AFFIDAVIT OF HEIRSHIP

GRANTEE:
Larry K. Clayton, Executor
Estate of Jacqulyn Acton
7647 Cumberland Street
Fairview, TN 37062

SEND TAX BILLS TO:
Grantee

MAP-PARCEL NOS.
119 14 0 015.00

THIS INSTRUMENT PREPARED BY:
SchlitzLAW
1507 16th Avenue South
Nashville, Tennessee 37212

Karen Johnson Davidson County
Batch# 630236 **AFFIDAVITH**
05/06/2021 11:40:20 AM 6 pgs
Fees: $32.00 Taxes: $0.00



20210506-0061004

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

The undersigned, being duly sworn, makes oath as follows:

1. My name is Larry K. Clayton. I will refer to myself in this Affidavit as the Affiant.

2. I am over the age of eighteen and I have personal knowledge of the matters stated in this Affidavit.

3. I reside at 7647 Cumberland Street, Fairview, Williamson County, Tennessee, 37062.

4. The property located at 245 Collier Avenue, Nashville, Tennessee, 37211 is titled in the name of Lester G. Acton and wife Jacqulyn Acton (the "Property"). The description of the Property to which this Affidavit applies is further described on the attached Exhibit A.

5. Lester G. Acton died on July 30, 2013 in Kingston, Ontario, Canada. I will refer to him as the Decedent. A copy of his death certificate, with redactions, is attached hereto as Exhibit B.

6. At the time of the Decedent's death, he was married to Jacqulyn Acton.

7. I am the executor to the Estate of Jacqulyn Acton. A copy of her death certificate, with redactions is attached hereto as Exhibit C. A copy of the Letters Testamentary appointing me as Executor is attached hereto as Exhibit D.

8. At the time the Decedent and Jacqulyn Acton took title to the Property, they owned the Property as husband and wife and as tenants by the entirety.

9. At the time of Decedent's death, Decedent and Jacqulyn Acton were legally married.

10. There was no divorce or separation between the Decedent and Jacqulyn Acton prior to Decedent's death.

The Affiant makes oath that, to the best of his information and belief, the information contained herein is true, accurate, and complete.

Larry K. Clayton

AFFIANT

ACKNOWLEDGEMENT

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

Before me, the undersigned, a Notary Public of the State and County aforesaid, personally appeared **Larry K. Clayton**, with whom I am personally acquainted, and who, upon oath, acknowledged that they executed the foregoing instrument for the purposes therein contained.

Witness my hand and official seal at office, this 3rd day of May, 2021.

Stacey Schultz

Notary Public

My commission expires: July 9, 2024

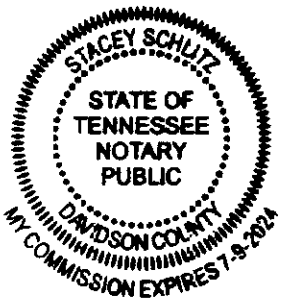


Exhibit A

Being Lot No. 20, Block "E" on the unrecorded plan of Woodbine Courts, Part 2, not of record.

Said Lot No. 20 fronts 75 feet on the southerly side of Collier Avenue, and runs back between parallel lines 155.5 feet to a deac line in the rear, measuring 75 feet thereon.

Being the same property conveyed to Lester G. Acton and wife Jacqulyn Acton from Ken W. Jones and wife, Patricia Ann B. Jones, as of Record in Book 4942, page 155, Register's Office for said county.

This is improved property known as 245 Collier Avenue, Nashville, Tennessee, 37211.

Ontario
Office of the Registrar General
Bureau du registraire général

Certified A True Photostatic Print of a Record

Photocopie certifiée conforme d'un document

on file at the Office of the Registrar General Ontario, Canada

se trouvant dans les dossiers du Bureau du registraire général (Ontario) Canada

Registration Number: Numéro d'enregistrement : 2013 053887
PAGE 1 of 1

Certificate number: Numéro du certificat : 2220906

Date issued: Date de délivrance : Dec 06 2013

File number: Numéro de dossier : 01372501-01-6

Ontario Ministry of Government Services — Office of the Registrar General

Statement of death - Form 15

Hospital code number

Note: Form 7 must be completed for stillbirths. This is a permanent record.

