Ave. S.
Nashville TN
37210

AFFIDAVIT OF HEIRSHIP OF ~~LINDA LEE BROWN~~ ALICE MAE DIECKMAN

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The undersigned Affiant, ~~Linda Lee Brown~~ Alice Mae Dieckman, upon being duly sworn, deposes and says as follows: GEC

1. Jack Donald Dieckman, Jr., also known as Jack Dieckman (hereinafter "Decedent"), a resident of Tennessee, was the Husband of the undersigned Affiant, Alice May Dieckman. Affiant and Jack Dieckman owned the house and lot located at 106 Jay St., Nashville TN 37210, as tenants by the entireties, as reflected in the Warranty Deed of record in Book 6273, Page 138, Register's Office of Davidson County, Tennessee.

2. Jack Dieckman died intestate on February 25, 1992, in Nashville, Davidson County, Tennessee. A copy of Decedent's certificate of death is attached as EXHIBIT A hereto. By operation of law under the Tennessee laws of descent and distribution, Affiant succeeded to her husband's one-half undivided interest as a tenant-by-the-entireties at his death in 1992.

3. There are no debts or encumbrances remaining on the said real property which are or might become a lien on said property.

FURTHER AFFIANT SAYETH NOT.

Alice Mae Dieckman
Alice Mae Dieckman, Affiant
AMD

Before me, the undersigned, a Notary Public, duly appointed and commissioned in and for the State and County aforesaid, personally appeared Alice Mae Dieckman, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person described in the foregoing, and who, after being duly sworn, executed the foregoing document in my presence.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said county, on this 30 day of October, 2018.

My Commission expires: 3-8-2022 George E. Copple
Notary Public

GEORGE E. COPPLE NOTARY PUBLIC AT LARGE TENN.

Karen Y Johnson Davidson County
Batch# 164638 **AFFIDAVITH**
11/26/2018 09:14:57 AM 2 pgs
Fees: $12.00 Taxes: $0.00

20181126-0114974

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

TYPE/PRINT 9200814 — STATE FILE NUMBER 92 006896

1. DECEDENT'S NAME (First, Middle, Last): JACK DONALD DIECIDUAH, JR. — 2. SEX: MALE — 3. DATE OF DEATH (Month, Day, Year): February 25, 1992

4. SOCIAL SECURITY NUMBER: [redacted]-5443 — 5a. AGE – LAST BIRTHDAY (Years): 50 — 5b. UNDER 1 YEAR: months / days — 5c. UNDER 1 DAY: hours / minutes — 6. DATE OF BIRTH (Month, Day, Year): Dec. 6, 1941 — 7. BIRTHPLACE (City and State or Foreign Country): MONTEREY PARK, CALIFORNIA

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 X No — 9a. PLACE OF DEATH (Check only one): 1 X Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)

9b. FACILITY NAME (If not institution, give street and number): BAPTIST HOSPITAL 079 — 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): ALICE KELLEY — 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): INSTALLER — 12b. KIND OF BUSINESS/INDUSTRY: INSULATION COMPANY

13a. RESIDENCE – STATE: TN — 13b. COUNTY: DAVIDSON 19 — 13c. CITY, TOWN OR LOCATION: NASHVILLE 094 — 13d. STREET AND NUMBER OR RURAL LOCATION: 106 JAY STREET

TRACT — 13e. INSIDE CITY LIMITS? 1 Yes 2 No — 13f. ZIP CODE: 37210 — 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes No — Specify, if yes: — 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+):

PARENTS — 17. FATHER'S NAME (First, Middle, Last): JACK DONALD DIECIDUAH, SR. — 18. MOTHER'S NAME (First, Middle, Maiden Surname): STELLA KIRCHMEIHER

INFORMANT — 19a. INFORMANT'S NAME (Type/Print): MRS. ALICE DIECIDUAH — 19b. RELATIONSHIP TO DECEASED: WIFE — 19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 106 JAY STREET, NASHVILLE, TN 37210

20a. METHOD OF DISPOSITION: 1 Burial 2 X Cremation 3 Removal from State 4 Donation 5 Other (Specify) — 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): COLE & GARRETT CREMATORY — 20c. LOCATION – City or Town, State: MEMBERSONVILLE, TN

SIGN — 21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Tracey Bond — 21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3930 — 21c. SIGNATURE OF EMBALMER: ▶ None — 21d. LICENSE NUMBER OF EMBALMER:

22a. NAME AND ADDRESS OF FUNERAL HOME: WOODLAWN FUNERAL HOME 660 THOMPSON LANE, NASHVILLE, TN 37204 — 22b. LICENSE NUMBER OF FUNERAL HOME: 731

FILE — 23. REGISTRAR'S SIGNATURE: ▶ Mary C. Gentecort — 24. DATE FILED (Month, Day, Year): March 4 1992

PHYSICIAN — 25a. To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 X SIGNATURE AND TITLE OF PHYSICIAN: ▶ Thomas Spina MD — 25b. LICENSE NUMBER: MD 9496 — 25c. DATE SIGNED (Month, Day, Year): 2 MAR 1992

MEDICAL EXAMINER — 26a. On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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):

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. — Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Acute myelogenous Leukemia
DUE TO (OR AS A CONSEQUENCE OF): b. Myelodysplastic Syndrome
DUE TO (OR AS A CONSEQUENCE OF): c.
DUE TO (OR AS A CONSEQUENCE OF):

SEE INSTRUCTIONS ON OTHER SIDE — 2050

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

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

30. MANNER OF DEATH: 1 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: M — 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)

BIRTH NO.

FH-1699 REV. 1/89

10062265

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 02 2018

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

10062265 — Date Issued

CERTIFICATION OF VITAL RECORD