This Instrument Prepared by:
Carolyn Dale, Attorney
2000 Mallory Lane Suite 326
Franklin, Tennessee 37067

AFFIDAVIT OF HEIRSHIP

Karen Johnson Davidson County
Batch# 877886 AFFIDAVITH
06/24/2022 03:41:30 PM 5 pgs
Fees: $27.00 Taxes: $0.00
20220624-0072813

STATE OF TENNESSEE

COUNTY OF DAVIDSON

On this 18th day of JUNE, 2022 before me personally appeared CARMEN BEATY ATKINS, "AFFIANT," who having been duly sworn, deposes and says:

That she is at least eighteen (18) years of age and is a resident of Davidson County, Tennessee; and

That she is related to Mildred Ann Beaty Dale, deceased and to Albert Lucien Dale, Sr., deceased, (by marriage) both residents of Williamson County, Tennessee; and

That Mildred Ann Beaty Dale died testate on January 1, 2009, and was preceded in death by her spouse, Albert Lucien Dale, Sr., who died testate on October 13, 2008; and

That the Estate of Mildred Ann Beaty Dale (P-09-5244) and the Estate of Albert Lucien Dale, Sr. (P-09-5381) were duly probated in the Chancery Court of Williamson County Tennessee; and

That Mildred Ann Beaty Dale was survived by her children, Albert Lucien Dale, Jr. and Carolyn D. Dale, Decedent's only biological or adopted children; and

Each of the above-named heirs is over the age of eighteen (18) years.

PREMISES DESCRIBED AS FOLLOWS: SEE EXHIBIT "A" LEGAL DESCRIPTION

Further, Affiant sayeth not.

Carmen Beaty Atkins
Carmen Beaty Atkins

SUBSCRIBED AND SWORN TO before me this 18th day of June, 2022.

Notary Public

My Commission Expires: 12/19/2023

MATTHEW O'MARA SMITH NOTARY STATE OF TENNESSEE PUBLIC RUTHERFORD COUNTY

Exhibit "A" Legal Description

LAND in the (10th) Civil District, beginning at a point in the center of Baker's Station County Road at a point in the center of said road being the common corner between G.R. Jenkins, et ux, Book 1258, Page 56, and the Grantor's land, thence north 78° 15' east 890 feet to an iron pin; thence north 25° west 508 feet to a point in the center of Baker's Station Road, being the common corner of Grantor's property and the Jones property of record in Book 522, Page 376; thence in a westerly direction with the center of Baker's Station Road 926 feet to the point of beginning, containing 5.75 acres more or less. Said description is according to the survey of Wayne. S. Cooper, Sr. dated 05/05/1973, not of record.

Being the same property conveyed to William Henry Jones, and wife, Kathryn Jones by deed of record in Book 996, Page 68, Register's office for Davidson County, Tennessee.

The said Grantor, Katherine Jones Gillison, being one and the same person as Kathryn Jones, she having since remarried, and the said William Henry Jones having since died.

Being the same property conveyed to Lucien Dale by Deed from Katherine Jones Gillison dated June 28, 1977 and recorded on July 19, 1977 in Book 5166, Page 56, Register's Office for Davidson County, Tennessee.

202206240072813

STATE OF TENNESSEE
Office of Vital Records

0900040

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

2009-000293

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1 DECEDENT'S NAME (First Middle Last): Mildred Beaty Dale
2 SEX: Female
3 DATE OF DEATH (Month Day Year): January 1, 2009
4 SOCIAL SECURITY NUMBER (of Deceased): -4389
5a AGE LAST BIRTHDAY (Years): 77
5b UNDER 1 YEAR MOS / DAYS:
6c UNDER 1 DAY HOURS / MIN:
6 DATE OF BIRTH (Month Day Year): Aug 22, 1931
7 BIRTHPLACE (City and State or Foreign Country): Jamestown, 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): Vanderbilt Medical Center 081
9c CITY TOWN OR LOCATION OF DEATH: Nashville
9d COUNTY OF DEATH: Davidson
10 MARITAL STATUS-Married Never Married Widowed Divorced (Specify): Widowed
11 SURVIVING SPOUSE (If wife give maiden name): N/A
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: Home
13a RESIDENCE STATE: Tennessee
13b COUNTY: Williamson
13c CITY TOWN OR LOCATION: Brentwood
13d STREET AND NUMBER OR RURAL LOCATION: 6400 Westbourne Drive
CENSUS TRACT
13e INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f ZIP CODE: 37027
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): 5+ 05; College (1-4 or 5+):

NAME OF DECEDENT For use by physician or institution

PARENTS

17 FATHER'S NAME (First Middle Last): W Winsted Beaty
18 MOTHER'S NAME (First Middle Maiden Surname): Roxy Bicknell

INFORMANT

19a INFORMANT'S NAME (Type/Print): Carolyn Dale
19b RELATIONSHIP TO DECEASED: Daughter
19c MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code): 9409 Dove Field Court Brentwood, Tennessee 37027