Please PRINT clearly in blue or black ink.

INFORMATION ABOUT THE DECEASED

1. Last name: ACTON
2. Social insurance number (optional):
3. First and middle names: Lester Gordon
Sex (M or F): Male
4. Date of death (d/m/y): July 30, 2013
5. Date of birth (d/m/y): April 27, 1936
6. City and province where born (if outside of Canada, state the country): Kingston, OntarioCanada
7. Age at time of death (years): 77
If less than a year old (months and days):
If less than a day old (hours and minutes):
8. Place of death (name of facility or location): St Mary's of the Lake Hospital — [X] hospital [ ] nursing home [ ] residence [ ] other (please specify)
City, town, village or township: Kingston
regional municipality, county or district: Frontenac
9. Name of physician/coroner/other who pronounced death: Joseph Jankola
10. Marital or relationship status (check one): [ ] single [X] married [ ] widowed [ ] divorced [ ] common-law [ ] same-sex partner
11. Last name of the deceased's spouse or partner (before this marriage or relationship): KOSTER Jacqulyn
12. Type of work done most of working life: Professional Bus Driver
13. Type of business or industry that the deceased worked in most of working life: Private Transportation Company
14. Deceased's usual residence (street number and name, city, province, postal code (do not use post office box or rural route): 832 Little Creek Road Napanee Lennox & Addington Ontario K7R3K6
15. City and province where father was born (if outside of Canada, state the country): Kingston Ontario Canada
16. Father's name (last, first): ACTON Robert Gordon
17. City and province where mother was born (if outside Canada, state the country): Kingston Ontario Canada
18. Mother's maiden name (last, first): CAVERLY Dorothy L.

TO BE COMPLETED ONLY BY THE PERSON PROVIDING THIS INFORMATION

19. Name (last, first, middle): Acton William
20. Relationship to deceased: Brother
21. Signature: x
22. Address (street number and name, city, province, postal code): 832 Little Creek Road Napanee Ontario K7R 3K6
Date (d/m/y): July 30, 2013

TO BE COMPLETED ONLY BY THE FUNERAL DIRECTOR OR PERSON(S) IN CHARGE OF REMAINS

23. Type of disposition (burial, cremation or if other specify): Cremation
24. Proposed date of disposition (d/m/y): August 1, 2013
25. Name and address of proposed cemetery, crematorium or place of disposition: Cataraqui Cemetery, Kingston, Ontario
26. Name of funeral director (last, first, middle): Hollins, Heather
27. Name of funeral home: James Reid Funeral Home
28. Address of the funeral home (street number and name, city, province, postal code): 1900 John Counter Blvd. Kingston, Ontario K7M 7H3
29. Signature of funeral director: x
30. Business code number: 079
31. Date (d/m/y): July 31, 2013

TO BE COMPLETED ONLY BY THE DIVISION REGISTRAR

Name of person who issues burial permit: megan Gagnon
Place of issue: Kingston
Date issued (d/m/y): 31-07-2013

By signing below, I am satisfied that the information in the Medical certificate of death and this Statement of death is correct and sufficient and I agree to register the death.

Signature: x
Date (d/m/y): 09 Aug 2013
Registration number: 1053|13
Div. Reg. code number: 1007

For the use of the Office of the Registrar General only

AUG 21 2013

Personal information contained in this form is collected under the authority of the *Vital Statistics Act*, R.S.O. 1990, c.V.4 and will be used to register and record the births, still-births, deaths, marriages, additions or change of name, corrections or amendments, provide certified copies, extracts, certificates, search notices, photocopies and for statistical, research, medical, law enforcement, adoption and adoption disclosure purposes. Questions about this collection should be directed to the Deputy Registrar General at PO Box 4600, Thunder Bay ON P7B 6L8. Telephone 1 800 461-2156 or 416 325-8305.

