Prepared By:
Greater Nashville Title & Closing Co.
223 Madison St., S 106
Madison, Tn 37115

BOOK 8232 PAGE 857

AFFIDAVIT OF HEIRSHIP

I, Doris Malone, residing at 2809 Barclay Drive, Nashville, Tennessee, having first being duly sworn according to law hereby affirm that I have been a neighbor and friend to Roxie Campbell, deceased and Fannie C. Koontz, for the past 25 years.

As neighbor and friend, and friend of the family, hereby state the following facts to be true: Roxie Campbell was never married. She did not have any children. Her mother and father are deceased. She did not have a will. Her heirs at law are her three sisters, Fannie C. Koontz, Verna Campbell Tucker, Bobbye C. Reynolds and one brother, Charles M. Campbell.

Dated this 22nd day of October, 1990 at Madison, Tennessee.

✓ Doris Malone
Doris Malone

Notary Public

My Commission Expires: 7-23-94

5066 11/07 0101 03CHECK 6.00

70682

IDENTIF. REFERENCE

Nov 7 10 03 AM '90

FELIX Z. WILSON II REGISTER
DAVIDSON COUNTY TN.

Metropolitan Government of Nashville and Davidson County

BOOK 8232 PAGE 858

Bill Boner, Mayor

FREDIA S. WADLEY M.D.
LOCAL REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY, TN

APR 4 1989

Fredia S. Wadley, M.D.

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

8901410

STATE FILE NUMBER

1. DECEDENT'S NAME: ROXIE ANN CAMPBELL
2. SEX: Female
3. DATE OF DEATH: March 27, 1989
4. SOCIAL SECURITY NUMBER: [redacted]855
5a. AGE: 79
5b. DATE OF BIRTH: Sept. 15, 1909
7. BIRTHPLACE: Fort Worth, Texas
8. EVER IN U.S. ARMED FORCES: No
9. MARITAL STATUS: Never Married
10. SURVIVING SPOUSE: None
11. USUAL OCCUPATION: Assistant Personnel Director
12. KIND OF BUSINESS/INDUSTRY: Washington Manufacturing Co.
13. RESIDENCE STATE: Tennessee
14. RESIDENCE COUNTY: Davidson
15. RESIDENCE CITY: Nashville
16. STREET AND NUMBER OR RURAL LOCATION: 2811 Barclay Drive
17. INSIDE CITY LIMITS: Yes
18. ZIP CODE: 37206
19. WAS DECEDENT OF HISPANIC ORIGIN: No
20. RACE: White
21. DECEDENT'S EDUCATION: Elementary/Secondary (0-12): 3; College (1-4 or 5+):
22. FATHER'S NAME: Charles Campbell
23. MOTHER'S MAIDEN NAME: Dora McKnight Campbell
24. INFORMANT: Fannie C. Koontz
25. RELATIONSHIP TO DECEDENT: Sister
26. MAILING ADDRESS: 2811 Barclay Dr., Nashville, TN 37206
27. METHOD OF DISPOSITION: Burial
28. PLACE OF DISPOSITION: Woodlawn Memorial Park
29. LOCATION: Nashville, Tennessee
30. SIGNATURE OF FUNERAL DIRECTOR: Mary Ann Wiggins
31. LICENSE NUMBER: 3839
32. NAME OF EMBALMER: J. Fred Smith
33. LICENSE NUMBER: 3787
34. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn Funeral Home, 689 Thompson Ln., Nashville, TN 37204
35. LICENSE NUMBER: 231
36. REGISTRAR'S SIGNATURE: Mary C. Lentsecourt
37. DATE FILED: April 3, 1989
38. SIGNATURE AND TITLE OF PHYSICIAN: Richard A. Fox
39. LICENSE NUMBER: MD 16946
40. DATE SIGNED: 3-30-89
41. MEDICAL EXAMINER
42. SIGNATURE AND TITLE OF MEDICAL EXAMINER
43. LICENSE NUMBER
44. DATE SIGNED
45. NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER: Richard A. Fox, Lwd, 6464 Robert Road, Nashville, Tennessee 37206

CAUSE OF DEATH

46. 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. DO NOT abbreviate. Enter only one cause on a line.

IMMEDIATE CAUSE (Final disease or condition resulting in death): Senile Dementia — DUE TO (OR AS A CONSEQUENCE OF):

Sequentially list conditions, if any, leading to the immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST: DUE TO (OR AS A CONSEQUENCE OF): — DUE TO (OR AS A CAUSE OF):

Approximate Interval Between Onset and Death: 5 years

47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

48. WAS AN AUTOPSY PERFORMED: No
49. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH: No

50. MANNER OF DEATH: Natural
51. DATE OF INJURY:
52. TIME OF INJURY:
53. INJURY AT WORK:
54. DESCRIBE HOW INJURY OCCURRED:
55. PLACE OF INJURY:
56. LOCATION:

202-06-002

RECORDER'S MEMO
LEGIBILITY OF WRITING, TYPING OR PRINTING
THIS DOCUMENT UNSATISFACTORY WHEN RECEIVED