THIS INSTRUMENT PREPARED BY: **Martin Heller Potempa & Sheppard** 2122 21st Avenue South Nashville, Tennessee 37212	STATE OF TENNESSEE COUNTY OF Sumner The actual consideration for this transfer is: $0.00 Deborah S. Hall Deborah S. Hall AFFIANT Subscribed and sworn to before me, this 20 day of November 2019. Jessica A Johnson NOTARY PUBLIC My Commission Expires: 10/18/2021

Karen Johnson Davidson County
Batch# 327997 **AFFIDAVITH**
12/11/2019 08:43:12 AM 6 pgs
Fees: $32.00 Taxes: $0.00
20191211-0127587

JESSICA A JOHNSON
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY

Address New Owner:	**Send Tax Bills To:**	**Tax Information:**
Charles D. Hall Deborah L. Green 3933 Ivy Drive Nashville, TN 37216	New Owner	Map and Parcel: **073 01 0 200.00**

STATE OF TENNESSEE)
) **ss:**
COUNTY OF Sumner)

AFFIDAVIT OF HEIRSHIP

1. My name is Deborah S. Hall. I am an adult resident of the State of Tennessee, I am competent to give the testimony in this sworn Affidavit, and my testimony herein is based upon my personal knowledge.

2. I am married to the son of Douglas W. Hall and Bess B. Hall, being Charles D. Hall. I have been married to Charles D. Hall for 41 years.

3. Douglas W. Hall died intestate on August 31, 2003, as a resident of Davidson County, Tennessee. A copy of his death certificate is attached hereto as **Exhibit 1**. An estate was not opened.

4. Douglas W. Hall was survived by his spouse, Bess. B. Hall, and his two (2) children, being Charles D. Hall and Deborah L. Green.

5. At the time of his death, Douglas W. Hall owned an interest in a certain parcel of improved real property with his wife, Bess B. Hall, as tenants by the entirety. Said parcel of improved real property is located at 3933 Ivy Drive, Nashville, TN 37216 (hereinafter the "Property"), is more fully and particularly described as:

> Being lot No. 52 on the plan of Moss Rose Heights, Section 4, not of record, described according to a survey made by Burford Winn, Surveyor, September 27, 1950, as follows:
>
> Beginning at a point on the westerly margin of Ivy Drive, at the northeast corner of lot No. 53 on said plan; thence with the westerly margin of said Drive, north-westwardly 120.15 feet to the beginning of a curve; thence around said curve in a northwesterly direction 24.75 feet to a point on the southerly margin of Fremont Avenue; thence with the southerly margin of said Avenue, westwardly 74.72 feet to a point on the eastern boundary line of the Highland View Subdivision, as of record in book 1424, page 39, Register's Office for said County; thence with said boundary line south 22 degrees 16 feet east 166.45 feet to the northwest corner of said lot No. 53; thence with the line between said lots Nos. 52 and 53, eastwardly 142.8 feet to the beginning.
>
> Being the same property conveyed from Weakley J. Tune and wife, Annie Vincent Tune, to Douglas W. Hall and wife, Bessie B. Hall, of record as instrument number 00001942-0000559 in

the Davidson County Register of I

6. Upon the death of Douglas W. Hall, the Property vested immediately in Bess B. Hall by operation of law.

7. Bess B. Hall died intestate on June 30, 2019, as a resident of Sumner County, Tennessee. A copy of her death certificate is attached hereto as **Exhibit 2**. An estate was not opened.

8. Bess B. Hall was survived by two (2) children, being Charles D. Hall and Deborah L. Green. Charles D. Hall and Deborah L. Green are the only heirs-at-law pursuant to Tenn. Code Ann. §31-2-104.

9. Pursuant to Tenn. Code Ann. §31-2-103, Decedent's interest in the property vested immediately upon the death of Bess. B. Hall in Charles D. Hall and Deborah L. Green. As of the filing of this affidavit, ownership of the property remains vested as tenants in common as follows:

Charles D. Hall - 50%

Deborah L. Green – 50%

FURTHER AFFIANT SAYETH NOT.

