Karer Johnson Davidson County
Batch# 753992 AFFIDAVITH
11/12/2021 01:23:12 PM 5 pgs
Fees: $27.00 Taxes: $0.00
20211112-0150957

This instrument prepared based on information
provided by the parties and not independent verification by:
C. Michael Robinson
Harrington Law Office
1215 Seventh Avenue North
Nashville, Tennessee 37208-2605
Telephone: (615) 320-9977
Facsimile: (615) 320-9929

Map & Parcel: 072 11 0 498.00
Address Owner: Rodney Dunlap, Sr., *et. al.* See Attachment A
Send Tax Bill: 3916 Oxbow Dr Nashville, TN 37207

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

The undersigned having been first duly sworn according to law, deposes and states as follows:

1. That I am adult resident of Nashville, Tennessee and I have personal knowledge of the matters stated in this Affidavit.

2. That Bobby Dunlap (hereinafter "the Decedent") died intestate on December 18, 2015 leaving no spouse and three children surviving him, whose names, relationships, and addresses are as follows:

   i. Rodney Dunlap, Sr., Son, 3916 Oxbow Dr., Nashville, TN 37207;
   ii. Gloria Dunlap, Daughter, 2842 Greer Rd Goodlettsville, TN 37207; and
   iii. Desiree Dunlap, Daughter, 4120 Creekwood N. Nashville, TN 37218.

3. That the Death Certificate of the Decedent is attached hereto in Attachment B.

4. That at the time of his death, Bobby Dunlap was the sole owner of fee simple interest in the property located at **1430-B Litton Ave., Nashville, TN 37216** and more particularly described as follows:

   LAND IN DAVIDSON COUNTY, TENNESSEE, BEING LOT NO. 2A ON THE PLAN OF ZONE LOT DIVISION LOTS 1 AND 2 RESUBDIVISION OF LOTS 2 AND 4 ON THE PLAT OF W. J. MYERS SUBDIVISION, OF RECORD IN BOOK 6200, PAGE 211 AS AMENDED IN BOOK 6200, PAGE 359, REGISTER'S OFFICE FOR SAID COUNTY.

   SAID LOT NO. 2A, WHICH IS A CORNER LOT, FRONTS 59.36 FEET ON THE WESTERLYMARGIN OF BURNS STREET AND FRONTS 23.69 FEET ON THE SOUTHERLY MARGIN OF LITTON AVENUE, SAID FRONTAGE BEING JOINED BY A

CURVE HAVING A LENGTH OF 36.02 FEET, AND EXTENDS BACK 90.09 FEET ON THE WESTERLY LINE AND 55.86 FEET ON THE SOUTHERLY LINE TO A POINT OF INTERSECTION,

BEING THE SAME PROPERTY CONVEYED TO BOBBY DUNLAP AND JEFFREY H. MUNDAY BY DEED AS OF RECORD IN BOOK 10216, PAGE 869, REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE.

BEING THE SAME PROPERTY CONVEYED TO BOBBY DUNLAP BY QUITCLAIM DEED FROM JEFFREY H. MUNDAY OF RECORD IN INSTRUMENT NUMBER 20140711-0061199, REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE.

THIS IS IMPROVED PROPERTY KNOWN AS 1430-B LITTON AVENUE, NASHVILLE, TENNESSEE 37216.

5. That the above-referenced children of the Decedent are the heirs-at-law of the Decedent.

6. That the above-referenced children of the Decedent own the above-referenced property in fee simple interest as tenants in common.

7. That *Tenn. Code Ann.*§ 67-4-409(a)(3)(D) exempts this instrument from tax and *Tenn. Code Ann.* § 67-4-409(a)(5) further provides the valuation oath is unnecessary, said Affidavit being use to evidence transfer of title to the property to a beneficiary.

FURTHER, AFFIANT SAY NOT.

Dated this the 1st day of October, 2021.

