THIS INSTRUMENT PREPARED BY: **Martin Heller Potempa & Sheppard** 1935 21st Avenue South, Suite 100 Nashville, Tennessee 37212 (615) 800-7096 This affidavit was prepared based on the information provided by the parties and no independent title examination was prepared.	STATE OF ARIZONA COUNTY OF Mohave The actual consideration for this transfer is: $0.00 Ray Charles Pitts **RAY CHARLES PITTS** Subscribed and sworn to before me, this 28 day of September 2020. Melissa Hobbs **Notary Public** My Commission Expires: 08/14/2022

Melissa Hobbs
Notary Public
Mohave County, Arizona
My Comm. Expires 08/14/2022
Commission No. 554078

New Owner Address	Send Tax Bills To:	Tax Information:
Deborah Pitts, et. al 6570 Nielson Way Golden Valley, AZ 86413	New Owner	20060817-0101587

Karen Johnson Davidson County
Batch# 502196 **AFFIDAVITH**
10/28/2020 09:08:53 AM 3 pgs
Fees: $17.00 Taxes: $0.00
20201028-0124604

STATE OF ARIZONA)
)
COUNTY OF Mohave)

AFFIDAVIT OF HEIRSHIP

1. My name is Ray Charles Pitts. I am an adult resident of the State of Arizona, I am competent to give the testimony in this sworn Affidavit, and my testimony herein is based upon my personal knowledge.

2. I am a son-in-law to Melvin Earl McClure (hereinafter "Decedent"). I knew the Decedent for approximately thirty-five (35) years prior to his death.

3. Decedent died intestate as a resident of Davidson County, Tennessee on July 10, 2020, and was survived by his two adult children, Deborah Pitts and Timothy McClure. A copy of the Decedent's Certificate of Death is attached hereto as **Exhibit 1**.

4. At the time of the Decedent's death, Decedent owned an interest in real property commonly known as 908 Bettie Drive, Old Hickory, Tennessee 37138 (hereinafter "Real Property"), is more fully and particularly described as:

Land in Davidson County, Tennessee, being Lot No. 47 on the plan of the Knell subdivision, Section 3, of record in Book 2854 Page 110 Register's Office for said county.

Said Lot No. 47 fronts 80 feet on the Southwesterly side of Bettie Drive and Extends back 155 feet on the Northwesterly side and 320 feet on the Southeasterly side to a deed line measuring 183.38 feet therein.

Being the same property conveyed to Melvin E. McClure, unmarried, by Quitclaim Deed executed by Melvin E. McClure as the surviving spouse of Martha E. McClure, of Record as instrument number 20060817-0101587, in the Register's Office of Davidson County, State of Tennessee.

5. At the time of his death, Decedent was not a recipient of TennCare benefits.

6. Pursuant to Tennessee Code Annotated §31-2-103, the Real Property vested in Deborah Pitts and Timothy McClure immediately upon the death of Melvin E. McClure through an operation of law. The property remains vested in Deborah Pitts and Timothy McClure with each individual owning a one-half interest as a tenant-in-common. Therefore, the ownership interest is as follows:

Deborah Pitts	50%
Timothy McClure	50%

FURTHER AFFIANT SAYETH NOT.

SWORN this 28 **day of** September **2020.**

Ray Charles Pitts

RAY CHARLES PITTS, Affiant

STATE OF ARIZONA)
)
COUNTY OF Mohave)

Now having first been sworn, the above-named Ray Charles Pitts, 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 this 28 day of September 2020.

Melissa Hobbs

NOTARY PUBLIC

My commission expires: 08/14/2022

Melissa Hobbs
Notary Public
Mohave County, Arizona
My Comm. Expires 08/14/2022
Commission No. 554078

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER 2020 043998

1. Decedent's Legal Name: MELVIN EARL MCCLURE			2. Sex: MALE	3. Date of Death: 07/10/2020
4. Time of Death (Approx.): 13:26	5a. Age: 82	6. Date of Birth: 08/25/1937	7. Birthplace: NASHVILLE, 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: ELECTRICIAN		11b. Kind of Business/Industry: COMMERICAL
12. Social Security Number: 0450	12a. Residence-State or Foreign Country: TENNESSEE	12b. County: DAVIDSON		12c. City or Town: OLD HICKORY
12d. Street and Number: 908 BETTIE DR		13a. Inside City Limits?: YES	13f. Zip Code: 37138	14. Was Decedent ever in US Armed Forces?: NO
15. Decedent's Education: SOME COLLEGE CREDIT, BUT NO DEGREE	16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO		17. Decedent's Race: WHITE	
18. Father's Name: JETTIE EARL MCCLURE		19. Mother's Name Prior to First Marriage: CARRIE ELIZABETH GRAYSON		
20a. Informant's Name: TIM MCCLURE	20b. Relationship to Decedent: SON	20c. Mailing Address: 3096-B VESTA RD, LEBANON, TN 37090		
21a. Method of Disposition: CREMATION	21b. Place of Disposition: NASHVILLE CREMATION SERVICE		21c. Location: NASHVILLE, TN	
22a. Signature of Funeral Director: ▶ /e/ROBERT FUQUA	22b. License Number: 6060	22c. Signature of Embalmer: ▶ /e/ Dawn Renee' Everett		22d. License Number: 6024
23a. Name and Address of Funeral Home: MOUNT OLIVET FUNERAL HOME AND CEMETERY, 1101 LEBANON PIKE, NASHVILLE, TN 37210-3001				23b. License Number: 970
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III			25. Date Filed: 07/28/2020	

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.

27a. Certifier: ▶ /e/ MICHELLE LAW	27b. License Number: 57029	27c. Date Signed: 07/28/2020
27d. Name and Address: MICHELLE LAW 3443 DICKERSON PK, STE 680, NASHVILLE, TN 37207		

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) 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. VENTRICULAR FIBRILLATION	
	b. CORONARY ARTERY DISEASE	
	c.	
	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?: NO
29b. Were Autopsy Findings Available to Complete the Cause of Death?

30. Manner of Death: NATURAL	31. Did Tobacco Use Contribute to Death?: UNKNOWN	32. If Female: N/A		
33. If Transportation Injury, Specify:	34a. Date of Injury	34b. Time of Injury	34c. Injury at Work?	34d. Place of Injury
	34e. Describe How Injury Occurred			34f. Location of Injury

PH-1659 (Rev. 8/2017) RDA 10112

12050641

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
[redacted]rar

Lisa Piercey, MD, MBA, FAAP
Commissioner

1 2 0 5 0 6 4 1

Date Issued: Jul-28-2020

CERTIFICATION OF VITAL RECORD