Karen Johnson Davidson County
Batch# 188962 AFFIDAVITH
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Fees: $27.00 Taxes: $0.00
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Map & Parcel: 161-08-0-101.00

This Instrument Prepared By:
White & Polk, P.C.
Attorneys at Law
107 West College Street
Murfreesboro, Tennessee 37130

STATE OF TENNESSEE)
ss.
COUNTY OF RUTHERFORD)

AFFIDAVIT OF HEIRSHIP
OF JAMES EDWARD HENLEY, JR.

The undersigned, Betty Jean Henley, a citizen and resident of Cannon County, Tennessee, first being duly sworn make oath to the following:

1. I am over the age of 18 years. I am the aunt of James Edward Henley, Jr.

2. The parents of James Edward Henley, Jr., were James Edward Henley, Sr., and Alda Leanne Henley, who was my sister.

3. Three (3) children were born to James Edward Henley, Sr. and Alda Leanne Henley, namely, James Edward Henley, Jr., Rebecca Joanne Thompson, and Sharon Henley, who died as an infant in 1958.

4. James Edward Henley, Sr. and Alda Leanne Hanley were divorced in 1977.

5. James Edward Henley, Sr. later married and divorced Joyce Hargrove. No children were born of this marriage.

6. James Edward Henley, Sr. never thereafter remarried and had no other issue, and died July 27, 2013, survived by James Edward Henley Jr., and Rebecca Joanne Thompson as his only issue and heirs-at-law. See Exhibit "A" (death certificates) attached.

7. Alda Leanne Henley remarried Eddie O. Raines, Jr., in 19 81 and became known as Alda Leanne Raines. No children were born of this marriage.

8. Alda Leanna Raines (formerly Henley) died October 14, 2015, survived by her two (2) children, James Edward Henley, Jr. and Rebecca Joanne Thompson, and her second husband, Eddie O. Raines, Jr., who was not the father of her children. See Exhibit "B" (death certificates) attached.

9. The parents of James Edward Henley, Jr., namely, James Edward Henley, Sr., and Alda Leanna Raines (formerly Henley) predeceased him as set forth above. Rebecca Joanne Thompson, as the only surviving sibling of James Edward Henley, Jr., is his only heir-at-law.

10. At the time of his death James Edward Henley, Jr. owned a one-third (1/3) remainder interest in the following real property:

> Being a certain parcel of real estate situated and located in Davidson County, Tennessee, and being more particularly described as follows, to-wit:
>
> Being Lot No. 142 on the Plan of Southwood Subdivision of record in Book 2663, pages 124 and 125, Register's Office for Davidson County.
>
> Said Lot No. 142 fronts 130.03 feet on the northerly side of Ash Grove Drive and extends back 285.3 feet on the easterly line and 278.3 feet on the west line to a dead line in the rear on which it measures 150 feet.
>
> Being the same property conveyed to Alda Lee Ann Henley, by deed from James Edward Henley, filed in Book 5201, age 322, of said Register's Office. Alda Lee Ann Henley died testate October 14, 2015, and by the terms of Article III of the Decedents Will filed in Case No. 18P2080, Probate Clerk's Office of Davidson County, Tennessee, bequeathed the subject property to James Edward Henley, Jr., Rebecca Joanne Thompson and Amber Michelle Crutcher (now Amber

Michelle Holloway) subject to the right of Eddie O. Raines, Jr., to live in the property until the end of his life, or until he chooses to move, or, is unable to remaining living there due to capacity, whichever occurs first.

This property has an address of 382 Ash Grove Drive, Nashville, Tennessee 37211.

11. Based on the foregoing, the only heir-at-law of James Edward Henley, Jr. is Rebecca Joanne Thompson subject to the right of Eddie O. Rains, Jr., to live in the property until the end of his life, or until he chooses to move, or, is unable to remaining living there due to capacity, whichever occurs first.

I have personal knowledge of all the facts set forth above and make oath subject to penalties of perjury.

FURTHER, the Affiant sayeth not.

Witness my hand this 12th day of December, 2018.

Betty Jean Henley

Betty Jean Henley

STATE OF TENNESSEE)
ss.
COUNTY OF RUTHERFORD)

On this the 12th day of December, 2018, before me personally appeared Betty Jean Henley the foregoing instrument (Affidavit of Heirship) and acknowledged that she executed the same as her free act and deed.

WITNESS MY HAND and official seal at office in Murfreesboro, Tennessee, on the 12th day of December, 2018.

