AFFIDAVIT - GENERAL - SHORT FORM 1710 THE FORM LINE OF LEGAL BLANKS THE FORM THAT FITS ANN ARBOR, MICH.

STATE OF Michigan)
) ss.
COUNTY OF Wayne)

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I Joya Helms Ruthven

of the ..... of ..... in the County of Wayne and State of Michigan

being duly sworn, deposes and says, that

1. Herbert Leigh Helms died on the 4th day of May, 1991.
2. Herbert Leigh Helms was not married at the time of his death.
3. The estate of Herbert Leigh Helms is solvent and all debts and inheritance taxes have been paid.
4. The only child born (or legally adopted) by Herbert Leigh Helms from all marriages is: Joya Helms Ruthven

8583 08/11 0101 03CHECK 8.00

IDENTIF. & REFERENCE 50979

93 AUG 11 AM 10:30 FELIX A. [illegible] REGISTER DAVIDSON COUNTY, TN.

and further this deponent says not.

Joya Helms Ruthven

SHERRY L. STREIT NOTARY PUBLIC MACOMB COUNTY, MICH.

Subscribed and sworn to before me, this 14th day of June 19 93

Sherry L Streit

Sherry L Streit Notary Public in and for the

County of Macomb State of Michigan

My commission expires July 17th 1993

Prepared by: Robert Ruthven
1099 Hawthorne
Grosse Pointe, MI. 48236

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

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

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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.

9102232

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER 91 014189

1 DECEDENT'S NAME (First, Middle, Last): Herbert Leigh Helms
2 SEX: Male
3 DATE OF DEATH (Month, Day, Year): May 4, 1991
4 SOCIAL SECURITY NUMBER: 717-10-5650
5a AGE (Last Birthday): 74
6 DATE OF BIRTH: 6/5/1916
7 BIRTHPLACE (City and State or Foreign Country): Alabama
8a WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 X No
8b PLACE OF DEATH (Check Only One): 1 Inpatient 2 ER/Outpatient 3 X DOA 4 Nursing Home 5 Residence 6 Other (Specify)
9a FACILITY NAME (If not institution, give street and number): Metro General Hospital
9b CITY, TOWN, OR LOCATION OF DEATH: Nashville
9c COUNTY OF DEATH: Davidson
10 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Divorced
11 SURVIVING SPOUSE (If wife, give maiden name)
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life, Do not use retired): Rail Road Master Yard
12b KIND OF BUSINESS/INDUSTRY: Seaboard Coast Line
13a RESIDENCE—STATE: Tennessee
13b COUNTY: Davidson
13c CITY, TOWN, OR LOCATION: Nashville
13d STREET AND NUMBER OR RURAL LOCATION: 2516 Joya Dr.
CENSUS TRACT
13e INSIDE CITY LIMITS? 1 X Yes 2 No
13f ZIP CODE: 37214
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or Not if yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes 0 X No
15 RACE—American Indian, Black, White, etc. (Specify): White
16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+): 2

PARENTS

17 FATHER'S NAME (First, Middle, Last): Albert Mitchell Helms
18 MOTHER'S NAME (First, Middle, Maiden Surname): Alice J. Stone

INFORMANT

19a INFORMANT'S NAME (Type/Print): Joya Ruthven
19b RELATIONSHIP TO DECEASED: Daughter
19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2189 Anita GrossePointeWoods, Michigan 48236

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): Wilson Co. Memorial Gardens
20c LOCATION—City or Town, State: Lebanon, Tn. 37087

FUNERAL DIRECTOR

21a SIGNATURE OF FUNERAL DIRECTOR: Douglas Ramer
21b LICENSE NUMBER OF FUNERAL DIRECTOR: 2300
21c SIGNATURE OF EMBALMER: Rodney Wells
21d LICENSE NUMBER OF EMBALMER: 4113
22a NAME AND ADDRESS OF FUNERAL HOME: Hibbett & Hailey Funeral Home, 429 Donelson Pk. Nashville, Tn. 37214
22b LICENSE NUMBER OF FUNERAL HOME: 492

REGISTRAR

23 REGISTRAR'S SIGNATURE: Marsha M. Davis
24 DATE FILED (Month, Day, Year): May 16, 1991

CERTIFIER

25a PHYSICIAN — To the best of my knowledge death occurred at the time, date and place and due to the cause(s) and manner as stated
1 SIGNATURE AND TITLE OF PHYSICIAN
25b LICENSE NUMBER
25c DATE SIGNED (Month, Day, Year)
26a MEDICAL EXAMINER — On the basis of examination and/or investigation, in my opinion death occurred at the time, and place and due to the cause(s) and manner as stated
2 X SIGNATURE AND TITLE OF MEDICAL EXAMINER: Charles W. Harlan, M.D.
26b LICENSE NUMBER: 7778
26c DATE SIGNED (Month, Day, Year): 5/9/91
27 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Charles W. Harlan, M.D., 84 Hermitage Ave., Nashville, TN 37210-2110

CAUSE OF DEATH

28 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
b. DUE TO (OR AS A CONSEQUENCE OF):
c. DUE TO (OR AS A CONSEQUENCE OF):
d.
Approximate Interval Between Onset and Death:
PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Chronic Obstructive Pulmonary Disease
29a WAS AN AUTOPSY PERFORMED? 1 Yes 2 X No
29b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No

30 MANNER OF DEATH: 1 X Natural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation 6 Could not be Determined
31a DATE OF INJURY (Month, Day, Year)
31b TIME OF INJURY
31c INJURY AT WORK? 1 Yes 2 No
31d DESCRIBE HOW INJURY OCCURRED
31e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
31f LOCATION (Street and Number or Rural Route Number, City or Town, State)

BIRTH NO

202-06-002 (Rev. 10/89)

RECORDERS MEMO
LEGIBILITY OF WRITING, TYPING OR PRINTING UNSATISFACTORY WHEN RECEIVED
THIS DOCUMENT UNSATISFACTORY WHEN F