AFFIDAVIT OF HEIRSHIP

Tennessee Code Annotated § 30-2-712.

Karen Johnson Davidson County
Batch# 746195 AFFIDAVITH
10/28/2021 02:19:31 PM 15 pgs
Fees: $77.00 Taxes: $0.00
20211028-0145037

STATE OF TENNESSEE)
COUNTY OF WILSON)

The undersigned, being duly sworn, deposes and says:

1. My full name is Gary L. Bennett. I will refer to myself in this Affidavit as the Affiant.

2. I reside at 2680 South Mt. Juliet Road, Mt. Juliet, Tennessee 37122.

3. I have personal knowledge of the matters stated in this Affidavit.

4. On January 1, 2019, James M. Brown, died in Wilson County, Tennessee. I will refer to this person as the Decedent.

5. The real property to which this Affidavit applies is located at or near 1336 Mercury Drive, Nashville, TN 37217 (Parcel ID 12002014700) in Davidson County, Tennessee.

6. Facts concerning my relationship to the Decedent are that I am a longtime friend of the Brown family.

7. Additional facts pertinent to determine who is legally entitled to the estate of the Decedent at the time of the Decedent's death are:

Decedent and his wife, Barbara C. Brown, acquired the property at or near 1336 Mercury Drive in Nashville, Tennessee (Parcel ID 12002014700) on November 10, 1955 (see Book 85, Page 184) and March 21, 1984 (see Book 6261, Page 872) (collectively, the "Property"). Barbara C. Brown died on January 3, 2005. Decedent resided here until his death.

Decedent had two sons, James Douglas Brown and Gary Wayne Brown. James Douglas Brown died on January 30, 2010 and was survived by three children: Joshua Brown, Jessica Brown Price and Juliana Brown Argyle. Joshua Brown died on April 30, 2011 and was survived by one son, Price Brown.

Decedent died on January 3, 2019, with his estate (including the Property) passing as follows: 1/2 to Gary Wayne Brown and 1/6 to each of Jessica Brown Price, Juliana Brown Argyle and Price Brown

Gary Wayne Brown, Jessica Brown Price, Juliana Brown Argyle and Price Brown are the rightful owners of the Property.

Prepared:
Gary W. Brown
3524 Hobson Pk
Hermitage TN
37076

8. Death records of Decedent, Barbara C. Brown, James Douglas Brown and Joshua Brown, which support the statements made in this affidavit, are attached as Exhibit A hereto.

Affiant

Sworn to and subscribed before me this 2nd day September, 2021.

My Commission expires: 3-6-2021

Notary Public

SHALITA STADAKER
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.

My Commission Expires

Exhibit A – Death Records

Attached

LAST WILL AND TESTAMENT
OF
JAMES MARION BROWN

I, **JAMES MARION BROWN**, a resident of Davidson County, Tennessee, being over the age of eighteen (18) years and of sound and disposing mind and memory, do hereby make, publish and declare this to be my Last Will and Testament, hereby revoking all Wills and Codicils heretofore made by me.

ARTICLE I

DEBTS

I direct that all of my just debts duly probated against my estate which I owe at the time of my death, all expenses of my last illness, all funeral and burial expenses (including the cost of a suitable monument at my grave) and the cost of administration of my estate be paid as soon as practicable after my death. It is my intention, however, that nothing in this Article of my Will should be construed as creating an express trust or fund for the payment of debts and expenses which would in any way extend the normal statute of limitations for the payment of my debts or enlarge upon my statutory duty to pay debts. It is my intention and instruction that all beneficiaries under this Will share bear a share of the burden of such debts and expenses that is proportionate to their share of my estate under this Will.

ARTICLE II

TAXES

I direct that all estate and inheritance taxes and other taxes in the general nature thereof (together with any interest or penalty thereon) which shall become payable upon

ARTICLE V

APPOINTMENT OF EXECUTOR

I appoint my son, Gary Wayne Brown, to be the Executor of this my Last Will, to serve without bond, or if bond is required by law, to serve without security on any bond required by law and without any accountings or inventory to any court and to have the powers and discretions provided in Article VI, and any others that may be granted by law, all to be exercised without court order. If Gary Wayne Brown shall predecease me or for any reason shall fail to qualify as Executor hereunder (or having qualified shall die or resign) then in such event, my brother, Thomas Edward Brown shall act as Alternate Executor of my estate; and in such capacity shall possess and exercise all powers and authority herein conferred on my Executor. I vest my Executor with full power and authority to sell, transfer and convey any property, real or personal, which I may own at the time of my death at such time and price and upon such terms and conditions (including credit) as she may determine and to do every other act and thing necessary or appropriate for the complete administration of my estate. Further, I hereby waive the necessity of any appraisal being made in connection with my estate.

ARTICLE VI

POWERS OF EXECUTOR

I hereby grant to my Executor the continuing, absolute, discretionary power to deal with any property, real or personal, held in my estate as freely as I might in the handling of my own affairs. Such power may be exercised independently without prior or subsequent approval of any judicial authority, and no person dealing with the Executor shall be required to inquire into the propriety of any of his actions. I expressly confer upon my Executor the specific powers set forth by Tennessee statutes as they are

or by reason of my death with respect to any property passing by or under the terms of this Will or any Codicil to it hereafter executed by me, or with respect to the proceeds of any policy or policies of insurance on my life, or with respect to any other property included in my gross estate for the purpose of such taxes, shall be paid by my Executor out of the principal of my estate.

ARTICLE III

DISTRIBUTION OF PERSONAL EFFECTS

I hereby direct my Executor to distribute my personal effects in accordance with the terms of this Will.

ARTICLE IV

SPECIFIC BEQUESTS

I give, devise, and bequeath all of my estate, real, personal, tangible, intangible and mixed, as follows:

Fifty percent (50%) to my son, Gary Wayne Brown, or to his issue, per stirpes.

Fifty percent (50%) , in equal portion, to my grandchildren, Joshua Brown, Jesse Brown, and Juliana Brown, or to the issue of each grandchild, per stirpes. In the event that one or more of the named grandchildren predecease me without issue, their share shall be divided equally among the other named grandchildren or each grandchild's issue, per stirpes. In the event that all of the named grandchildren predecease me without issue, the entire estate shall be devised to my son, Gary Wayne Brown.

presently constituted or as they shall hereafter be amended, but by Executor shall have no less powers than are granted to Executors by Tennessee statutes as they are presently constituted.

IN WITNESS WHEREOF, I sign, seal, publish and declare this instrument to be my Last Will and Testament this 5 day of April A. D., 2010, at Nashville, Tennessee.

JAMES MARION BROWN

ATTESTATION

On the date last above written, we saw **JAMES MARION BROWN** in our presence sign the foregoing instrument at its end. He declared it to be his Will and requested us to act as witnesses to it. We then, in his presence and in the presence of each other, signed our names as attesting witnesses, believing him at all times herein mentioned to be of sound mind and memory and not acting under constraint of any kind.

WITNESS

RON HAYES

WITNESS

ELAINE BROWN HAYES

I, **JAMES MARION BROWN**, the Testator, signed my name to this instrument this 5 day of April, A. D., 2010, and being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as my last Will and that I sign it willingly, that I execute it as my free and voluntary act for the purposes therein expressed, and that I am eighteen (18) years of age or older, of sound mind, and under no constraint of undue influence.

JAMES MARION BROWN

We, Ron Hayes and Elaine Brown Hayes, the witnesses set forth above, sign our names to this instrument being first duly sworn and do hereby declare to the undersigned authority that the Testator signed and executed this instrument of his own Last Will and that he signed it willingly, and thus each of us, in the presence and hearing of the Testator and of each other, hereby sign this Will as attesting witnesses in the Testator's signing, and that to the best of our knowledge the Testator is eighteen (18) years of age or older, of sound mind, and under no constraint or undue influence.

Ron Hayes
WITNESS

Elaine B Hayes
WITNESS

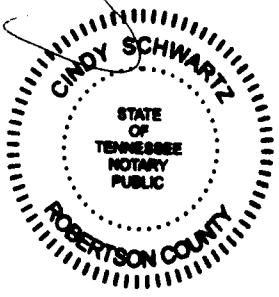
STATE OF TENNESSEE

COUNTY OF DAVIDSON

Subscribed, sworn to, and acknowledged before me by James Marion Brown, the Testator and subscribed and sworn to before me by Ron Hayes and Elaine Brown Hayes, the Attesting Witnesses, this the 5 day of April, A. D., 2010.

Cindy Schwartz
NOTARY PUBLIC

My Commission expires: 05/15/2013



(SEAL)

WITNESSES:	Residing at:
Ron Hayes	8201 Poplar Creek Road, Nashville TN 37221 (615) 646-3817
Elaine Brown Hayes	8201 Poplar Creek Road, Nashville TN 37221 (615) 646-3817

This document prepared by:

William B. Hutcherson, Jr., BPR# 011544
607 Rosebank Avenue
Nashville, TN 37206
(615) 262-4048

PAGE FIVE OF MY LAST WILL AND TESTAMENT JB

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 000669

DECEDENT

1. DECEDENT'S LEGAL NAME						2. SEX	3. DATE OF DEATH
JAMES MARION BROWN						MALE	01/03/2019
4. TIME OF DEATH (Approx.)	5a. AGE	5b. UNDER 1 YEAR Months	Days	5c. UNDER 1 DAY Hours	Minutes	6. DATE OF BIRTH	7. BIRTHPLACE
09:11 AM	90					08/02/1926	MARSHALL COUNTY, TN

8a. PLACE OF DEATH	8b. FACILITY NAME	8c. CITY OR TOWN	8d. COUNTY OF DEATH
MARISTONE ASSISTED LIVING	140 PROVIDENCE TRAIL	MOUNT JULIET	WILSON

9. MARITAL STATUS	10. SURVIVING SPOUSE (name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION	11b. KIND OF BUSINESS/INDUSTRY
WIDOWED		PRODUCTION	AEROSTRUCTURES

SECURITY NUMBER	12a. RESIDENCE-STATE OR FOREIGN COUNTRY	12b. COUNTY	12c. CITY OR TOWN
I-2644	TENNESSEE	DAVIDSON	NASHVILLE

13d. STREET AND NUMBER	13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT EVER IN US ARMED FORCES?
1336 MERCURY DRIVE	YES	37217	YES

15. DECEDENT'S EDUCATION	16. DECEDENT OF HISPANIC ORIGIN?	17. DECEDENT'S RACE
HIGH SCHOOL GRADUATE OR GED COMPLETED	NO, NOT SPANISH/HISPANIC/LATINO	WHITE

PARENTS

18. FATHER'S NAME	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE
JESSIE CORNELIUS BROWN	RUBY ELAINE CRICK

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS
GARY WAYNE BROWN	SON	3524 HOBSON PIKE, HERMITAGE, TN 37076

DISPOSITION

21a. METHOD OF DISPOSITION	21b. PLACE OF DISPOSITION	21c. LOCATION
BURIAL	SIMPSON CEMETERY	UNIONVILLE, TN

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
▶ /s/ JAMES KEVIN PRATT	4778	▶ /s/ James Kevin Pratt	4779

23a. NAME AND ADDRESS OF FUNERAL HOME	23b. LICENSE NUMBER
LAWRENCE FUNERAL HOME AND CREMATION SERVICE, PO BOX 8 203 SOUTH HORTON PKWY, CHAPEL HILL, TN 37034-0008	801

REGISTRAR

24. REGISTRAR'S SIGNATURE	25. DATE FILED
▶ /s/ EDWARD G. BISHOP III	01/09/2019

CERTIFIER

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	27b. LICENSE NUMBER	27c. DATE SIGNED
▶ /s/ JEAN RAINES LESSLY	035619	01/09/2019

27d. NAME AND ADDRESS
JEAN RAINES LESSLY 441 DONELSON PIKE SUITE 400, NASHVILLE, TN 37214

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. END STAGE CORONARY ARTERY DISEASE	
	(OR A CONSEQUENCE OF)	
	b. HYPERTENSION	
	(OR A CONSEQUENCE OF)	
	c.	
	(OR A CONSEQUENCE OF)	
LAST	d.	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
CONGESTIVE HEART FAILURE, ATRIAL FIBRILLATION, HYPERLIPIDEMIA, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, LUNG MASS, HISTORY OF TOBACCO ABUSE

29a. WAS AN AUTOPSY PERFORMED? NO
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?

