Karen Johnson Davidson County
Batch# 746074 AFFIDAVITH
10/28/2021 11:30:30 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20211028-0144877

THIS INSTRUMENT PREPARED BY:
Nashville Law Offices, PLLC
500 Church St., Suite 210
Nashville, TN 37219

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Affiant, Rega Fawn Gross, after first being duly sworn, states that she is an adult citizen and residing at 3228 Panorama Drive, Nashville, Tennessee 37218, being 60 years of age, having been born on March 6, 1961. I will refer to myself in this Affidavit as Affiant. I have personal knowledge of the matters stated in this Affidavit.

On August 1, 2017, JAMES EDWARD GROSS, died at the age of fifty-six (56) in Davidson County, Tennessee. I will refer to this person as the Decedent. A copy of the death certificate is attached as Exhibit A.

The real property to which this Affidavit applies is located at 3228 Panorama Drive, Nashville, Tennessee 37218, in Davidson County, Tennessee. The property description is as follows:

> Being Lot No. 182 on the Plan of Bordeaux Gardens-Section #1 as of record in Book 3300, Page 91, Register's Office for Davidson Count, Tennessee
>
> Said Lot No. 182 fronts 55 feet on the Easterly Margin of Panorama Drive and runs back between parallel lines 172 feet to a deadline on which it measures 55 feet.

The estate of the Decedent was administered in a proceeding supervised by a Court in Davidson County, Tennessee, in the Probate Court for Davidson County, Tennessee, Case Number 18P8.

Affiant would state that the Decedent was survived by his Wife, Rega Fawn Gross, and a child, Christopher Gross.

Facts pertinent to determine who is legally entitled to the said property is as follows: Affiant would state that the Decedent owned property located at 3228 Panorama Drive, Nashville, Davidson County, Tennessee 37218. A quitclaim deed was executed by the Decedent on July 26, 2017, naming his wife, Rega Fawn Gross, and the Decedent as tenants as common in the property. Decedent died on August 1, 2017. Further, Affiant would state that Decedent did not leave a valid Last Will and Testament. Per an agreement between the parties, Affiant had a 67.5 interest in the property and Christopher Gross has a 32.5% in the property. Affiant has purchased Christopher Gross's interest in the property, and, therefore, she is the sole owner of the real property.

This the 21st day of October, 2021.

Rega Fawn Gross

REGA FAWN GROSS

Sworn to and subscribed before me this 21st day of October, 2021.

My Commission expires: 1/6/2025

TREVOR CLARK
NOTARY PUBLIC
STATE OF TENNESSEE
DAVIDSON COUNTY

Notary Public

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2017 040473

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): James Edward Gross
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): August 1, 2017
4. TIME OF DEATH (Approx.): 02:08
5a. AGE-Last Birthday (Years): 56
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): October 18, 1960
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee

TYPE/PRINT IN PERMANENT BLACK INK

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): Alive Hospice Residence
8c. CITY OR TOWN: Nashville 094
8d. COUNTY OF DEATH: Davidson 19

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS: ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Rega Drake
11a. DECEDENT'S USUAL OCCUPATION: Lead Supervisor
11b. KIND OF BUSINESS/INDUSTRY: Stratas
12. SOCIAL SECURITY NUMBER: -6863
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 3228 Panorama Drive
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37218
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

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): Thurman Gross
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Barbara Jean

DISPOSITION

20a. INFORMANT'S NAME: Rega Drake Gross
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 3228 Panorama Dr., Nashville, Tn. 37218
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Greenwood Cemetery West
21c. LOCATION - City or Town and State: Nashville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Byretta L. Broady
22b. LICENSE NUMBER: 5130
22c. SIGNATURE OF EMBALMER: ▶ Terrell Broady
22d. LICENSE NUMBER: 4117
23a. NAME AND ADDRESS OF FUNERAL HOME: Terrell Broady Funeral Home, 3855 Clarksville Pike, Nashville, Tn. 37218
23b. LICENSE NUMBER OF FUNERAL HOME: 1137

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REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Dylan Chumley DR
25. DATE FILED (Month, Day, Year): 8/10/17

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING 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: ▶ Berkompas MD
27b. LICENSE NUMBER: 17891
27c. DATE SIGNED (Month, Day, Year): 8/10/17
27d. NAME AND ADDRESS: Robert Berkompas, M.D.

MEDICAL CERTIFICATION

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.	Colon cancer	
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-1658 (Rev. 10/2011)
RDA 1399

09959198

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

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

0 9 9 5 9 1 9 8

Date Issued MAR 21 2018

CERTIFICATION OF VITAL RECORD

202110280144877

Certificate of Authenticity

I, Emily G. Pfeiffer, #036156, 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 Davidson

Personally appeared before me, Trevor Clark, a notary public for this county and state, Emily G. Pfeiffer who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

TREVOR CLARK
NOTARY PUBLIC
STATE OF TENNESSEE
DAVIDSON COUNTY

Notary's Signature

My Commission Expires: 1/6/2023

Notary's Seal (If on paper)