Karen Y Johnson Davidson County
Batch# 170829 AFFIDAVITH
12/05/2018 02:39:30 PM 6 pgs
Fees: $32.00 Taxes: $0.00
20181205-0118717

This instrument was prepared by:
Leroy Johnston Ellis, IV
Attorney at Law
3844 Old Hickory Blvd.
Old Hickory, TN 37138

AFFIDAVIT OF HEIRSHIP OF ELIZABETH LOUISE TYREE

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Affiant, LINDA K. TYREE , after first being duly sworn, states that:

1. I am an adult citizen and resident of Davidson County, Tennessee residing at: 404 Terrapin Trail, Antioch, TN. 37013.

2. ELIZABETH LOUISE TYREE, (The Deceased) died on October 9, 2018, in Davidson County, Tennessee, residing at: 5015 Bonnahill Dr. Hermitage, TN. 37076.

3. I was acquainted with the deceased for 18 years. I was the daughter-in-law of the deceased and have knowledge of the facts stated herein and am otherwise competent to make this affidavit.

4. At the time of their death, the surviving next of kin of the deceased were: DONALD OLYN TYREE and LOUANN MARIE TYREE who are her sole heirs at law and beneficiaries. ELIZABETH LOUISE TYREE had no other children, natural or adopted.

5. This Affidavit of Heirship is freely given pursuant to Tenn. Code Ann. § 30-2-712, *et seq.*, to help establish and reflect the heirship with respect to any real or personal property owned by ELIZABETH LOUISE TYREE in Davidson County, Tennessee, or elsewhere, and particularly to confirm the vesting of title to certain real property described as follows:

See Attached Legal Description Exhibit "A"

Further Affiant Sayeth Naught.

Linda K. Tyree
Linda K. Tyree, Affiant

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Before me, Leroy Johnston Ellis, IV, the undersigned, a notary public in the state of Tennessee, personally appeared Linda K. Tyree, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who acknowledged that __he__ executed the foregoing instrument for the purposes therein contained, and expressed and acknowledged that they executed the same as their free act and deed.

Subscribed and sworn to before me, this the 5th day of December, 2018.

LEROY JOHNSTON ELLIS IV
NOTARY PUBLIC AT LARGE
DAVIDSON COUNTY, TENN.

NOTARY PUBLIC
My Commission Expires: 03/03/2020

Tax Map #044 11 0 / 102.00

Send Tax bill to:
Donald O. Tyree
404 Terrapin Trail
Antioch, TN. 37013

Tax Map #074 16 0 / 110.00

Send Tax bill to:
Louann M. Tyree
5015 Bonnahill Dr.
Hermitage, TN. 37076

-LEGAL DESCRIPTION-

EXHIBIT A

Tract I
Tax Map #044 11 0 / 102.00
607 Hadley Ave.
Old Hickory, TN. 37138

Land located in Davidson County, Tennessee being Lot No. 119 on the Plan of Village of Old Hickory, Section A, as of record in Book 1424, page 68, register's Office for Davidson County Tennessee.

Said Lot No. 119 fronts57 feet on the Easterly side of Hadley Avenue and extends back 106 feet on the Northerly Line and 105.9 feet on the Southerly line, to a line in the rear on which it measures 57 feet.

Being all the same property conveyed to Marie T. Mayhugh, Walter O. Tyree and wife, Elizabeth L. Tyree, as Joint Tenants with Right of Survivorship, by deed from Walter O. Tyree and wife Elizabeth L. Tyree of record as Instrument 20040623-0074346, and Re-Recorded as Instrument 20040630-0077850, Register's Office for Davidson County, Tennessee.
The said Marie T. Mayhugh, a/k/a Ova Marie Mayhugh, having died in Smith County, Tennessee on September 16, 2004, (Exhibit "B" Attached Hereto).
The said Walter O. Tyree having died in Davidson County, Tennessee on November 25, 2013, (Exhibit "C" attached hereto), leaving Elizabeth L. Tyree (a/k/a Elizabeth Louise Tyree) as the surviving Joint Tenant.

Tract II
Tax Map #074 16 0 / 110.00
5015 Bonnahill Dr.
Hermitage, TN. 37076

Land in Davidson County Tennessee being Lot No. 375 on the Plan of Hermitage Hills, Section 5 as of record in Book 3300, page 1, Register's Office for Davidson County, Tennessee.
SAID Lot No. 375 fronts 81.59 feet on the Southerly margin of Bonnahill Drive and runs back between lines measuring 151.6 feet on the Westerly side and 154.6 feet on the Easterly side to a dead line in the rear on which it measures 90.5 feet.

Being all the same property conveyed to Walter O. Tyree and wife Elizabeth L. Tyree by Warranty deed from F.E. Stratton and wife, Bettie Stratton dated January 25, 1963, and of record in Book 3502, page 571, Register's Office for Davidson County, Tennessee. The said Walter O. Tyree having died in Davidson County, Tennessee on November 25, 2013, (Exhibit "C" attached hereto), leaving his widow, Elizabeth L. Tyree (a/k/a Elizabeth Louise Tyree) as the surviving Tenant by the Entireties.