30. MANNER OF DEATH	31. DID TOBACCO USE CONTRIBUTE TO DEATH?	32. IF FEMALE:
NATURAL	YES	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-1885 (REV. 10/2011) RDA 10112

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE RECORD OF DEATH FILED WITH THE TENNESSEE DEPARTMENT OF HEALTH, VITAL RECORDS DIVISION. THIS CERTIFICATE IS VALID ONLY WHEN SIGNED BY A LICENSED FUNERAL DIRECTOR AND SIGNED AND AFFIXED WITH THE SEAL OF THE NOTARY PUBLIC.

William F Pratt
FUNERAL DIRECTOR

Sandra Mealer Hill
NOTARY PUBLIC

SANDRA MEALER HILL
STATE OF TENNESSEE
NOTARY PUBLIC
MARSHALL COUNTY

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): **Barbara Ann Brown**
2. SEX: **Female**
3. DATE OF DEATH (Month, Day, Year): **January 3 2005**
4. SOCIAL SECURITY NUMBER: **-3233**
5a. AGE-LAST BIRTHDAY (Years): **68**
5b. UNDER 1 YEAR (Mos. / Days)
5c. UNDER 1 DAY (Hours / Min.)
6. DATE OF BIRTH (Month, Day, Year): **March 15 1936**
7. BIRTHPLACE (City and State or Foreign Country): **Lincoln County, Tennessee**
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. 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): **Married**
11. SURVIVING SPOUSE (If wife, give maiden name): **James Marion Brown**
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: **Own Home**
13a. RESIDENCE-STATE: **TN**
13b. COUNTY: **Davidson**
13c. CITY, TOWN OR LOCATION: **Nashville**
13d. STREET AND NUMBER OR RURAL LOCATION: **1336 Mercury Drive**
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: **37217**
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No. Specify, if yes:
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+): **0**

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): **William Chest**
18. MOTHER'S NAME (First, Middle, Maiden Surname): **Oma Lee Widner**

INFORMANT

19a. INFORMANT'S NAME (Type/Print): **James Marion Brown**
19b. RELATIONSHIP TO DECEASED: **Husband**
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): **1336 Mercury Drive Nashville TN**

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): **Simpson Cemetery**
20c. LOCATION-City or Town, State: **Unionville, TN**
21a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: **2950**
21c. SIGNATURE OF EMBALMER: [signature]
21d. LICENSE NUMBER OF EMBALMER: **4654**
22a. NAME AND ADDRESS OF FUNERAL HOME: **Lawrence Funeral Home, 203 South Horton Pkwy, Chapel Hill, TN 37034**
22b. LICENSE NUMBER OF FUNERAL HOME: **601**

REGISTRAR

23. REGISTRAR'S SIGNATURE
24. DATE FILED (Month, Day, Year)

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 [Y] SIGNATURE AND TITLE OF PHYSICIAN: [signature]
25b. LICENSE NUMBER: **MD 28675**
25c. DATE SIGNED (Month, Day, Year): **1/5/05**
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)

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

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Robert B. Knowles, MD 222 22nd Avenue North, Suite 100, Nashville, TN 37203

SEE INSTRUCTIONS ON OTHER SIDE

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
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. metabolic encephalopathy DUE TO (OR AS A CONSEQUENCE OF):	2 weeks
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. multisystem organ failure DUE TO (OR AS A CONSEQUENCE OF):	2 weeks
	c. diabetes DUE TO (OR AS A CONSEQUENCE OF):	year
	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? 1 [ ] Yes 2 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [X] 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)

1659 (REV. 8/99)

BIRTH NO.

STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE RECORD OF DEATH FILED WITH THE TENNESSEE DEPARTMENT OF HEALTH, VITAL RECORDS DIVISION. THIS CERTIFICATE IS VALID ONLY WHEN SIGNED BY A LICENSED FUNERAL DIRECTOR AND SIGNED AND AFFIXED WITH THE SEAL OF A NOTARY PUBLIC.

[signature] [signature]

FUNERAL DIRECTOR **NOTARY PUBLIC**

STATE OF TENNESSEE
Office of Vital Records

1080528

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: [redacted] 2010 003894

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT (For use by physician or medical examiner)

1 DECEDENT'S NAME (First, Middle, Last): James Douglas Brown		2 SEX: Male	3 DATE OF DEATH (Month, Day, Year): January 30, 2010
4 SOCIAL SECURITY NUMBER: 3930	5a AGE LAST BIRTHDAY (Years): 54	6 DATE OF BIRTH (Month, Day, Year): June 6, 1955	7 BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee

DISPOSITION

8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ Yes 2 ☒ No

9a PLACE OF DEATH (Check only one): 1 ☒ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify)

9b FACILITY NAME (If not institution, give street and number)	9c CITY, TOWN OR LOCATION OF DEATH	9d COUNTY OF DEATH
Centennial Medical Center 083	Nashville	Davidson

10 MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify)	11 SURVIVING SPOUSE (If wife, give maiden name)	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b KIND OF BUSINESS/INDUSTRY
Married	Brenda Price	Assistant Plant Manager	Parthenon Metal Works

13a RESIDENCE STATE	13b COUNTY	13c CITY, TOWN OR LOCATION	13d STREET AND NUMBER OR RURAL LOCATION
Tennessee	Davidson	Antioch	4404 Dowdy Dr

CENSUS TRACT

13e INSIDE CITY LIMITS?	13f ZIP CODE	14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.)	15 RACE (American Indian, Black, White, etc.) (Specify)	16 DECEDENT'S EDUCATION (Specify only highest grade completed)	
				Elementary/Secondary (0-12)	College (1-4 or 5+)
1 ☒ Yes 2 ☐ No	37013	☐ Yes ☒ No	White		2 yr

PARENTS

17 FATHER'S NAME (First, Middle, Last)	18 MOTHER'S NAME (First, Middle, Maiden Surname)
James Marion Brown	Barbara Ann Chest

INFORMANT

19a INFORMANT'S NAME (Type/Print)	19b RELATIONSHIP TO DECEASED	19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
Brenda Brown	Wife	4404 Dowdy Dr Antioch Tennessee 37013

20a METHOD OF DISPOSITION	20b PLACE OF DISPOSITION (Name of cemetery, crematory or other place)	20c LOCATION (City or Town, State)
1 ☒ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)	Woodlawn Memorial Park	Nashville, Tennessee

21a SIGNATURE OF FUNERAL DIRECTOR	21b LICENSE NUMBER OF FUNERAL DIRECTOR	21c SIGNATURE OF EMBALMER	21d LICENSE NUMBER OF EMBALMER
▶ Wendell T Byrd	2556	▶ David Dud	5170

22a NAME AND ADDRESS OF FUNERAL HOME	22b LICENSE NUMBER OF FUNERAL HOME
Woodbine Funeral Home, Inc , Hickory Chapel 5852 Nolensville Road, Nashville, Tennessee 37211	760

REGISTRAR

23 REGISTRAR'S SIGNATURE	24 DATE FILED (Month, Day, Year)
▶ Linda R. Bowers QR	February 2, 2010

CERTIFIER

25a PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated

1 ☒ SIGNATURE AND TITLE OF PHYSICIAN	25b LICENSE NUMBER	25c DATE SIGNED (Month, Day, Year)
▶ Thomas J Killian MD	TN 18732	2-1-10

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)
▶		

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

27 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)
Thomas Killian, M D
2400 Patterson St , Ste 304, Nashville, TN 37203

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

PH 1659 (REV. 6/96)

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13577341

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 3 5 7 7 3 4 1

Date Issued: Sep-01-2021

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: 2011 016289

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Joshua Douglas Brown
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): April 20, 2011
4. SOCIAL SECURITY NUMBER: -9352
5a. AGE LAST BIRTHDAY (Years): 30
5b. UNDER 1 YEAR (Months, Days)
5c. UNDER 1 DAY (Hours, Min.)
6. DATE OF BIRTH (Month, Day, Year): Oct 1, 1980
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [X] Other (Specify): Interstate
9b. FACILITY NAME (If not institution, give street and number): INTERSTATE 40, EASTBOUND, MM 238 907
9c. CITY, TOWN, OR LOCATION OF DEATH: LEBANON 089
9d. COUNTY OF DEATH: Wilson 95
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Divorced
11. SURVIVING SPOUSE (If wife, give maiden name):
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Sales
12b. KIND OF BUSINESS/INDUSTRY: Ice Systems
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Antioch
13d. STREET AND NUMBER OR RURAL LOCATION: 4404 Dowdy Drive
CENSUS TRACT:
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37013
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
Specify, if yes:
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+): 4