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): Spring Hill Cemetery
20c LOCATION City or Town State: Nashville, Tennessee
21a SIGNATURE OF FUNERAL DIRECTOR: John Peach
21b LICENSE NUMBER OF FUNERAL DIRECTOR: 5755
21c SIGNATURE OF EMBALMER: Mary K Moore
21d LICENSE NUMBER OF EMBALMER: 5995
22a NAME AND ADDRESS OF FUNERAL HOME: Brentwood-Roesch-Patton Funeral Home 9010 Church Street East Brentwood, Tennessee 37027
22b LICENSE NUMBER OF FUNERAL HOME: 911

REGISTRAR

23 REGISTRAR'S SIGNATURE: Linda R. Bowles, DR
24 DATE FILED (Month Day Year): January 7, 2009

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 [X]
SIGNATURE AND TITLE OF PHYSICIAN: John Peach
25b LICENSE NUMBER: 27500
25c DATE SIGNED (Month Day Year): 1/7/9
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

27 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Dr John Peach 2002 Richard Jones Rd B300 Nashville, TN 37215

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14241854

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 4 2 4 1 8 5 4
Date Issued: Apr-04-2022

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

202206240072813

STATE OF TENNESSEE
Office of Vital Records

0805907

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

2008 045659

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1 DECEDENT'S NAME (First Middle Last): Albert Lucien Dale, Sr
2 SEX: Male
3 DATE OF DEATH (Month Day Year): October 13, 2008
4 SOCIAL SECURITY NUMBER (If Deceased): ---7527
5a AGE LAST BIRTHDAY (Years): 77
5b UNDER 1 YEAR: MOS / DAYS
5c UNDER 1 DAY: HOURS / MIN
6 DATE OF BIRTH (Month Day Year): Apr 20, 1931
7 BIRTHPLACE (City and State or Foreign Country): Goodlettsville, Tennessee
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] 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) Hospice
9b FACILITY NAME (If not institution give street and number): Alive Hospice at St. Thomas 930
9c CITY TOWN OR LOCATION OF DEATH: Nashville 094
9d COUNTY OF DEATH: Davidson 19
10 MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
11 SURVIVING SPOUSE (If wife give maiden name): Mildred Ann Beaty
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Attorney
12b KIND OF BUSINESS/INDUSTRY: Legal
13a RESIDENCE STATE: Tennessee
13b COUNTY: Williamson
13c CITY TOWN OR LOCATION: Brentwood
13d STREET AND NUMBER OR RURAL LOCATION: 6400 Westbourne Drive
CENSUS TRACT
13e INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f ZIP CODE: 37027
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
15 RACE (American Indian, Black, White, etc.) (Specify): White
16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12); College (1-4 or 5+): 5+05

PARENTS

17 FATHER'S NAME (First Middle Last): Andrew Cecil Dale
18 MOTHER'S NAME (First Middle Maiden Surname): Mattie Collins

INFORMANT

19a INFORMANT'S NAME (Type/Print): Mildred B Dale
19b RELATIONSHIP TO DECEASED: Wife
19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 6400 Westbourne Drive, Brentwood, Tennessee 37027

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): Spring Hill Cemetery
20c LOCATION (City or Town, State): Nashville, Tennessee
21a SIGNATURE OF FUNERAL DIRECTOR: J Michael Terry
21b LICENSE NUMBER OF FUNERAL DIRECTOR: 3757
21c SIGNATURE OF EMBALMER: Beandy Collier
21d LICENSE NUMBER OF EMBALMER: 5828
22a NAME AND ADDRESS OF FUNERAL HOME: Brentwood-Roesch-Patton Funeral Home, 9010 Church Street East Brentwood, Tennessee 37027
22b LICENSE NUMBER OF FUNERAL HOME: 911

REGISTRAR

23 REGISTRAR'S SIGNATURE: Marsha H Stanley DR
24 DATE FILED (Month Day Year): October 15, 2008

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: Tiffanye Hines
25b LICENSE NUMBER: 29591
25c DATE SIGNED (Month Day Year): 10/15/2008
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):
27 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Tiffanye Hines MD 220 Harding Rd Wing 3-B Nashville, TN 37205

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION

NAME OF DECEDENT For use by physician or 911 service

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14241855

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

14241855
Date Issued: Apr-04-2022

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

TRUE COPY CERTIFICATION

Pursuant to Tenn. Code Ann. § 66-24-101(d)(3) – As Amended on July 1, 2021

I, **Carolyn Dale**, Tennessee BPR No. 29118, 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 September 29, 2021.

Carolyn Dale — 6-21-2022

CAROLYN DALE — **DATE**

PO BOX 60711
NASHVILLE, TN 37206

State of Tennessee)
County of Davidson)

Sworn and subscribed before me on this, the 21st day of June, 2022

CRYSTAL MARCRUM-POTTER STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY MY COMMISSION EXPIRES 7-3-2023

Notary's Signature

My Commission Expires: July 3, 2023

Notary's Seal: