Karen Johnson Davidson County
Batch# 242753 AFFIDAVITH
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This instrument prepared by:
Athens Title & Escrow, LLC
Michael J. Mills, Attorney
5115 Maryland Way
Brentwood, TN 37027
(615) 377-0736

AFFIDAVIT OF HEIRSHIP IN FURTHERANCE OF TITLE

STATE OF TENNESSEE
COUNTY OF DAVIDSON

On this 11 day of June, 2019, personally appeared **Chandra Allen**, hereinafter referred to as the Affiants, being first duly sworn, deposes, and makes oath as follows:

1. That Affiants are at least eighteen (18) years of age and are residents of Davidson County, Tennessee, residing at 5622 Valley View Road, Brentwood TN 37027 for one years.

2. That Affiant was personally acquainted with Lyvonne Beatrice Galbreath, deceased, hereinafter referred to as Decedent, during the decedent's lifetime, and is familiar with Decedent's family history by reason of the following:

Affiant is a family friend and acquaintance of Lyvonne Beatrice Galbreath, and has maintained close and personal contact with said Lyvonne Beatrice Galbreath for her lifetime being more than eighteen years.

3. That Decedent died on May 26, 2010, and was at the time a resident of Davidson County, Tennessee;

4. That Decedent was survived by the following persons (*please include name and address*):

I. ***There is no Surviving Spouse***

There are two children of Lyvonne Beatrice Galbreath

Nicole Galbreath her natural born child
166 Oak Valley Drive
Nashville, TN 37207

Michael Galbreath her natural born child
411 Compton Lane
Franklin TN 37069

There were no other Surviving Children (adopted, legitimate or illegitimate)
There were no Deceased Children (adopted, deceased, legitimate or illegitimate)
There were no Children of Deceased Children (adopted, deceased, legitimate or illegitimate)

II. **See attached Exhibit "A" The Will and Testament of Lyvonne Beatrice Galbreath**

III. **See attached Exhibit "B" Death Certificate of Lyvonne Beatrice Galbreath**

IV. **The Deceased Husband Carl Galbreath predeceased the Deceased on April 9, 2007.**

V. **See attached Exhibit "C" Death Certificate of Carl Galbreath**

VI. **The Deceased did NOT remarry and had no other spouses either by marriage or otherwise.**

5. That all persons above named are at least eighteen (18) years of age.

6. That this Affidavit of Heirship is being prepared for the purposes established in Tenn. Code Ann. 30-2-712, and the Affiants acknowledge that their execution of the same is subject to and governed by the penalties set forth in Section (f) of the same statute, and that this Affidavit is not made for any fraudulent purpose.

7. That the Affiants acknowledge that this Affidavit of Heirship may be relied upon by third parties in order to establish chain of title by descent and distribution.

FURTHER AFFIANT SAYETH NOT.

AFFIANT

SUBSCRIBED AND SWORN TO before me this 11 day of June, 2019.

(seal)

NOTARY PUBLIC

My Commission Expires: 03-07-23

******

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, Chandra Allen of 5622 Valley View Road, Brentwood TN 37027, the within named Affiant, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), who acknowledged that he/she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Williamson County, Tennessee this 11 day of June, 2019.

(seal)

NOTARY PUBLIC
My Commission Expires: 03-07-23

The Heirs of the Deceased join in this Affidavit to affirm and swear these statement to be true and correct.

Nicole Galbreath

Michael Galbreath

SUBSCRIBED AND SWORN TO before me this 11 day of June, 2019.

(seal)

NOTARY PUBLIC
My Commission Expires: 03-07-23

******

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, Nicole Galbreath, the within named Affiant, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), who acknowledged that he/she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Williamson County, Tennessee this 11 day of June, 2019.

(seal)

PIPER L. NIEMANN STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

NOTARY PUBLIC
My Commission Expires: 03-07-23

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, Michael Galbreath, the within named Affiant, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), who acknowledged that he/she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Williamson County, Tennessee this 11 day of June, 2019.