STATE OF TENNESSEE
Office of Vital Records

TYPE/PRINT IN PERMANENT BLACK INK

INSTRUCTIONS SEE HANDBOOK

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Ova Marie Mayhugh
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): September 16, 2004
4. SOCIAL SECURITY NUMBER: [illegible]0
5a. AGE-LAST BIRTHDAY (Years): 93
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): April 27,1911
7. BIRTHPLACE (City and State or Foreign Country): Carthage, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [X] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Smith County Health Care
9c. CITY, TOWN, OR LOCATION OF DEATH: Carthage
9d. COUNTY OF DEATH: Smith
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Widowed
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: DuPont
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Hermitage
13d. STREET AND NUMBER OR RURAL LOCATION: 5015 Bonnahill Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37076
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 10; College (1-4 or 5+):

NAME OF DECEDENT (Last, First, Middle) (If Institution)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Walter David Tyree
18. MOTHER'S NAME (First, Middle, Maiden Surname): Mary Belle

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Walter O. Tyree
19b. RELATIONSHIP TO DECEASED: Brother
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 5015 Bonnahill Drive Hermitage, Tennessee 37076

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Hermitage Memorial Gardens
20c. LOCATION-City or Town, State: Hermitage, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Paul Walls
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2965
21c. SIGNATURE OF EMBALMER: Adam Rodgers
21d. LICENSE NUMBER OF EMBALMER: 4622
22a. NAME AND ADDRESS OF FUNERAL HOME: Hermitage Funeral Home, 535 Shute Lane, P. O. Box 757, Hermitage, Tennessee 37076
22b. LICENSE NUMBER OF FUNERAL HOME: 540

REGISTRAR

23. REGISTRAR'S SIGNATURE: Loretta Buchanan (DR)
24. DATE FILED (Month, Day, Year): September 27,2004

CERTIFIER

25a. 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: [illegible] M.D.
25b. LICENSE NUMBER: 3791
25c. DATE SIGNED (Month, Day, Year): 9/20/04
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. Keith Hill, 107 Health Care Drive, Carthage, Tennessee 37030

SEE INSTRUCTIONS ON OTHER SIDE

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.	Cardiac Arrhythmia	1 hr
Due to (or as a consequence of):	Atrial Fibrillation	years
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST. 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? 1 [ ] Yes 2 [ ] No
29b.

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
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)

EXHIBIT B

PH-1659 (REV. 6/98) RDA 1899

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

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

Sharon M. Leinbach
STATE REGISTRAR

Date Issued SEP 27 2004

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

1307176

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Walter Olyn Tyree
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): November 25, 2013
4. TIME OF DEATH (Approx.): 5:45 AM
5a. AGE-Last Birthday (Years): 87
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): September 25, 1926
7. BIRTHPLACE (City and State or Foreign Country): Gordonsville, Tennessee

TYPE/PRINT IN PERMANENT BLACK INK

6a. 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)

6b. FACILITY NAME (If not institution, give street and number): Donelson Place
6c. CITY OR TOWN: Donelson
6d. 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 ...): Elizabeth L. ...
11a. DECEDENT'S USUAL OCCUPATION: Police Officer
11b. KIND OF BUSINESS/INDUSTRY: Metro Nashville Police Department
12. SOCIAL SECURITY NUMBER:
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Hermitage
13d. STREET AND NUMBER: 5015 Bonnahill Dr
13e. INSIDE CITY LIMITS: ☑ Yes ☐ No
13f. ZIP CODE: 37076-1804
14. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☑ Yes ☐ No

NAME OF DECEDENT (For use by Physician or Institution)

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): Walter David Tyree
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Mary Belle

DISPOSITION

20a. INFORMANT'S NAME: Elizabeth L Tyree
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 5015 Bonnahill Dr., Hermitage, TN 37076
21a. METHOD OF DISPOSITION: ☑ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ 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: ▶ Gary Michael Morgan
22b. LICENSE NUMBER: 5220
22c. SIGNATURE OF EMBALMER: ▶ Dawn Renee Everett
22d. LICENSE NUMBER: 6024
23a. NAME AND ADDRESS OF FUNERAL HOME: Hermitage Funeral Home, 535 Shute Ln, Old Hickory, TN 37138
23b. LICENSE NUMBER OF FUNERAL HOME: 540

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ [signature]
25. DATE FILED (Month, Day, Year): November 27 2013

CERTIFIER

26. CERTIFIER (Check only one)
28a. ☒ PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.
28b. ☐ 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: ▶ Donald Vellner MD
27b. LICENSE NUMBER: 31287
27c. DATE SIGNED (Month, Day, Year): 11/26/13
27d. NAME AND ADDRESS

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. Senile dementia — Due to (or as a consequence of)
b. — Due to (or as a consequence of)
c. — Due to (or as a consequence of)
d.

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

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, st... (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and ...

PH-1656 (Rev. 10/2011)

EXHIBIT C

I hereby certify the above to be a true and correct representation of the record or docu... department. This certified copy is valid only when printed on security paper showing the r... of the Tennessee Department of Health. Alteration or erasure voids this certification. Re... document is prohibited.

6307430

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

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

6307430

Date Issued: NOV 27 2013

CERTIFICATION OF VITAL RECORD

CERTIFICATE of AUTHENTICITY

I, **Leroy Johnston Ellis, IV** do hereby make oath that I am an Attorney licensed in the State of Tennessee, Bar # 017968, and custodian of the Electronic version of the attached document tendered for registration herewith and that this is a True and Correct copy of the original Document executed and authenticated according to Law.

Leroy Johnston Ellis, IV,
Attorney at Law, BPR #17968

STATE OF TENNESSEE }
COUNTY OF DAVIDSON }

Before me, Anisha Lala the undersigned, a notary public in the state of Tennessee, personally appeared Leroy Johnston Ellis, IV, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who acknowledged that this certification of an electronic document is true and correct and whose signature I have witnessed.

Anisha Lala
NOTARY PUBLIC

My Commission Expires: 07-09-22

ANISHA LALA
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON

This Certificate Prepared by:
Johnny Ellis, Attorney at Law
3844 Old Hickory Blvd.
Old Hickory, TN. 37138
(615) 847-2000
Johnny@LJELAW.com