This instrument prepared by:

GEORGE J. DUZANE
Attorney at Law
1675 Liberty Lane
Gallatin, TN 37066
(615) 390-4504
gjduzlaw@comcast.net

Send tax bills to:

James D. Spain, Sr.
2609 Meadow Drive
Greenbriar, TN 37073

Karen Johnson Davidson County
Batch# 194039 **AFFIDAVITH**
02/11/2019 11:24:28 AM 5 pgs
Fees: $27.00 Taxes: $0.00
20190211-0012678

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE
COUNTY OF DAVIDSON

We, **JAMES D. SPAIN, SR. and CHARLES R. SPAIN,** after being duly sworn according to law, depose and state as follows:

1. We are the heirs of **EMERSON LEON SPAIN and wife, JUNE PEAY SPAIN,** residing as follows:

James D. Spain, Sr.
2609 Meadow Drive
Greenbriar, TN 37073

Charles R. Spain
5452 Lickton Pike
Goodlettsville, TN 37072

2. We are over the age of 18 years and are of sound mind and disposing memory.

3. Our father, Emerson Leon Spain, died on February 1, 2005. His death certificate is attached as Exhibit A. Our mother died on January 17, 2014. Her death certificate is attached as Exhibit B. She did leave a will and we are the only heirs to the Estate of June Peay Spain.

4. At the time of her death, June Peay Spain. owned real property located at 3529 Baxter Road, Joelton, County, Tennessee, described as follows:

> A certain tract or parcel in the 14th, formally the 24th, Civil District of Davidson County, Tennessee, described as follows:
>
> Beginning at a stake in the center of the county road, formally known as the Baxter Road, the original northeast corner of the farm known as John Baxter Farm; thence with the center of said road, north 86 ½ ° west 49 poles to a stake in said road; thence south 2-3/4 ° west 212.2 poles to a stake with large beech pointer standing about 12 feet northeast from said stake; thence south 86 ½ ° east 49 poles to a stake about 6 feet west of a red oak blazed pointer, this being the original southeast corner of the said John Baxter Farm; thence 2 ½ ° east passing

a stone, Eggstein's and Railey's corner at 64.4 poles, in all 212.2 poles to the beginning, containing 65 acres as surveyed October 19, 1922, by M.B. Knight, Surveyor.

This being the same property conveyed to Herman Baxter by deed from Albert Baxter of Record in Book 664, Page 616, Register's Office for said county.

This being the same property conveyed to Emerson Leon Spain, Et Ux by deed from Herman Baxter of Record Book 1285, Page 2, recorded November 16, 1943, Register's Office for said county.

Said property is conveyed subject to limitations, restrictions and encumbrances as may affect the premises.

5. As the surviving heirs of Emerson Leon Spain and wife, June Peay Spain, we are entitled to inherit the real estate located at 3529 Baxter Road, Joelton, TN 37080.

6. The Heir, Christopher L. Spain, is divested of all right, title and interest of his one-third interest of real property at 3529 Baxter Road, Joelton, Davidson County, Tennessee, Map and Parcel Number 008-084.00 and his one-third interest is hereby vested in James D. Spain, Sr. and Charles R. Spain, by Order, Estate of Ann Gregory Spain, Docket No. 14P-937, entered the 13th day of December, 2018, in the Probate Court for Davidson County, Tennessee at Nashville by the Honorable David Randall, Kennedy, Judge.

James D. Spain Sr.
JAMES D. SPAIN, SR.

Charles R. Spain
CHARLES R. SPAIN

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, a Notary Public in and for said State and County, **JAMES D. SPAIN, SR.**, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence and who acknowledged that he is an heir of Emerson Leon Spain and wife, June Peay Spain and that the statements contained therein are true and correct to the best of his information, knowledge and belief.

James D. Spain Sr.
JAMES D. SPAIN, SR.

GEORGE J. DUZAN STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

Sworn to and subscribed before me this 1st day of Feb, 2019.

NOTARY PUBLIC

My Commission Expires: 3/10/19

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, a Notary Public in and for said State and County, **CHARLES R. SPAIN,** with whom I am personally acquainted or proved to me on the basis of satisfactory evidence and who acknowledged that he is an heir of Emerson Leon Spain and wife, June Peay Spain and that the statements contained therein are true and correct to the best of his information, knowledge and belief.

Charles R. Spain
CHARLES R. SPAIN

GEORGE J. DUZAN STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

Sworn to and subscribed before me this 1st day of Feb, 2019.

NOTARY PUBLIC

My Commission Expires: 3/10/19

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0500723

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Emerson Leon Spain
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): February 01, 2005
4. SOCIAL SECURITY NUMBER (for Deceased): -0301
5a. AGE LAST BIRTHDAY (Years): 87
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): March 17,1917
7. BIRTHPLACE (City and State or Foreign Country): Robertson County, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Baptist Hospital
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): June Peay
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Operator
12b. KIND OF BUSINESS/INDUSTRY: Avco Mfg/Aircraft mfg.
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Joelton
13d. STREET AND NUMBER OR RURAL LOCATION: 3529 Baxter Road
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37080
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] 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+):

NAME OF DECEDENT (If not delivered by physician or medical examiner)

PARENTS

17. FATHER'S NAME (First, Middle, Last): John Herman Spain
18. MOTHER'S NAME (First, Middle, Maiden Surname): Beulah Ann Williams

INFORMANT

19a. INFORMANT'S NAME (Type/Print): James D. Spain
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2609 Meador Road, Greenbrier, TN 37073

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): Joelton Hills Memory Gardens
20c. LOCATION-City or Town, State: Joelton, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Robert D. Anderson Jr
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4342
21c. SIGNATURE OF EMBALMER: J Greene
21d. LICENSE NUMBER OF EMBALMER: 2969
22a. NAME AND ADDRESS OF FUNERAL HOME: Anderson & Garrett Funeral Home, 3501 Old Clarksville Pike c/o P O Box 68, Joelton, TN 37080
22b. LICENSE NUMBER OF FUNERAL HOME: 193

REGISTRAR

23. REGISTRAR'S SIGNATURE: Robert W. Rhodes Jr
24. DATE FILED (Month, Day, Year): February 15, 2005

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: A Richardson MD
25b. LICENSE NUMBER: 875
25c. DATE SIGNED (Month, Day, Year): 2/7/05
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): Arthur R. Anderson, M.D., 2400 Patterson St., Suite 307, Nashville, TN 37205

CAUSE OF DEATH

SEE INSTRUCTIONS ON OTHER SIDE

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 Cardiopulmonary Arrest
DUE TO (OR AS A CONSEQUENCE OF):
b. HASVD & CHF - cardiac dysrhythmia
DUE TO (OR AS A CONSEQUENCE OF):
c. COPD
DUE TO (OR AS A CONSEQUENCE OF):
d.

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 [X] 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)

PH-1659 (REV. 6/99)
BIRTH NO.
RDA 1399

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 Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

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

Tonya Y. Ruttlen
Tonya Y. Ruttlen
Local Registrar

Date Issued: FEB 15 2005

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY, TENNESSEE

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER 1400640

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix)	2. SEX	3. DATE OF DEATH (Month, Day, Year)
June Gregory Spain	Female	January 17, 2014

4. TIME OF DEATH (Approx.)	5a. AGE-Last Birthday (Years)	5b. UNDER 1 YEAR Months	Days	5c. UNDER 1 DAY Hours	Minutes	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)
08:50 AM	90					June 3, 1923	Nashville, TN

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)

8b. FACILITY NAME (If not institution, give street and number)	8c. CITY OR TOWN	8d. COUNTY OF DEATH
Bordeaux Long Term Care	Nashville	Davidson

9. MARITAL STATUS	10. SURVIVING SPOUSE (If wife, give name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION	11b. KIND OF BUSINESS/INDUSTRY
☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown		Homemaker	Homemaker

12. SOCIAL SECURITY NUMBER	13a. RESIDENCE-STATE OR FOREIGN COUNTRY	13b. COUNTY	13c. CITY OR TOWN
463	TN	Davidson	Joelton

13d. STREET AND NUMBER	13e. INSIDE CITY LIMITS	13f. ZIP CODE	14. WAS DECEDENT EVER IN US ARMED FORCES?
3529 Baxter Road	☒ Yes ☐ No	37080	☐ Yes ☒ No

(For use by Physician or Institution) NAME OF DECEDENT

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's 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

20. 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)	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)
Jesse Donaldson Peay	Josephine Bryan Gregory

DISPOSITION

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
James D Spain	Son	2609 Meador Road, Greenbrier, TN 37073

21a. METHOD OF DISPOSITION	21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	21c. Location - City or Town and State
☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)	Joelton Hills Memory Gardens	Joelton, TN

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
John T Crockett	2645	Jim Brewer	2969

23a. NAME AND ADDRESS OF FUNERAL HOME	23b. LICENSE NUMBER OF FUNERAL HOME
Anderson & Garrett Funeral Home P.O. Box 68, 3501 Old Clarksville Pike, Joelton, TN 37080	193

REGISTAR

24. REGISTRAR'S SIGNATURE	25. DATE FILED (Month, Day, Year)
Deborah Rhodes	February 6 2014

CERTIFIER

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.

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

27a. SIGNATURE OF CERTIFIER	27b. LICENSE NUMBER	27c. DATE SIGNED (Month, Day, Year)
	20029	1-23-14

27d. NAME AND ADDRESS
Dr Robert Fox; 2575 Peeweestar Place, DC #121 Nashville, TN 37214

MEDICAL CERTIFICATION

29. 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. DO NOT ABBREVIATE. Enter only one cause on each line.

		Approximate Interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Chest C	1y
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	31. DID TOBACCO USE CONTRIBUTE TO DEATH?	32. IF FEMALE
☐ Natural ☐ Homicide ☐ Accident ☒ Pending Investigation ☐ Suicide ☐ Could not be determined	☐ Yes ☐ Probably ☒ No ☐ Unknown	☐ 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:	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK?	34d. PLACE OF INJURY - at home; farm, street, factory, office, building, etc. (Specify)
☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)			☐ Yes ☐ No	

34e. DESCRIBE HOW INJURY OCCURRED

34f. LOCATION OF INJURY (Street and Number, City or Town, State)

PH 1699 (Rev. 9/2011) RDA 1399

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.

6468915

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

6468915
Date Issued FEB 05 2014

CERTIFICATION OF VITAL RECORD