THIS INSTRUMENT PREPARED BY: **Martin Heller Potempa & Sheppard** 2122 21st Avenue South Nashville, Tennessee 37212 (615) 800-7096 This Affidavit was prepared based on information provided by the parties and no independent title examination was prepared. Karen Johnson Davidson County Batch# 525750 AFFIDAVITH 12/07/2020 12:24:30 PM 6 pgs Fees: $32.00 Taxes: $0.00 20201207-0141726	STATE OF TENNESSEE COUNTY OF DAVIDSON The actual consideration for this transfer is $0.00 TONY GRAY Subscribed and sworn to before me, this 18th day of November 2020. Notary Public My Commission Expires: 3/7/2023

Address New Owner:	**Send Tax Bills To:**	**Tax Information:**
TONY GRAY 308 Blackman Road Nashville, TN 37211	New Owner	Parcel Id.: 14705010700

AFFIDAVIT OF HEIRSHIP

1. Mildred Louise Gray, deceased (hereinafter the "Decedent"), was unmarried at the time of her death and had four children in the course of her lifetime: Joan Sisk, Zuila (Gray) Suggs, Lem Gray and Tony Gray.

2. All four of Decedent's children survived her and are still alive as of the execution of this Affidavit.

3. Decedent died testate in Davidson County on January 25, 1984. An exact copy of her death certificate is attached hereto as **Exhibit 1**.

4. At the time of her death, Decedent owned a certain parcel of improved real property located in Davidson County Tennessee at ***308 Blackman Road, Nashville, TN 37211***, more fully and particularly described as:

Being Lot No. 72 on the Plan of Caldwell Hall, Section 1, Revised, as of Record in Book 2900, page 58, Register's Office for Davidson County, Tennessee.

202012070141726

Said Lot No. 72 fronts 80 feet on the northerly margin of Blackman Road and extends back 157.7 feet, on the easterly line and 158.9 feet on the westerly line, to the dead line in the rear, measuring 80 feet thereon.

Being the same property conveyed to Mildred Louise Gray, by Warranty Deed from Bob M. Logan and wife, Jean A. Logan, of record in Book 4615, page 933, Register's Office for Davidson County, Tennessee.

5. Decedent's Estate was probated in Davidson County, Tennessee, on September 5, 1984, and the Property was brought into the Estate by Decedent's Last Will and Testament executed on June 18, 1983 (the "Will").

6. Pursuant to the terms of the Will, as recorded with the Davidson County Register of Deeds of Book 6395, Page 298, Tony Gray received a life estate in the property and 2/5 ownership interest at the termination of his life estate. Joan Sisk is due to receive 1/5 ownership interest in the property at the termination of Tony Gray's life estate. Zuila (Gray) Suggs is due to receive 1/5 ownership interest in the property at the termination of Tony Gray's life estate. Lem Gray is due to receive 1/5 ownership interest in the property at the termination of Tony Gray's life estate.

7. There are no outstanding claims, monies due to TennCare, or any State or Federal taxing authority.

8. All rights, title and interest in said real property were conveyed to Tony Gray by Quitclaim Deed executed by Joan Sisk, Zuila (Gray) Suggs and Lem Gray, which is being recorded contemporaneously with this Affidavit of Heirship.

FURTHER AFFIANT SAYETH NOT.

SWORN this 18th **day of** November **2020.**

TONY GRAY

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, Shelly Salva, Notary Public of the state and county aforesaid, TONY GRAY, with whom I am personally acquainted, and who acknowledged that she executed the within instrument for the purposes therein contained.

Sworn to and subscribed before me, the undersigned Notary Public, this 18th day of November 2020.

Shelly Salva
Notary Public
My Commission expires:
3/7/2023

SHELLY SALVA
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY

202012070141726

for Joan Dixon see below

Sheila Grewing
Notary Public

My Commission Expires: 6-25-2024

Joan Dixon
JOAN DIXON

STATE OF TENNESSEE)
COUNTY OF ~~DAVIDSON~~ Wilson)

Personally appeared before me, Sheila Grewing, Notary Public of the state and county aforesaid, JOAN DIXON, with whom I am personally acquainted, and who acknowledged that she executed the within instrument for the purposes therein contained.

Sworn to and subscribed before me, the undersigned Notary Public, this 17th day of November 2020.

Sheila Grewing
Notary Public

SHEILA GREWING STATE OF TENNESSEE NOTARY PUBLIC WILSON COUNTY

My Commission Expires: 6-25-2024

Zuila May Harris
ZUILA MAY HARRIS

STATE OF TENNESSEE)
COUNTY OF ~~DAVIDSON~~ Wilson)

Personally appeared before me, Sheila Grewing, Notary Public of the state and county aforesaid, ZUILA MAY HARRIS, with whom I am personally acquainted, and who acknowledged that she executed the within instrument for the purposes therein contained.

Sworn to and subscribed before me, the undersigned Notary Public, this 17 day of November 2020.

Sheila Grewing
Notary Public

SHEILA GREWING STATE OF TENNESSEE NOTARY PUBLIC WILSON COUNTY

My Commission Expires: 6-25-2024

Lem V. Gray Jr.

LEM V. GRAY, JR.

STATE OF TENNESSEE)
COUNTY OF ~~DAVIDSON~~ Wilson)

Personally appeared before me, James A. Tompkins, Notary Public of the state and county aforesaid, **LEM V. GRAY, JR.**, with whom I am personally acquainted, and who acknowledged that she executed the within instrument for the purposes therein contained.

