Prepared by
Bell Law Settlement, LLC
112 30th Ave North
Nashville, TN 37203

53-111-A (Rev.4-07-3)

AFFIDAVIT OF HEIRSHIP

THIS AFFIDAVIT MUST BE FILED IN THE COUNTY CLERK'S RECORD.

Karen Johnson Davidson County
Batch# 241001 AFFIDAVITH
06/10/2019 12:51:30 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20190610-0055394

Reported owner name:	Claim number:

This Affidavit must be completed by a third disinterested party (Affiant) who will not benefit from the decedent's estate. Do not complete this form if the decedent left a will that was probated in court or there has been some other type of court determination to the estate.

Affidavit of facts concerning the identity of Heirs for the Estate of: VERA McCLINTOCK

Before me, the undersigned authority, on this day personally appeared: TERRY WAYNE PRIMM JR ("Affiant") who, being first duly sworn, upon his/her oath states:

1. My name is: TERRY WAYNE PRIMM JR.

   I live at: 2318 DEMARIUS DR. NASHVILLE, TN 37216

   I am personally familiar with the family and marital history of: VERA McCLINTOCK (Decedent), and I have personal knowledge of the facts stated in this Affidavit.

2. I knew the decedent from 1995 until 3-6-2016 Decedent died on 3-6-2016.

   Decedent's place of death: NASHVILLE (CITY) TN (STATE) DAVIDSON (COUNTY)

   At the time of decedent's death, decedent's residence was: NASHVILLE (CITY) TN (STATE) DAVIDSON (COUNTY)

3. Provide the following information on the deceased's marital history:
   (If never married, please state that below.)

NAME OF SPOUSE	DATE OF MARRIAGE	DATE OF DIVORCE	DATE OF SPOUSE'S DEATH
JOHN McCLINTOCK		1980's	2009

4. Provide the following information on the deceased's natural born and adopted children:
   (If there are none, please state that below. If additional space is needed, please provide information as an attachment.)

NAME OF CHILD/ CURRENT ADDRESS	DATE OF BIRTH	NAME OF CHILD'S OTHER PARENT	DATE OF CHILD'S DEATH
JANICE MARIE McCLINTOCK	10-12-1954	JOHN McCLINTOCK	5-12-2011

5. Provide the following information on the deceased's grandchildren, born only to the deceased children in Item 4, above:
   (If there are none, please state that below.)

NAME OF CHILD/ CURRENT ADDRESS	DATE OF BIRTH	NAME OF GRANDCHILD'S DECEASED PARENT
IAN KRESSE	4-17-1986	JANIS MARIE McCLINTOCK

6. If the decedent never married and did not have any children, provide the following information on the deceased's parents:

DECEASED'S PARENTS	PARENT'S NAME/ CURRENT ADDRESS	PARENT'S DATE OF DEATH
MOTHER		
FATHER		

Form 53-111-A(Back)(Rev.4-07/3)

Reported owner name:	Claim number:

7. Provide the following information on the deceased's brothers and/or sisters:
(If there are none, please state that below.)

NAME OF CHILD/ CURRENT ADDRESS	DATE OF BIRTH	BROTHER'S OR SISTER'S DATE OF DEATH

8. Provide the following information on the deceased's nieces and/or nephews born only to the deceased brothers/sisters in Item 7, above:
(If there are none, please state that below. If additional space is needed, please provide information as an attachment.)

NAME OF NIECE OR NEPHEW/ CURRENT ADDRESS	DATE OF BIRTH	NAME OF NIECE OR NEPHEW'S DECEASED PARENT

Signed this 30 day of MAY, 2019.

Terry Primm
(SIGNATURE OF AFFIANT)

State of TENNESSEE

County of DAVIDSON

Sworn to and subscribed to before me on MAY 30, 2019
(DATE)

by TERRY PRIMM
(NAME OF AFFIANT)

(NOTARY SIGNATURE)

COURTNEY LEWIS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
(Notary Seal)

My commission expires: 09 day of July, 2022

THIS AFFIDAVIT MUST BE FILED IN THE COUNTY CLERK'S RECORD.

True Copy Certification

I, Dellana Lowhorn, do hereby make an oath that I am a licensed attorney and/or the custodian of the electronic version of the attached document tendered herewith and that this is a true and correct copy of the original document executed and authenticated according to law.

Signature

STATE OF TN
COUNTY OF Davidson

Personally appeared before me, S Thompson, a notary public for this county and state, Dellana Lowhorn, who acknowledged that this certification of an electronic document is true and correct and whose signature I have witnessed.

Notary's Signature

My Commission Expires: 12.03.19

(SEAL)

S THOMPSON
STATE OF TENNESSEE
NOTARY PUBLIC
COUNTY OF ROBERTSON