Heirship Affidavit

PICK-UP

Prepared by: VERA J. Dorsey
407 Lemont Dr.
Nashville, Tn. 37216

If recorded, return to: Estella Dorsey
1619 14th Ave. North
Nashville, Tn. 37208

Davidson County AFFIDAVIT
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HEIRSHIP AFFIDAVIT

(Heirship of Gussie B. Williams Deceased)

STATE OF TENNESSEE)
COUNTY OF Davidson)

BEFORE ME, the undersigned authority, on this day personally appeared Estella Dorsey, ("AFFIANT") who is personally known to me (or, if not being personally known to me, did confirm his/her identity presenting TN 38502816 as identification (i.e. drivers license #), and appearing to be fully competent and of sufficient age, upon being duly sworn, stated upon Affiant's oath the following:

1. My name is Estella M. Dorsey (insert name of affiant), and I live at 1619 14th Ave. N. Nashville, Tn. 37208 (insert address of affiant's residence). I am personally familiar with the family and marital history of Gussie B. Williams ("Decedent") (insert name of decedent), and I have personal knowledge of the facts stated in this affidavit.

2. I knew decedent from OCT 4, 1947 (insert date) until April 25, 1984 (insert date). I was personally well acquainted with the named decedent during his/(her) lifetime.

3. The Decedent died on April 25, 1984 (insert date of death) at the following place of death: Nashville (City), Davidson (County), Tennessee (State) (insert place of death). At the time of decedent's death, decedent's residence address was 100 Boyce Court (Street), Nashville (City), Tennessee, 37218 (Zip).(insert address of decedent's residence).

4. I was well acquainted with the family and near relatives of the said decedent, and with all those who would under the laws of the State of Tennessee, be his/her heirs. The following statements and the information contained herein, including my answers to named questions below, are based upon my personal knowledge and are true and correct.

QUESTION 1 - Did the decedent leave a will? **ANSWER**: YES (NO)

QUESTION 2 - If the decedent left a will, has the will been admitted to probate?

ANSWER: YES/NO (NA) If YES, at what place, and when?

ANSWER: _____ COUNTY, Tennessee, _____ CAUSE NUMBER _____ DATE

QUESTION 3 - If the decedent left no will, has an administrator or personal representative been appointed for the estate of said deceased? **ANSWER**: YES (NO)

QUESTION 4 - If an administrator or personal administrator has been appointed, give the County in which the proceedings are pending, and the name and address of the administrator or personal representative.

ANSWER: NA.

COUNTY CAUSE NUMBER	NAME	ADDRESS

QUESTION 5 - Give the name and address of the surviving widow or widower of decedent.

ANSWER: None

NAME	ADDRESS	If not now living, state date of death:
NA.		

QUESTION 6 - If the decedent was married more than once, give the name(s) of the former husband or wife, and state whether said former spouse is dead or divorced.

ANSWER:

NAME	STATUS (Dead or Divorced)
LEROY WILLIAMS	Dead

QUESTION 7 - Give the names and places of residence of all the surviving children of deceased, together with the other information called for:

ANSWER: (Give names of surviving children only)

NAME OF CHILD	ADDRESS	DATE OF BIRTH	IF NOT LIVING DATE OF DEATH	HUSBAND OR WIFE NAME
Estella M. Dorsey	1619 14th Ave. North Nash. Tn. 37208	OCT 4, 1947		NA. (none)
Franklin D. Williams	100 Boyce CT. Nash., TN. 37218	DEC 16, 1944		NA. (none)

QUESTION 8 - Give the name and address of any deceased children of the decedent, together with the other information called for:

ANSWER:

NAME OF CHILD	DATE OF BIRTH	DATE OF DEATH	SURVIVING HUSBAND OR WIFE NAME	DATE OF DEATH OF SPOUSE, IF APPLICABLE
LEROY, Roy WILLIAMS Davidson, County Nashville, Tenn.	UNK.	JAN. 29, 2001		
RICHARD WILLIAMS Davidson, County Nashville, Tenn.	~~FEB.~~ 9, 1938	MAR. 4, 1995		

QUESTION 9 - Give the names and addresses of the children of any deceased son or daughter of the decedent:

ANSWER: NA. (none)

NAME OF CHILD	ADDRESS OF IF NOT LIVING DATE OF DEATH	DATE OF BIRTH	NAME OF FATHER OR MOTHER

QUESTION 10 - Did the decedent have any adopted children, or step-children taken into his home?

ANSWER: YES (NO.) If yes, provide their names, ages and addresses below:

NAME	ADDRESS	AGE
NA. (none)		

QUESTION 11 - Did the decedent have any unpaid debts? **ANSWER**: YES/NO.
If yes, provide as nearly as possible the amount of the debt and creditor and whether such debt has since been paid

ANSWER:

CREDITOR	AMOUNT OF DEBT	HAS DEBT NOW BEEN PAID
NA (none)		

QUESTION 12 - If the decedent left no children, then give below the names and addresses (together with other information called for), or his or her surviving father, mother, brothers, sisters:

ANSWER: NA. (none)

NAME	RELATIONSHIP	AGE	ADDRESS OR DATE OF DEATH

QUESTION 13 - If the decedent left no children, spouse, mother, father, brother or sister, state all other known relatives:

ANSWER:

NAME	RELATIONSHIP	AGE	ADDRESS
Vera J. Dorsey	grand-daughter	34	407 Lemont Dr. Nash., Tn. 37216
———	NOTHING	FOLLOWS	———

QUESTION 14: Did the decedent own any real estate in this State:

ANSWER: (YES) NO

If yes, list
Address or short description : 100 Boyce Ct. Nash., Tn. 37218
County: Davidson
Address or short description : _____
County: _____
Address or short description : _____
County: _____
Address or short description : _____
County: _____
Address or short description : _____
County: _____
Address or short description : _____
County: _____

QUESTION 15: What is your relationship to the deceased?

ANSWER: Daughter

DATED THIS THE 24th DAY OF March, 2005.

Estella Jones
Signature of Affiant

SWORN TO AND SUBSCRIBED before me this the 24th day of March, 2005.

Dianne D Shroder
NOTARY PUBLIC

My Commission Expires: 7-29-06

DIANNE D. SHRODER NOTARY PUBLIC DAVIDSON COUNTY, TN

STATE OF TENNESSEE
CORDELL HULL BUILDING
DEPARTMENT OF HEALTH
NASHVILLE, TENNESSEE 37247

I hereby certify the below to be a true and correct copy of the original document on file in this department. Valid ONLY when embossed seal of the Tennessee Department of Health and red imprinted signature of the State Registrar are affixed.

Paula Taylor
Paula Taylor
State Registrar

401856
COMES A LEGAL
WHEN PROPERLY EXE-
D FILED.

PRINT IN
NT BLACK INK.

DECEASED

SIDENCE WHERE DE-
IVED. IF DEATH OC-
N INSTITUTION, GIVE
E BEFORE ADMIS-

PARENTS AND INFORMANT

EQUIRED PRIOR TO
TATION OF BODY BY
CARRIER OR RE-
M STATE.

DISPOSITION

CERTIFIER

NOT ATTENDED BY
, AUTHORIZED OFFI-
HERE. ANY PHYSI-
MEDICAL EXAMINER
G CERTIFICATE MUST
E AND SIGN MEDICAL
CATION WITHIN 72
OWER OF SIGNATURE
E DELEGATED.

CAUSE

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

84-010353 STATE FILE NO.

19094
74
19094 BIRTH NO.

DECEASED—NAME: 1. Gussie (FIRST) B. (MIDDLE) Williams (LAST)

2. DATE OF DEATH (MONTH, DAY, YEAR): 4/25/1984

AGE—LAST BIRTHDAY (YEARS): 3a. 75 (UNDER 1 YEAR: MOS. / DAYS 3b.; UNDER 1 DAY: HOURS / MIN. 3c.)

4. DATE OF BIRTH (MONTH, DAY, YEAR): March 8,1909

5. RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY): Black 99

6. SEX: Female

7a. COUNTY OF DEATH: Davidson

7b. CITY, TOWN OR LOCATION: Nashville

7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes

7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.): Nashville Metro. Bordeaux

7e. IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify): Inpatient

8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Alabama 01

9. CITIZEN OF WHAT COUNTRY: U.S.A.

10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed

11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME):

12a. SOCIAL SECURITY NUMBER: [redacted]4-5610

12b. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE): None

13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Baby Sitter, Retired

13b. KIND OF BUSINESS OR INDUSTRY:

14a. RESIDENCE—STATE: Tennessee

14b. COUNTY: Davidson

14c. CITY, TOWN, OR LOCATION: Nashville

14d. STREET AND NUMBER: 100 Boyce Court

14e. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes

14f. CENSUS TRACT NO.:

15. FATHER—NAME: Calvin Blackburn

16. MOTHER—MAIDEN NAME: Poppie Love

17. INFORMANT—NAME / MAILING ADDRESS:

18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial

18b. DATE (MONTH, DAY, YEAR): 4-28-84

18c. CEMETERY OR CREMATORY—NAME: Greenwood

18d. LOCATION (CITY OR TOWN, STATE): Nashville, Tn.

19a. FUNERAL DIRECTOR (SIGNATURE): K. Gardner

19b. LICENSE NO.: 788

19c. EMBALMER (SIGNATURE): Fred Otey

19d. LICENSE NO.: 1059

20. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): K. Gardner & Son Inc 1514 Jefferson Nashville TN 37208

21. REGISTRAR—SIGNATURE: Esther D. Gra

21b. DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): April 27 1984

22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE: P. S. De Jesus, M. D. (DEGREE / TITLE)

22b. DATE SIGNED (MONTH, DAY, YEAR): 4/26/1984

22a. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. SIGNATURE:

22b. DATE SIGNED (MONTH, DAY, YEAR):

23a. CERTIFIER—NAME (TYPE OR PRINT):

23b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP):

24a. 24b.

25. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Acute Ischemic Heart Disease — 4-10

DUE TO, OR AS A CONSEQUENCE OF:

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST (b) Left Bundle Branch Block

DUE TO, OR AS A CONSEQUENCE OF:

(c)

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) — AUTOPSY (YES OR NO): 26. No

Diabetes Mellitus, Osteoarthritis, Cerebral & Generalized Arteriosclerosis

27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):

27b. DATE OF INJURY (MONTH, DAY, YEAR):

27c. HOUR: M.

27d. DESCRIBE HOW INJURY OCCURRED:

INJURY AT WORK (SPECIFY YES OR NO):

PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (SPECIFY):

LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE):