This instrument is prepared by:
Shanone Emmack, Attorney at Law
8115 Isabella Lane Suite 11
Brentwood, Tennessee 37027

There is NO INDEBTNESS ( $0)
owed for this transfer.

Karen Johnson Davidson County
Batch# 823680 AFFIDAVITH
03/17/2022 12:36:12 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20220317-0031220

**AFFIDAVIT OF HEIRSHIP**

I, **John A. Mercer**, hereinafter referred to as the Affiant , being first duly sworn, pursuant to Section 30-2-712 of the Tennessee Code Annotated, hereby swears to the following of his/her own free will and based upon his/her personal knowledge and familiarity and makes oath as follows:

1. The Affiant personally knew, Richard Lyle Schulz, deceased (death certificate attached) hereto herein Decedent , for over 52 years, and has personal knowledge of the Decedent's family.

2. Richard Lyle Schulz (the "decedent") died on October 13,2021.

3. The Decedent was preceded in death by his wife Mary Ellen Traylor- Schulz, who died on September 3, 2021.

4. The Decedent did not have children

5. The Decedent was preceded in death by his mother and father.

6. The Decedent was preceded in death by his only sibling, his sister, Doris Marie Brooks who died on February 12, 1988.

7. The Decedent is survived by his sister's only child, Decedent's nephew, Michael A. Brooks.

8. That all persons above named are at least 18 years of age. To the best knowledge and belief of the undersigned, Decedent did NOT leave a will.

9. At the time of his death, the Decedent owned real property located at 1312 Otter Creek Road Nashville, Tennessee 37215 and being particularly described in the instrument Number 20210317-0035027, Register's Office for Davidson County, Tennessee, to which reference is hereby made for a more complete description.

10. This affidavit will confirm the vesting of title to the said real property located at 1312 Otter Creek Road Nashville, Tennessee 37215 Davidson County, Tennessee, after the death of Richard Lyle Schulz, in the above-mentioned heirs at law.

Further, affiant saith not.

JA Mercer

01/10/2022
DATE

STATE OF Montana
COUNTY OF Lake

Personally, appeared before me, the undersigned, John A. Mercer, to me known to be the person described in, or proved to me on the basis of satisfactory evidence, and who executed the foregoing instrument, and acknowledged that he executed the same as his free act and deed.

Subscribed and sworn to before me this 10 day of January, 2022.

My Commission Expires:

Notary Public

TIFFANY ZIMMERER
NOTARY PUBLIC for the
State of Montana
Residing at Polson, Montana
My Commission Expires
October 24, 2024

# STATE OF TENNESSEE
## Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
## CERTIFICATE OF DEATH

STATE FILE NUMBER 2021 073796

| | | | |
|---|---|---|---|
| 1. Decedent's Legal Name: RICHARD LYLE SCHULZ | | 2. Sex: MALE | 3. Date of Death: 10/13/2021 |
| 4. Time of Death (Approx.): 13:03 | 5a. Age: 80 | 6. Date of Birth: 03/14/1941 | 7. Birthplace: MILES CITY, MT |
| 8a. Place of Death: INPATIENT | | | |
| 8b. Facility Name: TRISTAR SKYLINE MEDICAL CENTER | 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: HVAC | 11b. Kind of Business/Industry: HVAC |
| 12. Social Security Number: 6839 | 13a. Residence-State or Foreign Country: TENNESSEE | 13b. County: DAVIDSON | 13c. City or Town: MADISON |
| 13d. Street and Number: 306 W DUE WEST | 13e. Inside City Limits?: YES | 13f. Zip Code: 37115 | 14. Was Decedent ever in US Armed Forces?: NO |
| 15. Decedent's Education: ASSOCIATE DEGREE | 16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO | 17. Decedent's Race: WHITE | |
| 18. Father's Name: HERBERT F. SCHULZ | 19. Mother's Name Prior to First Marriage: ELLA J. CHESWORTH | | |
| 20a. Informant's Name: MICHAEL A. BROOKS | 20b. Relationship to Decedent: NEPHEW | 20c. Mailing Address: 33121 HWY 35, POLSON, MT 59860 | |
| 21a. Method of Disposition: CREMATION | 21b. Place of Disposition: NASHVILLE CREMATION SERVICE | 21c. Location: NASHVILLE, TN | |
| 22a. Signature of Funeral Director: ▶ /e/ JAMES R PADGETT | 22b. License Number: 5534 | 22c. Signature of Embalmer: ▶ | 22d. License Number |
| 23a. Name and Address of Funeral Home: MARSHALL-DONNELLY-COMBS FUNERAL HOME, 201 25th AVE NORTH, NASHVILLE, TN 37203-1604 | | | 23b. License Number: 40 |
| 24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III | 25. Date Filed: 10/21/2021 | | |

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/ ROBERT MILDENHALL | 27b. License Number: 55388 | 27c. Date Signed: 10/20/2021 |

27d. Name and Address: ROBERT MILDENHALL 3443 DICKERSON PIKE SUITE 680, NASHVILLE, TN 37207

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). 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. ACUTE HYPOXIC RESPIRATORY FAILURE | HOURS |
| | b. SEVERE SEPSIS WITH SHOCK | HOURS |
| | c. PNEUMONIA | DAYS |
| | 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?: NO

29b. Were Autopsy Findings Available to Complete the Cause of Death?:

| | | | | |
|---|---|---|---|---|
| 30. Manner of Death: NATURAL | 31. Did Tobacco Use Contribute to Death?: UNKNOWN | 32. If Female: 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-1659E RDA 10112

13655879

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

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Date Issued: Oct-21-2021

CERTIFICATION OF VITAL RECORD