NAME OF DECEDENT: For use by physician or medical examiner

PARENTS

17. FATHER'S NAME (First, Middle, Last): James Douglas Brown
18. MOTHER'S NAME (First, Middle, Maiden Surname): Brenda Price

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Brenda Brown
19b. RELATIONSHIP TO DECEASED: Mother
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4404 Dowdy Drive, Antioch, Tennessee 37013

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: Wendell T Byrd
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2556
21c. SIGNATURE OF EMBALMER: David Dail
21d. LICENSE NUMBER OF EMBALMER: 5170
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Inc., Hickory Chapel, 5852 Nolensville Road, Nashville, Tennessee 37211
22b. LICENSE NUMBER OF FUNERAL HOME: 760

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda Buchanan (DR)
24. DATE FILED (Month, Day, Year): April 26, 2011

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
25b. LICENSE NUMBER
25c. DATE SIGNED (Month, Day, Year)
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 [X] SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER: DO 000818
26c. DATE SIGNED (Month, Day, Year): 4/25/11
PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Scott P. Giles, M.D., 507 W. Sunset Drive, Lebanon, TN 37087

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

PH-1659 (REV. 8/99)

13577339

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 3 5 7 7 3 3 9

Edward G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

Date Issued: Sep-01-2021

CERTIFICATION OF VITAL RECORD

K 2482

For and in consideration of the sum of Nine Thousand Eight Hundred Fifty and No/100 ------
---------- $9,850.00 ---------- DOLLARS

Cash in hand paid by James Marion Brown and wife, Barbara C. Brown, the receipt of which is hereby acknowledged, we,

Sam B. Langham, Jr. and wife, Martha H. Langham

have bargained and sold, and by these presents do transfer and convey unto the said James Marion Brown and wife, Barbara C. Brown

their heirs and assigns, a certain tract or parcel of land in Davidson County, State of Tennessee, described as follows to wit:

Land in Davidson County, Tennessee, being Lot No. 107 on the Map of Stardust Acres, as of record in Book 1424, page 92, Register's Office for said County. Said Lot No. 107 fronts 60 feet on the northerly side of Mercury Drive, and runs back between parallel lines, 175 feet to a dead line.
Being the same property conveyed to Sam B. Langham, Jr., and wife, Martha H. Langham, by deed from M. & M. Homes, Inc., of record in Book 1780, page 25, Register's Office for Davidson County, Tennessee.

This conveyance is made subject to Restrictive covenants of record in Book 1682, page 1, Register's Office for Davidson County, Tennessee, and the Plan of record in Book 1424, page 92, said Register's Office, which shows a 60 foot building setback line from Mercury Drive, and a 10 foot easement along the rear of the lot for public utilities.

To have and to hold the said tract or parcel of land, with the appurtenances, estate, title and interest thereto belonging to the said James Marion Brown and wife, Barbara C. Brown their heirs and assigns, forever.

And we do covenant with the said James Marion Brown and wife, Barbara C. Brown that we are lawfully seized and possessed of said land in fee simple; have a good right to convey it, and the same is unencumbered.

And we, Sam B. Langham, Jr. and wife, Martha H. Langham do further covenant and bind ourselves, our heirs and representatives, to warrant and forever defend the title to the said land to the said James Marion Brown and wife, Barbara C. Brown their heirs and assigns against the lawful claims of all persons, whomsoever.

Witness our hands this 11th day of November, 1955

Sam B. Langham Jr.
Martha H. Langham

STATE OF TENNESSEE
Davidson County

Personally appeared before me, O. G. Jones, a Notary Public in and for [illegible] County and State, the within named Sam B. Langham, Jr. and wife, Martha H. Langham [illegible] the bargainor, with whom I am personally acquainted, and who acknowledged that they executed the within instrument for the purposes therein contained

Witness my hand and official seal at office, this 11th day of November, 1955.

