****

ADDRESS NEW OWNER:
JOSEPH C. CALLIS
931 Coarsey Drive
Nashville, TN 37217

SEND TAX BILL TO:
Same

Map-Parcel No.
107 13 0A 031.00

****

This Instrument Prepared By:
PAULA OGLE BLAIR, ATTORNEY AT LAW
211 Donelson Pike, Suite 214, Nashville, Tennessee 37214
FROM INFORMATION BY OTHERS

Karen Johnson Davidson County
Batch# 412599 AFFIDAVITH
06/10/2020 08:56:19 AM 3 pgs
Fees: $17.00 Taxes: $0.00
20200610-0059388

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Comes the Affiant, Brian Neal Culver, being of lawful age and resident of the State of Tennessee for the past five (5) years, being first duly sworn according to the law, and, pursuant to Tennessee Code Annotated § 30-2-712, hereby swears to the following of his own free will and based upon his personal knowledge and familiarity:

1. Nellie M. Callis died on December 1, 2014.

2. Affiant knew Nellie M. Callis to be unmarried and own real property located at 931 Coarsey Drive, Nashville, Davidson County.

3. Nellie Callis died leaving three (3) children, Mitchell W. Callis, Joseph Charles Callis, and Jon Thomas Callis. Nellie Callis had no other children.

4. An Affidavit of Heirship was registered on February 8, 2016, passing title from Nellie Callis to Mitchell W. Callis, Joseph Charles Callis, and Jon Thomas Callis.

5. Mitchell W. Callis, Joseph Charles Callis, and Jon Thomas Callis were vested with title in said property as tenants in common.

6. Mitchell W. Callis died on September 9, 2016. A Death Certificate is attached to this Affidavit.

7. Mitchell W. Callis was unmarried at the time of his death.

8. Mitchell W. Callis died leaving one daughter, Jamie Louise Callis.

9. At the time of his death Mitchell W. Callis owned an interest in real property 931 Coarsey Drive, Nashville, Davidson County, and more particularly described as follows:

Being Unit No. 931, in Four Maples Condominium, a horizontal property regime, of record in Plat Book 5200, Page 283, Register's Office for Davidson County, Tennessee, to which plan reference is herby made and otherwise known as 931 Coarsey Drive, Nashville, Tennessee.

Being the same property conveyed to Mitchell W. Callis, Joseph Charles Callis, and Jon Thomas Callis of record in Instrument Number 20160208-0011949, Register's Office for Davidson County, Tennessee.

10. This Affidavit will confirm the vesting of the ownership interest of Mitchell W. Callis in Jamie Louise Callis in the real property described herein, after the death of Mitchell W. Callis. Jamie Louise Callis Joseph Charles Callis, and Jon Thomas Callis now own the above-mentioned property as tenants in common.

FURTHER AFFIANTS SAYETH NAUGHT

AFFIANT

Sworn to and subscribed before me this 1st day of June, 2020

NOTARY PUBLIC

My commission expires: 5/3/2021

NOTE: THIS DOCUMENT WAS EXECUTED IN COMPLIANCE WITH EXECUTIVE ORDER 26 BY TENNESSEE GOVERNOR BILL LEE ON APRIL 9, 2020

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): MITCHELL WAYNE CALLIS
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): September 09, 2016
4. TIME OF DEATH (Approx.): 5:29 AM
5a. AGE-Last Birthday (Years): 55
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): JULY 11, 1961
7. BIRTHPLACE (City and State or Foreign Country): NASHVILLE, TN
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): Skyline Medical Center
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson
9. MARITAL STATUS: ☐ Married ☐ Married, but separated ☐ Widowed ☒ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): N/A
11a. DECEDENT'S USUAL OCCUPATION: ENTREPRENEUR
11b. KIND OF BUSINESS/INDUSTRY: LANDSCAPING
12. SOCIAL SECURITY NUMBER: -7316
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY OR TOWN: NASHVILLE
13d. STREET AND NUMBER: 931 COARSEY DR.
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37217
14. WAS DECEDENT EVER IN US ARMED FORCES? ☒ Yes ☐ No

NAME OF DECEDENT (For use by Physician or Medical Examiner): CALLIS MITCHELL

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 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

17. 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): CLARENCE ALVIN CALLIS
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): NELLIE BRINKLEY

INFORMANT

20a. INFORMANT'S NAME: JOE C. CALLIS
20b. RELATIONSHIP TO DECEDENT: BROTHER
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 931 COARSEY DR. NASHVILLE, TN. 37217

DISPOSITION

21a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): NASHVILLE FUNERAL AND CREMATION
21c. LOCATION - City or Town and State: NASHVILLE, TN.
3YA +P
22a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
22b. LICENSE NUMBER: 5939
22c. SIGNATURE OF EMBALMER: NOT EMBALMED
22d. LICENSE NUMBER: N/A
23a. NAME AND ADDRESS OF FUNERAL HOME: NASHVILLE FUNERAL AND CREMATION 210 MCMILLIN ST. NASHVILLE, TN 37203
23b. LICENSE NUMBER OF FUNERAL HOME: 1136

REGISTRAR

24. REGISTRAR'S SIGNATURE: [signature] DR
25. DATE FILED (Month, Day, Year): 9/20/16

CERTIFIER

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

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.
27a. SIGNATURE OF CERTIFIER: Erin M. Carney
27b. LICENSE NUMBER: 50160
27c. DATE SIGNED (Month, Day, Year): September 13, 2016
27d. NAME AND ADDRESS: Erin M Carney, M.D.; 850 R.S. Gass Boulevard, Nashville, TN 37216; MEC16-2190

MEDICAL REFERENCE

28. 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. Enter only one cause on a line.

		Approximate Interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Hypertensive cardiovascular disease	
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	Due to (or as a consequence of): 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.

29a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☐ No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

30. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☒ Unknown
32. IF FEMALE: ☐ 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: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? ☐ Yes ☐ No
34d. PLACE OF INJURY – at home, farm, street, factory, office, building, etc. (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

PH-1659 (Rev. 9/2011) RDA 1399

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08804051

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SEP 20 2016

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

Lori B. Ferranti, PhD, MSN, MBA, RN
State Registrar/Asst. Commissioner

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

08804051
Date Issued

CERTIFICATION OF VITAL RECORD