Karen Johnson Davidson County
Batch# 198355 AFFIDAVITH
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Fees: $37.00 Taxes: $0.00
20190225-0016508

Instrument Prepared by:
Mark E. Tillery, Attorney at Law
The Northland Building
2924 Tazewell Pike, Suite F
Knoxville, TN 37918

AFFIDAVIT OF INHERITANCE (REAL PROPERTY)

STATE OF TENNESSEE
COUNTY OF BLOUNT

Personally appeared before me the undersigned Notary Public, **James Evans Lyne**, who after being duly sworn states under oath as follows:

I, **James Evans Lyne**, am the only child of **James Anthony Lyne, Jr., and Mary Rae Lyne** *(formerly Mary Rae Tucker Lyne)* who acquired title to the property known as 730 Elysian Fields Road, Nashville, Tennessee, 37204, by Deed dated September 13, 1950, as set forth in Warranty Deed Book 2032, page 282, and by deed dated March 13, 1963, as set forth in Warranty Deed Book 3530, page 295, in the Register's Office for Davidson County, Tennessee.

James Anthony Lyne, Jr. died a citizen and resident of Davidson County, Tennessee on March 2, 2005, as evidenced by a copy of the death certificate attached hereto as **Exhibit "A"**. His surviving spouse, Mary Rae Lyne, received a 100% undivided interest in the property located at 730 Elysian Fields Road, Nashville, Tennessee, as surviving tenant by the entirety.

Mary Rae Lyne, citizen and resident of Davidson County, Tennessee, who passed away March 3, 2010, as evidenced by a copy of the death certificate attached hereto as **Exhibit "B"**, held an undivided interest in the following described real property:

PHYSICAL ADDRESS: 730 ELYSIAN FIELDS ROAD, NASHVILLE, TN 37204

MAP AND PARCEL: 132 15 0 032.00

SITUATED Land In the 6th Civil District of Davidson County, Tennessee, being lot No. 42 on the Plan of Elysian Fields, Section I, not of record, described according to a survey made by Z. J. Wilkinson, Surveyor, August 16, 1948 as follows:

BEGINNING on the northeasterly margin at the northwest corner of the property conveyed to Harry F. Macrae and wife, by deed from Ralph G. Ince and wife, of record in book 3507, page 39, Register's Office for said County, being also the corner of lots Numbers 41 and 42 on said unrecorded plan; thence with the line between said two lots northeasterly 335 feet; thence northwesterly 95 feet to the corner of Lots Numbers 42 and 43; thence with the line between said two lots southwesterly 335 feet to the Northeasterly margin of Elysian Fields Road; thence with the same southeasterly 175 feet to the beginning.

BEING the same real property conveyed to James Anthony Lyne, Jr. and wife, Mary Raye Tucker Lyne as set forth in Warranty Deed Book 2032, page 282, and by deed dated March 13, 1963 as set forth in Warranty Deed Book 3530, page 295, in the Register's Office for Davidson County, Tennessee.

The undersigned, **James Evans Lyne,**is the sole heir of the Estate of Mary Rae Tucker Lyne and received sole interest in the real estate described above by virtue of being the recipient of the real estate under the provisions of the Decedent's Last Will and Testament, a copy of which is attached hereto as **Exhibit "C",** and by virtue of being the sole heir at law of Mary Rae Tucker Lyne pursuant to the laws of intestate succession for the State of Tennessee and our *Tennessee Code Annotated* §31-2-104.

The real property described herein is encumbered by a Deed of Trust, dated May 24, 2006, whereby Regions Bank *(formerly Amsouth Bank)* retains a secured indebtedness of the interest in the real property. The Deed of Trust, which includes the terms of the secured indebtedness is more particularly described and recorded as Instrument Number 20060524-0061257 in the Register of Deeds office for Davidson County, Tennessee.

Our *Tennessee Code Annotated* §67-4-409(a)(3)(D) exempts this instrument from tax and *Tennessee Code Annotated* §67-4-409(a)(5) further provides the valuation oath is unnecessary, the affidavit is being used to evidence transfer of title to the property of the beneficiary.

FURTHER AFFIANT SAITH NOT.

JAMES EVANS LYNE, AFFIANT

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared **James Evans Lyne**, the within named bargainor, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person described in the foregoing, who signed, sealed and delivered the foregoing instrument in my presence, and who, upon oath, acknowledged that she executed the foregoing instrument for the purposes therein contained as her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal on this 13th day of February, 2018.

Notary Public: Felicia M Smith

My commission expires: 10-31-2020

FELICIA M. SMITH
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF BLOUNT

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2005 013371

DECEDENT

1. DECEDENT'S NAME: James Anthony Lyne Jr
2. SEX: Male
3. DATE OF DEATH: March 2, 2005
4. SOCIAL SECURITY NUMBER: -9585
5. AGE-LAST BIRTHDAY: 76
6. DATE OF BIRTH: Dec 29, 1928
7. BIRTHPLACE: Nashville, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? No
9. PLACE OF DEATH: Hospital — Inpatient
10a. FACILITY NAME: University of Tennessee Medical Center
10b. CITY, TOWN OR LOCATION OF DEATH: Knoxville
10c. COUNTY OF DEATH: Knox
11. MARITAL STATUS: Married
12. SURVIVING SPOUSE: Mary Rae Tucker
13a. DECEDENT'S USUAL OCCUPATION: Civil Engineer
13b. KIND OF BUSINESS/INDUSTRY: Engineering
14a. RESIDENCE STATE: Tennessee
14b. COUNTY: Davidson
14c. CITY, TOWN OR LOCATION: Nashville
14d. STREET AND NUMBER OR RURAL LOCATION: 730 Elysian Fields Road
15a. INSIDE CITY LIMITS? No
15b. ZIP CODE: 37204
16. WAS DECEDENT OF HISPANIC ORIGIN? No
17. RACE: White
18. DECEDENT'S EDUCATION: College 1 or more

PARENTS

19. FATHER'S NAME: James A. Lyne Sr
20. MOTHER'S NAME: Anne Evans

INFORMANT

21a. INFORMANT'S NAME: Mr. Evans Lyne
21b. RELATIONSHIP TO DECEASED: Son
21c. MAILING ADDRESS: 1412 C Agawela Avenue, Knoxville, Tennessee 37919

DISPOSITION

22a. METHOD OF DISPOSITION: Burial
22b. PLACE OF DISPOSITION: Maple Grove Cemetery
22c. LOCATION: Russellville, Kentucky
23a. SIGNATURE OF FUNERAL DIRECTOR: Wendell T Byrd
23b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2556
23c. SIGNATURE OF EMBALMER: James Buck Jr
23d. LICENSE NUMBER OF EMBALMER: 3671
24a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Inc, 3620 Nolensville Rd, Nashville, Tennessee 37211-
24b. LICENSE NUMBER OF FUNERAL HOME: 396

REGISTRAR

25. REGISTRAR'S SIGNATURE:
26. DATE FILED: APR 0 1 2005

CERTIFIER

27a. SIGNATURE AND TITLE OF PHYSICIAN: [signature] cme
27b. LICENSE NUMBER: TN 35551
27c. DATE SIGNED: 3/22/05
27d. MEDICAL EXAMINER
27e. SIGNATURE AND TITLE OF MEDICAL EXAMINER
27f. LICENSE NUMBER
27g. DATE SIGNED

PHYSICIAN OR MEDICAL EXAMINER RECEIVING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATE WITHIN 48 HOURS

28. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER): Stephen Cole, M D, 1924 Alcoa Hwy, Box U-115, Knoxville, TN 37920

CAUSE OF DEATH

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.

a. IMMEDIATE CAUSE (Final disease or condition resulting in death): Cardiopulmonary Arrest
DUE TO (OR AS A CONSEQUENCE OF):
b. Sepsis
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

Approximate Interval Between Onset and Death

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I

29a. WAS AN AUTOPSY PERFORMED? No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? No

30. MANNER OF DEATH: Natural
31a. DATE OF INJURY
31b. TIME OF INJURY
31c. INJURY AT WORK? No
31d. DESCRIBE HOW INJURY OCCURRED
31e. PLACE OF INJURY: At home (home, farm, street, factory, office building, etc.) (Specify)
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

I hereby certify the above to be a true and correct representation of the record or document on file in the 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.