Sworn to and subscribed before me, the undersigned Notary Public, this 17 day of November 2020.

James A Tompkins

Notary Public

My Commission Expires: 5/31/2022

JAMES A TOMPKINS
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

STATE OF TENNESSEE
Office of Vital Records

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

19094
08
19094 — BIRTH NO.

8400400

84-000611 STATE FILE NO.

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT BLACK INK.

DECEASED

1. DECEASED—NAME: Mildred Louise Cooper Gray
2. DATE OF DEATH (MONTH, DAY, YEAR): January 25, 1984
3a. AGE—LAST BIRTHDAY (YEARS): 71
3b. UNDER 1 YEAR — MONTHS / DAYS
3c. UNDER 1 DAY — HOURS / MINUTES
4. DATE OF BIRTH (MONTH, DAY, YEAR): April 15, 1912
5a. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)): Caucasian
5b. ORIGIN OR DESCENT (HISPANIC, MEXICAN, PUERTO RICAN, ETC. (SPECIFY)): 99
6. SEX: F
7a. COUNTY OF DEATH: Davidson
7b. CITY, TOWN OR LOCATION: Nashville
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.): Southern Hills Hospital
7e. IF HOSP. OR INST., INDICATE "DOA," OR WHERE DIED (STREET NO.): DOA
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Tennessee 43
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME):
12. SOCIAL SECURITY NUMBER (IN HOME SPECIFY): 8921
13a. SERVICE IN ARMED FORCES (SPECIFY BRANCH OR DATES OF SERVICE): N/A
13b. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Nurses Technician
13c. KIND OF BUSINESS OR INDUSTRY: Baptist Hospital

USUAL RESIDENCE WHERE DECEDENT LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

14a. RESIDENCE—STATE: Tennessee
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: Nashville
14d. STREET AND NUMBER: 808 Blackman Road
14e. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
14f. CENSUS TRACT NO.:

PARENTS AND INFORMANT

15. FATHER—NAME: Charles N. Cooper
16. MOTHER—MAIDEN NAME: Sarah Jane Putman
17. INFORMANT—NAME: Mrs. Zula Harris
MAILING ADDRESS: 4813 Smokey Dr Old Hickory Tn 37138

PERMIT TO BE ISSUED PRIOR TO REMOVAL OF BODY BY CORONER OR REGISTRAR.

DISPOSITION

18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial
18b. DATE (MONTH, DAY, YEAR): Jan. 27, 1984
18c. CEMETERY OR CREMATORY—NAME: Woodlawn Memorial Park Inc
18d. LOCATION (CITY OR TOWN, STATE): 689 Thompson Lane Nashville Tennessee 37204
19a. FUNERAL DIRECTOR (SIGNATURE): Kenneth E. Dye
19b. LICENSE NO.: 3276
19c. EMBALMER (SIGNATURE): Kenneth E. Dye
19d. LICENSE NO.: 3658
19e. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Woodlawn Funeral Home Inc 689 Thompson Ln Nashville Tn 37204
20. REGISTRAR—SIGNATURE: Esther D Groh
21. DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): Feb 3, 1984

CERTIFIER

22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED — SIGNATURE: Wesley B. Moore — DEGREE: MD
22b. DATE SIGNED (MONTH, DAY, YEAR): 1
22c. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED — SIGNATURE — TITLE
23b. DATE SIGNED (MONTH, DAY, YEAR)
23a. CERTIFIER—NAME (TYPE OR PRINT): Wesley B. Moore, M. D.
24a. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Nashville, Tn.

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED TO SIGN HERE. ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

CAUSE

25. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a): Cardiorespiratory Arrest
DUE TO, OR AS A CONSEQUENCE OF (b): Diabetes Mellitus — 25 Yrs
CONDITIONS IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST
DUE TO, OR AS A CONSEQUENCE OF (c): Atherosclerotic Cardiovascular Disease

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a).

26. AUTOPSY (YES OR NO): 9

27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)
27b. DATE OF INJURY (MONTH, DAY, YEAR)
27c. HOUR
27d. DESCRIBE HOW INJURY OCCURRED
27e. INJURY AT WORK (SPECIFY YES OR NO)
27f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)
27g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

PH-1659
Rev. 9/81

EXHIBIT
EXHIBIT 1

12337537

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

Lisa Piercey, MD, MBA, FAAP
Commissioner

1 2 3 3 7 5 3 7

Date Issued: Mar-23-2020

CERTIFICATION OF VITAL RECORD

202012070141726

Tennessee Certification of Electronic Document

I, Cynette Voelkel, do hereby make oath that I am a licensed attorney and/or the
Signer's Name

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.

Cynette Voelkel
Signature

State of Ohio
County of Cuyahoga

Personally appeared before me, Cheryl Smith, a notary public for this county and
Notary's Name

state, Cynette Voelkel, who acknowledges that this certification of an electronic
Signer's Name

document is true and correct and whose signature I have witnessed.

Cheryl Smith
Notary Signature

MY COMMISSION EXPIRES: 11/28/2021

NOTARY'S SEAL

NOTARIAL SEAL
STATE OF OHIO

CHERYL SMITH
NOTARY PUBLIC
STATE OF OHIO
Recorded in
Cuyahoga County
My Comm. Exp. 11/28/2021

(3) All electronic documents eligible for registration pursuant to this subsection are validly registered when accepted for recording by the county register. Electronic documents registered by county registrars prior to July 1, 2007 shall be considered validly registered with or without the certification provided in subsection (2).