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[redacted]

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2020 068647

1. Decedent's Legal Name: JACQULYN K ACTON			2. Sex: FEMALE	3. Date of Death: 10/23/2020
4. Time of Death (Approx.): 17:45	5a. Age: 78	6. Date of Birth: 08/17/1942	7. Birthplace: STOVER, MO	
8a. Place of Death: INPATIENT				
8b. Facility Name: SAINT THOMAS MIDTOWN HOSPITAL		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: LOWE'S HOME IMPROVEMENT		11b. Kind of Business/Industry: RETAIL
12. Social Security Number: [redacted]	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: NASHVILLE
13d. Street and Number: 245 COLLIER AVENUE		13e. Inside City Limits?: YES	13f. Zip Code: 37211	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: JACOB KOESTER		19. Mother's Name Prior to First Marriage: BERDELL YOUNG		
20a. Informant's Name: LARRY CLAYTON	20b. Relationship to Decedent: FRIEND	20c. Mailing Address: 245 COLLIER AVENUE, NASHVILLE, TN 37211		
21a. Method of Disposition: CREMATION	21b. Place of Disposition: MUSIC CITY CREMATORY SERVICE		21c. Location: NASHVILLE, TN	
22a. Signature of Funeral Director: ▶ /e/ VALERIE D LOCKETT	22b. License Number: 6785	22c. Signature of Embalmer: ▶		22d. License Number
23a. Name and Address of Funeral Home: NASHVILLE CREMATION CENTER, 6120 SAWYER BROWN ROAD, #108, NASHVILLE, TN 37221				23b. License Number: 1319
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III		25. Date Filed: 11/05/2020		

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/ DANA BANNERMAN	27b. License Number: 034689	27c. Date Signed: 11/04/2020

27d. Name and Address: DANA BANNERMAN 2000 CHURCH STREET BOX 102, NASHVILLE, TN 37236

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.

Appropriate 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. SEVERE SEPSIS		DAYS
b. SEVERE PROTEIN CALORIE MALNUTRITION		MONTHS
c. ACUTE RENAL FAILURE		DAYS
d. METASTATIC RECTAL CANCER		UNKNOWN

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: OBESITY, ATRIAL FIBRILLATION

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?: NO	32. If Female: NOT PREGNANT WITHIN PAST YEAR		
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

[redacted]

PH-1669E

12530633

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

1 2 5 3 0 6 3 3

Edward G. Bishop III, State Registrar — Lisa Piercey, MD, MBA, FAAP, Commissioner

Date Issued: Nov 05 2020

CERTIFICATION OF VITAL RECORD

IN THE CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE

(PROBATE DIVISION)

LETTERS TESTAMENTARY

TO: **LARRY K. CLAYTON** DOCKET NO: **20P2179**

*It appearing to the Court that **JACQULYN K. ACTON** has died leaving a written Will in which you are appointed **Executor** and which has been duly approved by the Court; and you having been qualified according to law, and it having been ordered by said Court that Letters Testamentary issue to you;*

*THESE ARE, THEREFORE, to empower you, the said **LARRY K. CLAYTON**, to enter upon the execution of said Will, and take into your possession all of the property, and to make, within **sixty (60) days** from this date, a perfect inventory thereof, and make due collection for all debts, and after paying all the just demands against the Testator, and settling up the business according to law, you will pay over and deliver the property and effects that may remain in your hands, and do all other things that may be required, according to the provisions of the said will and the laws of the land.*

*WITNESS, Richard R. Rooker, Clerk of the Probate Court, at office, this **April 23rd, 2021**.*

RICHARD R. ROOKER, Clerk

_____ D.C.

STATE OF TENNESSEE)

DAVIDSON COUNTY)

I, RICHARD R. ROOKER, Clerk of the Probate Court of said County, do hereby certify that the foregoing is a true and perfect copy of the Letters Testamentary issued to **LARRY K. CLAYTON** as **Executor** of the estate of **JACQULYN K. ACTON**, deceased, and I do further certify that **LARRY K. CLAYTON** is still acting **Executor** of the estate of **JACQULYN K. ACTON** and all acts as such are entitled to full faith and credit as it appears from the official record in my office in Nashville, Tennessee, this the 23rd day of April, 2021.

RICHARD R. ROOKER, Clerk

_____ D.C.

[redacted]