George H White

Notary Public

My Commission expires: 10/17/21

STATE OF TENNESSEE NOTARY PUBLIC RUTHERFORD COUNTY GEORGE H. WHITE

NAME AND ADDRESS OF NEW OWNERS:
Ms. Rebecca Joanne Thompson
Ms. Amber Michelle Holloway
311 Crockett Ct.
LaVergne, TN 37086

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): James Edward Henley, Jr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): January 31, 2017
4. TIME OF DEATH (Approx.): 2:00 pm
5a. AGE-Last Birthday (Years): 60
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): September 8, 1956
7. BIRTHPLACE (City and State or Foreign Country): Oklahoma City, OK

TYPE/PRINT 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)

NAME OF DECEDENT (If not by Physician or Institution)

8b. FACILITY NAME (If not institution, give street and number): Signature Health Care and Rehab
8c. CITY OR TOWN: Nashville
8d. 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)
11a. DECEDENT'S USUAL OCCUPATION: Security Guard
11b. KIND OF BUSINESS/INDUSTRY: Security
12. SOCIAL SECURITY NUMBER: 3544
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 382 Ashgrove Drive
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37211
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, DOS, 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): James E. Henley, Sr.
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Alda Leann Brady

DISPOSITION

20a. INFORMANT'S NAME: Joyce Hargrove
20b. RELATIONSHIP TO DECEDENT: Stepmother
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 6363 Ivy Street, Nashville, TN 37209
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Harpeth Hills Memory Gardens
21c. LOCATION - City or Town and State: Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Jamie Brogan
22b. LICENSE NUMBER: 6907
22c. SIGNATURE OF EMBALMER: ▶ Michael P. Illobre
22d. LICENSE NUMBER: 5353
23a. NAME AND ADDRESS OF FUNERAL HOME: West Harpeth Funeral Home, 6962 Charlotte Pike, Nashville, TN 37209
23b. LICENSE NUMBER OF FUNERAL HOME: 1016

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ William R. Burkett DR
25. DATE FILED (Month, Day, Year): 2/7/2017

CERTIFIER

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.
25a. ☐ 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: ▶ Dan Wellman MD
27b. LICENSE NUMBER: 32857
27c. DATE SIGNED (Month, Day, Year): 2/6/17
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. Idiopathic Pulmonary fibrosis	2 years
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.

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 1399

09025545

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.

FEB 07 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

09025545
Date Issued

CERTIFICATION OF VITAL RECORD

201901280008137

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): Alda Leanne Raines
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): October 14, 2015
4. TIME OF DEATH (Approx.): 3:05 am
5a. AGE-Last Birthday (Years): 77
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): April 1, 1938
7. BIRTHPLACE (City and State or Foreign Country): Clarksville, TN

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: [X] 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): Centennial Medical Center
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS: [X] Married [ ] Married, but separated [ ] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Eddie Raines
11a. DECEDENT'S USUAL OCCUPATION: Inspector
11b. KIND OF BUSINESS/INDUSTRY: United Record Pressing
12. SOCIAL SECURITY NUMBER: 6846
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 382 Ashgrove Drive
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37211
14. WAS DECEDENT EVER IN US ARMED FORCES? [ ] Yes [X] 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
[X] 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)
[X] 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)
[X] 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
[X] Samoan
[ ] Other Pacific Islander (Specify)
[ ] Other (Specify)
[ ] Unknown

PARENTS

18. FATHER'S NAME (First, Middle, Last): Auda Brady
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Mattie McKinney

DISPOSITION

20a. INFORMANT'S NAME: Eddie Raines
20b. RELATIONSHIP TO DECEDENT: Husband
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 382 Ashgrove Drive, Nashville, TN 37211
21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Harpeth Hills Memory Gardens
21c. LOCATION - City or Town and State: Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Richard Morrison
22b. LICENSE NUMBER: 2403
22c. SIGNATURE OF EMBALMER: ▶ Richard Morrison
22d. LICENSE NUMBER: 3137
23a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Inc., 3620 Nolensville Road, Nashville, TN 37211
23b. LICENSE NUMBER OF FUNERAL HOME: 396

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Deborah Rhodes (DR)
25. DATE FILED (Month, Day, Year): October 19 2015

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER (INVESTIGATING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS)

26. CERTIFIER (Check only one):
[X] 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: ▶ Salim Mehio
27b. LICENSE NUMBER: 75713
27c. DATE SIGNED (Month, Day, Year): 10/19/15
27d. NAME AND ADDRESS: Salim Mehio, MD, 23rd Ave., N., Ste. 500, 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. COPD — 10 years
Due to (or as a consequence of):
b. Pulmonary Embolism — 5 days
Due to (or as a consequence of):
c. Smoker — 25 years
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 [X] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [X] 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-1069 (Rev. 10/2011) RDA 1399

I hereby certify the above to be a true and correct representation of the record of 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.

8235860

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

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

8235860
Date Issued: OCT 19 2015

CERTIFICATION OF VITAL RECORD

201901280008137

True Copy Certification

I, George H. White, do hereby make oath that I am a licensed attorney and/or the 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.

George H. White

State of Tennessee
County of Rutherford

Personally appeared before me, Mary M. Richardson, a notary public for this county and state, George H. White, who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Notary's Signature

My Commission Expires: 12/18/22

