This instrument prepared by:
JOE F. GILLESPIE, JR.
6408-A CLARKSVILLE HWY.
JOELTON, TENN. 37080
(615) 876-5058

BOOK 11480 PG. 537

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

WE, DENICE ELAINE DAUGHERTY and JACQUELINE DAUGHERTY, being first duly sworn upon oath, state that we be persons of lawful age, we are and have been residents of Tennessee for the last several years, and depose and state as follows:

We are familiar with the family history of DOROTHY IMOGENE DAUGHERTY, and know the following statements are correct and complete.

1. DOROTHY IMOGENE DAUGHERTY died in Davidson County, Tennessee, on December 22, 1998. She was not married at the time of her death. A copy of her death certificate is attached hereto.

2. DOROTHY IMOGENE DAUGHERTY was survived by three children: DENICE ELAINE DAUGHERTY, JACQUELINE DAUGHERTY, and RICKY ALLEN IVEY.

3. DOROTHY IMOGENE DAUGHERTY died testate on December 22, 1998, leaving her two daughters DENICE ELAINE DAUGHERTY and JACQUELINE DAUGHERTY as her sole heirs at law.

4. That we know of no unpaid personal debts of our mother, DOROTHY IMOGENE DAUGHERTY, and her estate owes no death taxes to the US Government or to the State of Tennessee.

This affidavit was given freely pursuant to T.C.A. Section 30-2-712 et. seq., to help reflect the heirship with respect to any real or personal property owned by DOROTHY IMOGENE DAUGHERTY in Davidson County or otherwise.

FURTHER AFFIANTS SAITH NOT.

Denice Elaine Daugherty
DENICE ELAINE DAUGHERTY

Jacqueline Daugherty
JACQUELINE DAUGHERTY

Sworn, subscribed and acknowledged before me, a Notary Public for the above Coutny and State, this 5th day of May, 1999.

Joe F. Gillespie, Jr.
NOTARY PUBLIC

MY COMMISSION EXPIRES:
11/25/2000

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

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.

9866796

BOOK 11480 PG. 538

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last)		2 SEX	3 DATE OF DEATH (Month, Day, Year)
DOROTHY IMOGENE DAUGHERTY		F	12-22-1998

4 SOCIAL SECURITY NUMBER (of Deceased)	5a AGE LAST BIRTHDAY (Years)	5b UNDER 1 YEAR (Months / Days)	5c UNDER 1 DAY (Hours / Min.)	6 DATE OF BIRTH (Month Day Year)	7 BIRTHPLACE (City and State or Foreign Country)
[redacted]-2294	63			11-14-1935	WILLIAMSON COUNTY; TN

8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No

9a PLACE OF DEATH (Check only one)
HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA
OTHER: 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)

9b FACILITY NAME (If not institution, give street and number)	9c CITY, TOWN OR LOCATION OF DEATH	9d COUNTY OF DEATH
3231 LINCOLN AVENUE	NASHVILLE	DAVIDSON

10 MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify)	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.)	12b KIND OF BUSINESS/INDUSTRY
DIVORCED		CASHIER	POTTS GROCERY

13a RESIDENCE STATE	13b COUNTY	13c CITY, TOWN OR LOCATION	13d STREET AND NUMBER OR RURAL LOCATION
TN	DAVIDSON	NASHVILLE	3231 LINCOLN AVENUE

CENSUS TRACT	13e INSIDE CITY LIMITS?	13f ZIP CODE	14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.)	15 RACE-American Indian, Black, White, etc. (Specify)	16 DECEDENT'S EDUCATION (Specify only highest grade completed)	
	1 [X] Yes 2 [ ] No	37218	[ ] Yes [X] No	WHITE	Elementary/Secondary (0-12): 8	College (1-4 or 5+): 0

NAME OF DECEDENT For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last)	18 MOTHER'S NAME (First, Middle, Maiden Surname)
ELLIS POTTS	AMANDA MILDRED LUCKETT POTTS

INFORMANT

19a INFORMANT'S NAME (Type/Print)	19b RELATIONSHIP TO DECEASED	19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
JACQUELINE DAUGHERTY	DAUGHTER	3231 LINCOLN AV; NASHVILLE; TN 37218

DISPOSITION

20a METHOD OF DISPOSITION	20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c LOCATION-City or Town, State
1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)	HILLTOP CHURCH OF CHRIST CEMETERY	CENTERVILLE; TENNESSEE

21a SIGNATURE OF FUNERAL DIRECTOR	21b LICENSE NUMBER OF FUNERAL DIRECTOR	21c SIGNATURE OF EMBALMER	21d LICENSE NUMBER OF EMBALMER
▶ ROBERT D. ANDERSON, JR	4342	▶ JIM BREWER	2969

22a NAME AND ADDRESS OF FUNERAL HOME	22b LICENSE NUMBER OF FUNERAL HOME
ANDERSON & GARRETT JOELTON, TN 37080	193

REGISTRAR

23 REGISTRAR'S SIGNATURE	24 DATE FILED (Month, Day, Year)
▶ Le Ann A. Brewer	January 6, 1999

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 [X] SIGNATURE AND TITLE OF PHYSICIAN ▶ Clark Ray, MD

25b LICENSE NUMBER	25c DATE SIGNED (Month, Day, Year)
MD019992	12/31/98

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 [ ] 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 WITHIN 48 HOURS

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)
CLARK RAY, M.D., 222-22nd Avenue NO, Nashville, TN 37203

SEE INSTRUCTIONS ON OTHER SIDE

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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a	unknown	
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	Lymphoma	
DUE TO (OR AS A CONSEQUENCE OF)		
c	severe inflammatory arthritis	
DUE TO (OR AS A CONSEQUENCE OF)		
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?	29b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
1 [ ] Yes 2 [ ] No	1 [ ] Yes 2 [ ] No

30 MANNER OF DEATH	31a DATE OF INJURY (Month Day Year)	31b TIME OF INJURY	31c INJURY AT WORK?	31d DESCRIBE HOW INJURY OCCURRED
1 [X] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined		M	1 [ ] Yes 2 [ ] No	

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 _____

PH-1659
REV. 2-93

RDA 1399

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

0524 05/17 0001 02BHTOK 10.00

05875522
ADDITIONAL REFERENCE

99 MAY 17 AM 10:24
REGISTER
DAVIDSON COUNTY, TN.