DORLA FRANCE

OATH

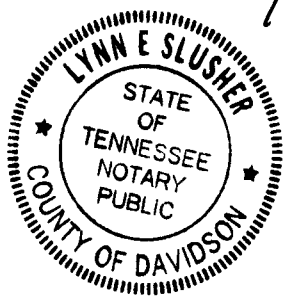
STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Before me a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared, **DORLA FRANCE,** to me known or proved to me on the basis of satisfactory evidence to be the person described in and who executed the foregoing instrument and acknowledged that he or she executed the same as his or her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said County, on this the 1st day of October, 2021.

Lynn E. Slusher
NOTARY PUBLIC

My Commission Expires: May 9, 2023



Attachment A:

Map & Parcel: **072 11 0 498.00**
Address: **1430-B Litton Ave., Nashville, TN 37216**
Address new owners:

i. Rodney Dunlap, Sr., Son, 3916 Oxbow Dr., Nashville, TN 37207;
ii. Gloria Dunlap, Daughter, 2842 Greer Rd Goodlettsville, TN 37207; and
iii. Desiree Dunlap, Daughter, 4120 Creekwood N. Nashville, TN 37218.

Attachment B:

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: 8215

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Bobby Dunlap
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): December 18, 2015
4. TIME OF DEATH (Hours): 4a. AGE-Last Birthday (Years): 63; 4b. UNDER 1 YEAR: Months / Days; 4c. UNDER 1 DAY: Hours / Minutes
5. DATE OF BIRTH (Month, Day, Year): November 14, 1952
6. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee

TYPE/PRINT IN PERMANENT BLACK INK

6a. 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)

6b. FACILITY NAME (If not institution, give street and number): 1430 B. Litton Ave.
6c. CITY OR TOWN: Nashville
6d. COUNTY OF DEATH: Davidson

7. MARITAL STATUS: ☐ Married ☐ Married, but separated ☐ Widowed ☒ Divorced ☐ Never married ☐ Unknown
8. SURVIVING SPOUSE (If wife, give name prior to first marriage)
9a. DECEDENT'S USUAL OCCUPATION: Pipe Fitter
9b. KIND OF BUSINESS/INDUSTRY: Fire Protective Services
10. SOCIAL SECURITY NUMBER: 3562
11a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
11b. COUNTY: Davidson
11c. CITY OR TOWN: Nashville
11d. STREET AND NUMBER: 1430 B. Litton Ave.
11e. INSIDE CITY LIMITS: ☒ Yes ☐ No
11f. ZIP CODE: 37216
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

13. 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): Louis Thomas Dunlap, Sr.
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Christine Elizabeth Sanford

DISPOSITION

20a. INFORMANT'S NAME: Rodney Dunlap
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 3916 Oxbow Dr., Nashville, Tn. 37207
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 North
21c. LOCATION - City or Town and State: Nashville, Tn.
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Byrettia 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, Inc., 3855 Clarksville Pike, Nashville, Tn. 37218
23b. LICENSE NUMBER OF FUNERAL HOME: 1137

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Deseah Hobbs (DD)
25. DATE FILED (Month, Day, Year): December 22, 2015

CERTIFIER

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.

PERSON OF MEDICAL SIGNIFICANCE EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS

27a. SIGNATURE OF CERTIFIER: ▶ [signature]
27b. LICENSE NUMBER: 38788
27c. DATE SIGNED (Month, Day, Year): 12-22-15
27d. NAME AND ADDRESS: Chris Colley MD 3111 Dickerson Pike #30 Nashville TN 37207

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.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Cardiac arrest
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.
b. CAD Due to (or as a consequence of):
c. Due to (or as a consequence of):
d. Due to (or as a consequence of):
Approximate Interval: Onset to death

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)

TN-1958 (Rev. 10/2011) RDA 1366

8254223

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

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

8254223

Date Issued: DEC 22 2015

CERTIFICATION OF VITAL RECORD