[illegible] May 1, 1959

O. G. Jones
Notary Public

WARRANTY DEED
FROM
SAM B. LANGHAM, JR. AND WIFE,
MARTHA H. LANGHAM
TO
JAMES MARION BROWN AND WIFE,
BARBARA C. BROWN
[illegible]

REGISTER'S OFFICE
STATE OF TENNESSEE
DAVIDSON COUNTY
Received for record 14 day of NOV A.D. 1955 at 9:07 o'clock A.M.
Noted in Book 65 - Page 164
Recorded in Book [illegible] Page [illegible]
Recording Fee $3.00
JAMES P. WILSON, Register
By [illegible] D.C.

[illegible] Company

P.G 461

PREPARED BY: Metropolitan Government
Department of Law
204 Metropolitan Courthouse
Nashville, Tennessee 37201

QUITCLAIM DEED

BOOK 6261 PAGE 872

ADDRESS NEW OWNER AS FOLLOWS:	SEND TAX BILLS TO:	MAP-PARCEL NO.
James M. Brown, Et Ux 1336 Mercury Drive Nashville, Tennessee 37217	Same	120-2 ~~To Be Assigned Later~~ Par 147

FOR AND IN CONSIDERATION OF the sum of Two Hundred Seventy Five Dollars ($275.00) cash in hand paid, the receipt of which is hereby acknowledged, THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY has bargained and sold and by these presents does hereby remise, release, transfer, convey and quitclaim unto James M. Brown and wife, Barbara A. Brown, their heirs and assigns, the following parcel of land located in Davidson County, Tennessee, described as follows:

Being all of the property lying between the right-of-way of Saturn Drive and the western property line of Lot 108, described as follows:

Beginning at a point in the northerly margin of Mercury Drive, said point being the point of intersection of a curve having a 25' radius and the northern right-of-way of Mercury Drive; thence northeasterly around the said curve having a 25' radius, 39.27 feet to a point located in the western property line of Lot 108; thence in a northerly direction 150' along the common line of Lot 107 and 108 to a point, said point being the common corner of Lots 108, 107, 69 and 68; thence in an easterly direction 25' to a point, said point being the northeast corner of Lot 108; thence in a southerly direction 175' to a point, said point being the intersection of the Mercury Drive right-of-way and the easterly property line of Lot 108; thence in a westerly direction 50' along the northerly margin of Mercury Drive to the point of beginning.

Being the remainder of Lot 108 not used as right-of-way for Saturn Drive.

TO HAVE AND TO HOLD unto the said James M. Brown and wife, Barbara A. Brown, their heirs and assigns, forever, all the estate rights, title and interest in and to the above described real property.

STATE OF TENNESSEE
COUNTY OF DAVIDSON
THE ACTUAL CONSIDERATION OR TRUE VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS
$ 275.00
Affiant James M Brown
SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE 2nd DAY OF April 1984
Deputy Register

IN WITNESS WHEREOF, THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY, TENNESSEE, has caused this instrument to be executed by the Mayor, duly authorized in Metropolitan County Council Ordinance No. 083-131, so to act on its behalf, this 21st day of March, 1984.

BOOK 6261 PAGE 873

Approved as to Form and Legality:

Thomas W. Jones

THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY, TENNESSEE

BY: Richard Fulton
RICHARD FULTON, MAYOR

I 1 2 7 2 3

IDENTIF. REFERENCE

APR 2 11 21 AM '84

FELIX Z. WILSON II, REGISTER
DAVIDSON COUNTY, TN

RUSH

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Before me Alice Ann Chapman, a Notary Public in and for the State and County aforesaid, personally appeared Richard Fulton, with whom I am personally acquainted and who, upon his oath, acknowledged himself to be the Mayor of THE METROPCLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY, TENNESSEE, and that he as such Mayor, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY, TENNESSEE, by the said Mayor, as such.

Witness my hand and official seal at Nashville, Tennessee, this the 21st day of March, 1984.

Alice Ann Chapman
Notary Public

ALICE ANN CHAPMAN NOTARY PUBLIC DAVIDSON COUNTY, TENN.

My Commission expires: July 31, 1984

04/02 7.28- CASH

9072