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

Edward G. Bishop II
State Registrar

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

1 0 2 8 4 0 6 4

Date Issued: OCT 08 2018

CERTIFICATION OF VITAL RECORD

EXHIBIT
tabbies
A

https://mail-attachment.googleusercontent.com/attachment/u/1/?ui=2&ik=6a9a42a27a&view=att&th=1665a44aa8d587d0&attid=0

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2010 007631

1. DECEDENT'S NAME (First, Middle, Last): Mary Rae Lyne
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): March 3, 2010
4. SOCIAL SECURITY NUMBER: -7632
5a. AGE-LAST BIRTHDAY (Years): 82
6. DATE OF BIRTH (Month, Day, Year): Apr 9, 1927
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? No
9. MARITAL STATUS: 5 Residence
10a. FACILITY NAME: 7226 Canmore Lane
10b. CITY, TOWN OR LOCATION OF DEATH: Knoxville
10c. COUNTY OF DEATH: Knox
11. MARITAL STATUS: Widowed
12. SURVIVING SPOUSE
13a. DECEDENT'S USUAL OCCUPATION: Teacher
13b. KIND OF BUSINESS/INDUSTRY: Metro Schools
13c. RESIDENCE STATE: Tennessee
13d. COUNTY: Knox
13e. CITY, TOWN OR LOCATION: Knoxville
13f. STREET AND NUMBER OR RURAL LOCATION: 7226 Canmore Lane
13g. INSIDE CITY LIMITS?: Yes
13h. ZIP CODE: 37919
14. WAS DECEDENT OF HISPANIC ORIGIN?: No
15. RACE: White
16. DECEDENT'S EDUCATION: Elementary/Secondary (0-12): 5th; College (1-4 or 5+): 0
17. FATHER'S NAME: William Henry Tucker, Sr.
18. MOTHER'S NAME: Wilma Dixon Patterson
19a. INFORMANT'S NAME: James Evans Lyne
19b. RELATIONSHIP TO DECEDENT: Son
19c. MAILING ADDRESS: 7226 Canmore Lane, Knoxville, TN 37919
20a. METHOD OF DISPOSITION: Burial
20b. PLACE OF DISPOSITION: Woodlawn Memorial Park
20c. LOCATION: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: William R. Appleton
21b. LICENSE NUMBER OF FUNERAL SERVICE: 2700
21c. SIGNATURE OF EMBALMER: Robert Cooper
21d. LICENSE NUMBER OF EMBALMER: 5636
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Inc. 3620 Nolensville Road, Nashville, Tennessee 37211
22b. LICENSE NUMBER OF FUNERAL HOME: 396
23a. REGISTRAR'S SIGNATURE: Dwight Clay (DR)
23b. DATE FILED: March 10, 2010
24a. I CERTIFY that to the best of my knowledge death occurred at the date and place and due to the cause(s) and manner as stated
24b. SIGNATURE AND TITLE OF PHYSICIAN: H Lyne MD
24c. LICENSE NUMBER: MD020576
24d. DATE SIGNED: 3/7/10
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 as stated
25b. SIGNATURE AND TITLE OF MEDICAL EXAMINER
25b. LICENSE NUMBER
25c. DATE SIGNED
26. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER)

PART I. Enter the chain of events—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: Onset to Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Respiratory Failure	48 hrs
DUE TO (OR AS A CONSEQUENCE OF)	b. Hypovolemic Shock / Dehydration	10½ yrs
DUE TO (OR AS A CONSEQUENCE OF)	c. Dementia	
DUE TO (OR AS A CONSEQUENCE OF)	d.	