SWORN this 20 **day of** November **2019.**

Deborah S. Hall

Deborah S. Hall, Affiant

STATE OF TENNESSEE)

)

COUNTY OF Sumner)

Now having first been sworn, the above-named Deborah S. Hall, Affiant, appeared before me and proved her identity to me by a government issued photograph identification card, and gave the testimony in this Affidavit for the purpose(s) stated herein.

Sworn to and subscribed before me, the undersigned Notary Public, this 20 day of November 2019.

Jessica A Johnson

Notary Public

My commission expires: 10/18/2021

JESSICA A JOHNSON
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY

Exhibit 1

(Death Certificate of Douglas Wood Hall)

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0305164

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Douglas Wood Hall
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): August 31, 2003
4. SOCIAL SECURITY NUMBER (of Decedent): -7216
5. AGE - LAST BIRTHDAY (Years): 88
6. DATE OF BIRTH (Month, Day, Year): Oct 15, 1914
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Skyline Medical Center
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): Bess Byrd
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Letter Carrier/ Postman
12b. KIND OF BUSINESS/INDUSTRY: U.S. Post Office
13a. RESIDENCE—STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 3933 Ivy Drive
13e. RESIDENCE INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37216
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No; if yes, specify Mexican, Puerto Rican, etc.) 1 [ ] Yes 2 [X] No
15. RACE - American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed) (Elementary/Secondary (1-12) or College (1-4 or 5+)): 12

PARENTS

17. FATHER'S NAME (First, Middle, Last): Howard B. Hall
18. MOTHER'S NAME (First, Middle, Maiden Surname): Annie Earley Sharpe

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Bess Hall
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3933 Ivy Drive, Nashville, TN 37216

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): Mt. Olivet Cemetery
20c. LOCATION—City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Lloyd W. McGill
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5595
21c. SIGNATURE OF EMBALMER: Lloyd W. McGill
21d. LICENSE NUMBER OF EMBALMER: 5595
22a. NAME AND ADDRESS OF FUNERAL HOME: Hastings-Robinson Company 2707 Gallatin Road, Nashville, TN 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 331

REGISTRAR

23. REGISTRAR SIGNATURE: Mellie C. Brown
24. DATE FILED (Month, Day, Year): September 17, 2003

CERTIFIER

25a. I hereby certify — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
1 [X] SIGNATURE AND TITLE OF CERTIFIER: OLUSOLA OGUNTOLU MD
25b. LICENSE NUMBER: 36290
25c. DATE SIGNED (Month, Day, Year): 09-15-2003
26a. MEDICAL EXAMINER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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)
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): OLUSOLA OGUNTOLU MD 607 W. DUEWEST AVE, MADISON, TN 37115

CAUSE OF DEATH

28. PART I. Enter the disease, 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. ANOXIC ENCEPHALOPATHY
Due to (or as a consequence of): b. FOREIGN BODY ASPIRATION — Approximate interval: Onset to Death: 24 hrs
Due to (or as a consequence of): c. DYSPHAGIA / ESOPHAGEAL SPASMS
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. CORONARY ARTERY DISEASE, HYPERTENSION, ESSENTIAL
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. 2-93

BIRTH NO. _____ RDA 1739

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]
Local Registrar

SEP 22 2003
Date Issued

CERTIFICATION OF VITAL RECORD

Exhibit 2

(Death Certificate of Bess B. Hall)

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 036955

DECEDENT

1. DECEDENT'S LEGAL NAME: BESS B HALL
2. SEX: FEMALE
3. DATE OF DEATH: 06/30/2018
4. TIME OF DEATH (Actual): 02:36 PM
5a. AGE: 98
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH: 12/31/1919
7. BIRTHPLACE: BURWOOD, TN
8a. PLACE OF DEATH: INPATIENT
8b. FACILITY NAME: TRISTAR SKYLINE MEDICAL CENTER
8c. CITY OR TOWN: NASHVILLE
8d. COUNTY OF DEATH: DAVIDSON
9. MARITAL STATUS: WIDOWED
10. SURVIVING SPOUSE (name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: BOOKKEEPER
11b. KIND OF BUSINESS/INDUSTRY: MIDSOUTH SHOE COMPANY
12. SOCIAL SECURITY NUMBER: 8929
13a. RESIDENCE STATE OR FOREIGN COUNTRY: TENNESSEE
13b. COUNTY: SUMNER
13c. CITY OR TOWN: HENDERSONVILLE
13d. STREET AND NUMBER: 165 INDIAN LAKE ROAD
13e. INSIDE CITY LIMITS?: YES
13f. ZIP CODE: 37075
14. WAS DECEDENT EVER IN US ARMED FORCES?: NO
15. DECEDENT'S EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
16. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO
17. DECEDENT'S RACE: WHITE

PARENTS

18. FATHER'S NAME: THOMAS BYRD
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: RACHEL KATHERINE JOHNSON

INFORMANT

20a. INFORMANT'S NAME: CHARLES HALL
20b. RELATIONSHIP TO DECEDENT: SON
20c. MAILING ADDRESS: 165 INDIAN LAKE ROAD, HENDERSONVILLE, TN 37075

DISPOSITION

21a. METHOD OF DISPOSITION: BURIAL
21b. PLACE OF DISPOSITION: MT. OLIVET CEMETERY
21c. LOCATION: NASHVILLE, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: /e/ RACHEL M. KNOTT
22b. LICENSE NUMBER: 5775
22c. SIGNATURE OF EMBALMER: /e/ Matthew Tarr
22d. LICENSE NUMBER: 6055
23a. NAME AND ADDRESS OF FUNERAL HOME: PHILLIPS-ROBINSON FUNERAL HOME, 2787 GALLATIN PIKE, NASHVILLE, TN 37216
23b. LICENSE NUMBER: 331

REGISTRAR

24. REGISTRAR'S SIGNATURE: /e/ EDWARD G BISHOP III
25. DATE FILED: 07/05/2018

CERTIFIER

26. CERTIFIER
26a. ☐ PHYSICIAN – TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, 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, TIME, 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. CERTIFIER: /e/ ERIN M CARNEY, M.D.
27b. LICENSE NUMBER: 50160
27c. DATE SIGNED: 07/02/2018
27d. NAME AND ADDRESS: ERIN M CARNEY, M.D. 850 R.S. GASS BLVD, NASHVILLE, TN 37219

MEDICAL CERTIFICATION

28. PART I. ENTER THE CHAIN OF EVENTS (DISEASES, INJURIES, OR COMPLICATIONS) THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS or 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) 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	a. COMPLICATIONS OF RIGHT FEMUR FRACTURE	
	DUE TO (OR A CONSEQUENCE OF) b.	
	DUE TO (OR A CONSEQUENCE OF) c.	
	DUE TO (OR A CONSEQUENCE OF) d.	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: HYPERTENSIVE ATHEROSCLEROTIC CARDIOVASCULAR DISEASE, DEMENTIA

29a. WAS AN AUTOPSY PERFORMED?: NO
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?

30. MANNER OF DEATH: ACCIDENT
31. DID TOBACCO USE CONTRIBUTE TO DEATH?: UNKNOWN
32. IF FEMALE: NOT PREGNANT WITHIN PAST YEAR
33. IF TRANSPORTATION INJURY, SPECIFY:
34a. DATE OF INJURY: 06/27/2018
34b. TIME OF INJURY: UNKNOWN
34c. INJURY AT WORK?: NO
34d. PLACE OF INJURY: ASSISTED LIVING FACILITY
34e. DESCRIBE HOW INJURY OCCURRED: FELL
34f. LOCATION OF INJURY: 94 TWIN HILLS DRIVE, MADISON, TN

PH-1659 (Rev. 8/2017)

RDA 10112

11238090

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.

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

Edward G. Bishop III
State Registrar

1 1 2 3 8 0 9 0

Date Issued: JUL 05 2019

CERTIFICATION OF VITAL RECORD