This instrument prepared by:
Sunny Stevens, Attorney
PO BOX 622
Ashland City, TN 37015

Karen Johnson Davidson County
Batch# 461261 AFFIDAVITH
08/21/2020 08:44:30 AM 5 pgs
Fees: $27.00 Taxes: $0.00
20200821-0094395

AFFIDAVIT OF HEIRSHIP OF
Sarah Eudora Burnett

STATE OF TENNESSEE
COUNTY OF DAVIDSON

1. Affiants are as follows:

Sarah Conklin
3013 Brookhaven Way
Augusta, Georgia 30909

James Tilby
3013 Brookhaven Way
Augusta, Georgia 30909

2. Sarah Eudora Burnett died on the 7th day of September 2009, and was widowed at the time of her death.

3. Sarah Eudora Burnett was the natural parent of two (2) children: Patricia B. Carty and Phillip R. Burnett. There were no other children born to or adopted by Sarah Eudora Burnett during her lifetime.

4. This affidavit is being provided to clarify title to all real property owned by Sarah Eudora Burnett at the time of her death, including, but not exclusive to the property being described as follows:

Being Lot No. 51 on the Map of the Re-subdivision of lots nos. 7, 8, 9, 10 and part of lots no. 6, 11, 12, and 13 Cumberland Nurseries, as of record in Book No. 332, page 36, R.O.D.C., Tennessee.

Said lot No. 51 fronts 50 feet on the southerly side of Rose Street and runs back between parallel lines 150 feet to an alley.

Being the same property conveyed to Sarah Eudora Burnett (Burnette) by Quit Claim deed from Charlie M. Burnett (Burnette) of record in Book 5351, page 330, Tax Map no. 119-2, and Tax Parcel No. 145, Registers' Office for Davidson County, Tennessee.

5. This Affidavit is given freely and pursuant to the provisions T.C.A. § 30 -2 -172 for the purpose of facts concerning the heirs of Sarah Eudora Burnett.

6. AFFIDAVIT IS MADE FOR THE PURPOSE OF INDUCING a National Title Insurance Company to issue a policy or policies insuring the title to the property; and as an inducement to such issuance by said National Title Insurance Company, the undersigned agree(s) to INDEMNIFY AND HOLD HARMLESS same, its agents/assigns (including the closing attorneys) from any and all loss, costs, or damage, including attorneys' fees, which it may incur or for which it may become liable under its policy or policies, either directly or indirectly, as a result of relying on said affidavit.

7. Further Affiant saith not.

IN WITNESS WHEREOF, this Affidavit is given freely and pursuant to the provisions of T.C.A. 30-2-172 for the purpose of facts concerning the heir of Sarah Eudora Burnett on this the 12TH day of AUGUST, 2020.

Sarah Conklin

Sarah Conklin

Sworn to and subscribed before me this the 12 day of August, 2020.

NOTARY PUBLIC
My Commission Expires: 4.6.21

STATE OF Georgia)
COUNTY OF Richmond)

REBECCA ACORD NOTARY PUBLIC My Commission Expires April 6, 2021 COLUMBIA COUNTY, GA

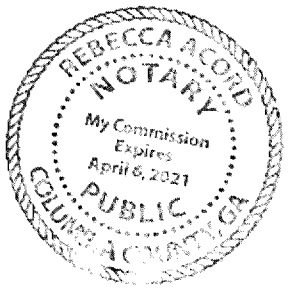
IN WITNESS WHEREOF, this Affidavit is given freely and pursuant to the provisions of T.C.A. 30-2-172 for the purpose of facts concerning the heir of Sarah Eudora Burnett on this the 12 day of August, 2020.

James Tilby

Sworn to and subscribed before me this the 12 day of August 2020.

NOTARY PUBLIC
My Commission Expires: 4.6.21

STATE OF Georgia)
COUNTY OF Richmond)



STATE OF TENNESSEE
Office of Vital Records

0905148

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Sarah Eudora Burnett
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): September 07, 2009
4. SOCIAL SECURITY NUMBER (If Deceased): 5191
5a. AGE-LAST BIRTHDAY (Years): 86
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): June 07,1923
7. BIRTHPLACE (City and State or Foreign Country): Lebanon, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
8a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [X] 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): Baptist 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): N/A
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Homemaker
12b. KIND OF BUSINESS/INDUSTRY: Home
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 105 Rose Street
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37210
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

NAME OF DECEDENT Pre-typed by physician or medical examiner

PARENTS

17. FATHER'S NAME (First, Middle, Last): Jerry M. Climer
18. MOTHER'S NAME (First, Middle, Maiden Surname): Velma A. Reynolds

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Patricia B. Carty
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 310 Gaywood Drive, Nashville, TN 37211

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): Woodlawn Memorial Park
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Billy D. Orange
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5846
21c. SIGNATURE OF EMBALMER: James Ryan Padgett
21d. LICENSE NUMBER OF EMBALMER: 5535
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn-Roesch-Patton Funeral Home, 660 Thompson Lane, Nashville, TN 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

23. REGISTRAR'S SIGNATURE: Marwood H. Stanley Jr
24. DATE FILED (Month, Day, Year): September 11th, 2009

CERTIFIER

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: Richard Garman
25b. LICENSE NUMBER: MD013402
25c. DATE SIGNED (Month, Day, Year): 9/15/09
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):
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Dr. Richard Garman, 300 20th Ave. N., 9th FL, Nashville, TN 37203

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

CAUSE OF DEATH

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

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Pneumonia - resp failure — 24hrs
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. Poss. bile post-obstructive pneumonia
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: COPD

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 [✓] 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-1059 (REV. 6/99)
BIRTH NO.
RDA 1399

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.

3563784

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

Sharon M. Leinbach
STATE REGISTRAR

Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

SEP 16 2009
Date Issued

202008210094395

Certificate of Authenticity

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

Signature

State of Tennessee

County of Cheatham

Personally appeared before me, Peggy Pulley, a notary public for this county and state, Sunny Stevens who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Notary's Signature

My Commission Expires: 5/22/22

Notary's Seal (If on paper)

PEGGY SMITH PULLEY
STATE OF TENNESSEE NOTARY PUBLIC
CHEATHAM COUNTY