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury) last.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I

27a. WAS AN AUTOPSY PERFORMED?: No
27b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?: No

28. MANNER OF DEATH: Natural
29a. DATE OF INJURY (Month, Day, Year)
29b. TIME OF INJURY
29c. INJURY AT WORK?: No
29d. DESCRIBE HOW INJURY OCCURRED
29e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)
29f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

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.

10284065

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

Edward D. Bishop II
State Registrar

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date issued: OCT 08 2010

CERTIFICATION OF VITAL RECORD

EXHIBIT
B

Last Will and Testament
Of

Mary Rae Tucker Lyne

BE IT KNOWN that I, Mary Rae Tucker Lyne, a resident of 730 Elysian Fields, County of Davidson, in the State of Tennessee, being of sound mind, do make and declare this to be my Last Will and Testament expressly revoking all prior Wills and Codicils at any time made.

I. PERSONAL REPRESENTATIVE:

I appoint James Evans Lyne of Knoxville, Tennessee, as Personal Representative of this my Last Will and Testament and provide if this Personal Representative is unable or unwilling to serve then I appoint Martha Elizabeth Wike of Knoxville, Tennessee, as alternate Personal Representative. My Personal Representative shall be authorized to carry out all provisions of this Will and pay my just debts, obligations and funeral expenses. I further provide my Personal Representative shall not be required to post surety bond in this or any other jurisdiction, and direct that no expert appraisal be made of my estate unless required by law.

II. BEQUESTS:

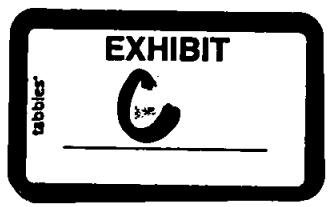
All of my property, of every nature and description, I leave to my husband, James Anthony Lyne, Jr. If she should predecease me, I leave my property to my son, James Evans Lyne and, if he should also predecease me, then to his surviving children equally.

Page two of this document is intentionally left blank.

MRTL
Testator's Initials

Caution: Louisiana residents should consult an attorney before preparing a will.
Execute and attest before a notary.

This product does not constitute the rendering of legal advice or services. This product is intended for informational use only and is not a substitute for legal advice. State laws vary, so consult an attorney on all legal matters. This product was not necessarily prepared by a person licensed to practice law in your state.



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Testator's Initials

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IN WITNESS WHEREOF, I have hereunto set my hand this day of , 2002 (year), to this my Last Will and Testament.

Mary Rae Tucker Lyne
Testator Signature

III. WITNESSED:

The testator has signed this will at the end and initialled each other separate page, and has declared or signified in our presence that it is his/her last will and testament, and in the presence of the testator and each other we have hereunto subscribed our names this day of , 2002 (year).

Mary C. Coats
Witness Signature

729 Thompson Ln.
Nashville, TN. 37204
Address

Annette McDowell
Witness Signature

729 Thompson Ln,
Nashville, TN. 37204
Address

Nellisha McLemore
Witness Signature

729 Thompson Ln
Nashville TN 37204
Address

ACKNOWLEDGMENT

State of Tennessee }
County of Davidson

We, Mary Rae Tucker Lyne, Mary C. Coats, Annelle McDowell, and Nellisha McLemore the testator and the witnesses, respectively, whose names are signed to the attached and foregoing instrument, were sworn and declared to the undersigned that the testator signed the instrument as his/her Last Will and Testament and that each of the witnesses, in the presence of the testator and each other, signed the will as witnesses.

Testator: _____

Witness: Mary C. Coats
Witness: Annette McDowell
Witness: Nellisha McLemore

On June 3, 2002 before me, Kelly McMullen,
appeared Mary Rae Tucker Lyne
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature _____

Affiant ✓ Known ____ Produced ID
Type of ID _____
(Seal)

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