(seal)

PIPER L. NIEMANN STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

NOTARY PUBLIC
My Commission Expires: 03-07-23

Exhibit "A"

Last Will and Testament

I, Lyvonne B. Galbreath of the City of Nashville

County of Davidson, State of Tennessee, being of sound mind, and not acting under duress, menace, fraud, or undue influence of any person do hereby make, publish and declare this instrument my last Will and Testament and do hereby revoke any and all other Wills and Codicils heretofore made by me.

FIRST: I order and direct that my just debts and funeral expenses, expenses for administration of my estate and any inheritance, State or Federal taxes upon said estate, except those, if any, which are secured by mortgage or deed of trust, shall be paid as soon after my death as may be practical.

SECOND: I am a married/widowed person. My spouse is Carl Galbreath and Nicole Galbreath + Michael Galbreath, are all my children, either natural or adopted.

THIRD: I nominate my spouse as Guardian of my minor children. In the event that my spouse shall predecease me or fails to serve as such Guardian, then I nominate and appoint

N/A Guardian of the person and property of my minor children. I further direct that no bond shall be required.

FOURTH: I hereby make the following specific bequests:

I leave everything to my daughter, Nicole Galbreath, including the car I own and the house (the 2002 Camry and the property at 166 Oak Valley Drive). This also includes E-Trade account # 5753-1545.

FIFTH: I hereby give, devise and bequeath all of the rest and residue of my estate, all property

over which I have power to dispose to Nicole Galbreath.

SIXTH: I nominate and appoint Karen Jones as Executor of this will. In the event that the Executor named above shall predecease me or fails to serve as such Executor of this will, I nominate and appoint

Kelly Anthony as Executor. I further direct that no appointee hereunder shall be required to give any bond for the faithful performance of their duties.

SEVENTH: I hereby authorize my Executor to exercise all power, rights, discretion and duties deemed necessary for the proper administration and disposition of my estate.

I subscribe my name to this Will this Tuesday 23rd day of February, 2010 at Nashville, Tennessee
City State

Lyvonne B. Galbreath
Signature

On the day written below, Lyvonne Galbreath declared to us, the undersigned that this instrument, consisting of 2 pages, was her Will and she requested us to act as witnesses to it. She thereupon signed this Will in our presence, all of us being present at the same time. We now in her presence and in the presence of each other subscribe our names as witnesses.

It is our belief that Lyvonne Galbreath is of sound mind and under no constraint or undue influence whatsoever.

We declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on February 23, 2010, at Nashville Tennessee

Ashley Anthony
Witness

842 North Parkway, Apt E5
Jackson, TN 38305
Address

Delores Anthony
Witness

166 Oak Valley Dr.
Nashville, Tn. 37207
Address

Kim McEwen
Witness

1016 Whispering Wind Way
Hendersonville, TN 37075
Address

STATE OF TENNESSEE
Office of Vital Records

Exhibit "B"

