Please Record & Return to:
This Instrument Prepared By
Faith Title & Escrow, Inc.
2236 New Hope Rd.
Hendersonville TN 37075

Karen Johnson Davidson County
Batch# 775051 AFFIDAVITH
12/16/2021 02:09:30 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20211216-0166570

AFFIDAVIT OF HEIRSHIP

I, Carol Carpenter, hereinafter referred to as Affiant, being first duly sworn, make oath as follows:

1. That Affiant presently resides at the following address: 6900 Lenox Village Drive, #304 Nashville, TN 37211

2. That Affiant personally knew BONNIE L. REINHART, hereinafter referred to as Decedent, and has personal knowledge of the family of the Decedent by reason of the following(described relationship or basis for such personal knowledge):
Long time personal, family friend.

3. That Affiant knew that at date of death, Decedent had ownership in the following described real estate known as 1529 Water Oak Court, Antioch, TN 37013 in Davidson County, Tennessee:

LAND in Davidson County, Tennessee, being Lot No. 275 on the Plan of Peppertree Forest, Section 17, as of record in Book 8250, Page 196, Register's Office for Davidson County, Tennessee, to which plan reference is hereby made for a more complete and accurate legal description.

Being the same property conveyed from Danny R. Yoder and Susan Marie Yoder to Christopher Reinhart, Bonnie L. Reinhart, and Bonnie Reinhart, by Warranty Deed dated the 31st day of October, 2000, of record in Instrument Number 20001129-0117221, Register's Office for Davidson County, Tennessee.

4. That Decedent died Intestate on September 26, 2013, and was at that time a resident at 1529 Water Oak Court, Antioch, TN 37013 in Davidson County, Tennessee.

5. There were no children born to or adopted by decedent during her lifetime. Further, the decedent was unmarried at the time of her death.

FURTHER AFFIANT SAITH NOT.

Carol Carpenter

CAROL CARPENTER

STATE OF Tennessee
COUNTY OF Davidson

Before me, the undersigned, a Notary Public in and for the State and County aforesaid, personally appeared the within named Affiant, CAROL CARPENTER, whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), who made oath that the statements contained in the foregoing affidavit are true of Affiant's own knowledge.

WITNESS my hand and official seal this the 2 **day of** December, **2021.**

Notary Public: Angelia M. Windrow

My Commission expires: 7.2.24

ANGELIA M WINDROW
STATE OF TENNESSEE NOTARY PUBLIC
RUTHERFORD COUNTY

STATE OF TENNESSEE
Office of Vital Records

1366024

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2013 047950

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Bonnie Louella Reinhart
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): September 26, 2013
4. TIME OF DEATH (Military): 1:56 am
5a. AGE-Last Birthday (Years): 50
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): December 2, 1962
7. BIRTHPLACE (City and State or Foreign Country): Fostoria, Ohio

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 in institution, give street and number): Southern Hills Medical Center 075
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: ☐ Married ☐ Married but separated ☐ Widowed ☐ Divorced ☒ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: Denials/Claims Specialist
11b. KIND OF BUSINESS/INDUSTRY: HCA

12. SOCIAL SECURITY NUMBER: -0881
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Antioch

13d. STREET AND NUMBER: 1529 Water Oak Ct.
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37013
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

NAME OF DECEDENT (For use by Physician or Institution)

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): Ross M. Reinhart
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Bonnie Jackman

DISPOSITION

20a. INFORMANT'S NAME: Bonnie Reinhart
20b. RELATIONSHIP TO DECEDENT: Mother
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1529 Water Oak Ct., Antioch, TN 37013

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Christ Church Memorial Gardens
21c. LOCATION - City or Town and State: Nashville, Tennessee

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Wendell L. Byrd
22b. LICENSE NUMBER: 2556
22c. SIGNATURE OF EMBALMER: ▶ Nickless LaFayette Keith, Jr.
22d. LICENSE NUMBER: 6544

23a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Hickory Chapel, 5852 Nolensville Rd., Nashville, TN 37211
23b. LICENSE NUMBER OF FUNERAL HOME: 760

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ for Tony B Kelly Jr
25. DATE FILED (Month, Day, Year): Oct 4, 2013

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.

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS

MEDICAL CERTIFICATION

27a. SIGNATURE OF CERTIFIER: ▶ Travis Pardue
27b. LICENSE NUMBER: MD0000246026
27c. DATE SIGNED (Month, Day, Year): 10/1/13
27d. NAME AND ADDRESS: Travis Pardue MD, 3810 Central Pike, #201, Hermitage, TN 37076

PH-1550 (Rev. 10/2011) — RDA 1389

COPY/SCAN CAPTURE - ANTI-FRAUD PROTECTION

10052400

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.

APR 2 0 2018

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

1 0 0 5 2 4 0 0
Date Issued

CERTIFICATION OF VITAL RECORD

Tennessee Certification of Electronic Document

I, Ruben L Veliz Jr, do hereby make oath that I am a licensed attorney and/or the custodian of the original version of the electronic document tendered for registration herewith and that this electronic document is a true and exact copy of the original document executed and authenticated according to law on 12/2/2021 (date of document).

Affiant Signature

12/14/2021
Date

State of TEXAS

County of TARRANT

Sworn to and subscribed before me this 14 day of December, 2021.

Monica Lynn McCloud
Notary's Signature

MY COMMISSION EXPIRES: 5-29-24

NOTARY'S SEAL

MONICA LYNN MCCLOUD
Notary Public, State of Texas
Comm. Expires 05-29-2024
Notary ID 126303329