10 003 22

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last): Lyvonne Beatrice Galbreath
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): May 26, 2010
4. SOCIAL SECURITY NUMBER: -0803
5a. AGE-LAST BIRTHDAY (Years): 64
5b. UNDER 1 YEAR (Months / Days)
5c. UNDER 1 DAY (Hours / Min.)
6. DATE OF BIRTH (Month, Day, Year): Oct 13, 1945
7. BIRTHPLACE (City and State or Foreign Country): Gary, West Virgina
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 No
8a. PLACE OF DEATH (Check only one): HOSPITAL: 1 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): St. Thomas Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name)
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Factory Worker
12b. KIND OF BUSINESS/INDUSTRY: Aladdin INdustries
13a. RESIDENCE-STATE: Tn
13b. COUNTY: Davidson
13c. CITY, TOWN, OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 166 Oak Valley Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 Yes 2 No
13f. ZIP CODE: 37207
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes 0 No
15. RACE-American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): ; College (1-4 or 5+): 2
NAME OF DECEDENT: Pre-filled by physician or institution
17. FATHER'S NAME (First, Middle, Last): James Anthony
18. MOTHER'S NAME (First, Middle, Maiden Surname): Inez Benson
19a. INFORMANT'S NAME (Type/Print): Nicole Balbrath
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 166 Oak Valley Drive Nashville, TN 37207
20a. METHOD OF DISPOSITION: 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Springhill Cemetery
20c. LOCATION-City or Town, State: Madison, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Terrell A Broady
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4009
21c. SIGNATURE OF EMBALMER: Terrell A Broady
21d. LICENSE NUMBER OF EMBALMER: 4117
22a. NAME AND ADDRESS OF FUNERAL HOME: Terrell Broady Funeral Home, INc. 3655 Clarksville Pike Nashville, TN. 37218
22b. LICENSE NUMBER OF FUNERAL HOME: 1137
23. REGISTRAR'S SIGNATURE: Linda R. Bowers DR
24. DATE FILED (Month, Day, Year): July 02, 2010
25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated. 1 SIGNATURE AND TITLE OF PHYSICIAN: MD
25b. LICENSE NUMBER: 29448
25c. DATE SIGNED (Month, Day, Year): 6/28/2010
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)
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.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Myocardial cardiomyopathy
DUE TO (OR AS A CONSEQUENCE OF):
Approximate Interval Between Onset and Death
SEE INSTRUCTIONS ON OTHER SIDE
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: Ventricular tachycardia, and fatigue
29a. WAS AN AUTOPSY PERFORMED? 1 Yes 2 X No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 X 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 1389

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.

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Foreman
Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

JUL 6 2 2010
Date Issued

CERTIFICATION OF VITAL RECORD

METROPOLITAN GOVERNMENT OF
NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

Exhibit "C"

0702122

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last): Carl W. Galbreath Jr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): April 9, 2007
4. SOCIAL SECURITY NUMBER: -8418
5a. AGE-LAST BIRTHDAY (Years): 68
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Min
6. DATE OF BIRTH (Month, Day, Year): Feb 4, 1939
7. BIRTHPLACE (City and State or Foreign Country): Knoxville, 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 Nursing Home 5 [X] Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 166 Oak Valley Drive
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): Lyvonne Anthony
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Clerk
12b. KIND OF BUSINESS/INDUSTRY: U.S. Postal Service
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN, OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 166 Oak Valley Drive
CENSUS TRACT: 10
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 No
13f. ZIP CODE: 37207-
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes o [X] No
15. RACE-American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+): 2
17. FATHER'S NAME (First, Middle, Last): Carl Wilburn Galbreath
18. MOTHER'S NAME (First, Middle, Maiden Surname): Evelyn Allen
19a. INFORMANT'S NAME (Type/Print): Lyvonne Galbreath
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 166 Oak Valley Drive Nashville,
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): Spring Hill Cemetery
20c. LOCATION (City or Town, State): Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Michael A. Lewis
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4703
21c. SIGNATURE OF EMBALMER: Delmas Bogus
21d. LICENSE NUMBER OF EMBALMER: 3687
22a. NAME AND ADDRESS OF FUNERAL HOME: Lewis & Wright Funeral Directors, 2500 Clarksville Hwy., Nashville, Tennessee 37208-
22b. LICENSE NUMBER OF FUNERAL HOME: 0812
23. REGISTRAR'S SIGNATURE: Claudia Mullins
24. DATE FILED (Month, Day, Year): April 18 2007
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 SIGNATURE AND TITLE OF PHYSICIAN: Melinda Henderson MD
25b. LICENSE NUMBER: 39361
25c. DATE SIGNED (Month, Day, Year): April 16, 2007
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): Melinda Henderson MD 1718 Patterson Street Nashville TN 37203
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. rectal cancer
DUE TO (OR AS A CONSEQUENCE OF):
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.
SEE INSTRUCTIONS ON OTHER SIDE
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 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 [X] 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: M
31c. INJURY AT WORK? 1 Yes 2 [X] 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. 6/89)
BIRTH NO.
RDA 1369

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.

[redacted]

Tonya Y Foreman
Tonya Y Foreman
Local Registrar

APR 18 2007
Date Issued

CERTIFICATION OF VITAL RECORD