Prepared by:
Emmett Clifford
1800 Summerlake Dr.
Nashville TN 37214
If recorded, return to:

Davidson County AFFIDAVIT
Recvd: 05/24/05 11:02 6 pg
Fees:32.00 Taxes:0.00
20050524-0058498

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HEIRSHIP AFFIDAVIT

(Heirship of Mary Virginia Henkel (Deceased))

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

BEFORE ME, the undersigned authority, on this day personally appeared Emmett E. Clifford, ("AFFIANT") who is personally known to me or who did confirm his identity presenting his driver's license as identification (Tennessee drivers license # 28697562), 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 Emmett E. Clifford, and I live at 1800 Summerlake Drive, Nashville, Tennessee 37214. I am personally familiar with the family and marital history of Mary Virginia Henkel. ("Decedent"), and I have personal knowledge of the facts stated in this affidavit.

2. I knew decedent from November 26, 1966 until February 19, 2003. I was personally well acquainted with the named decedent during her lifetime.

3. The Decedent died on February 19, 2003 at the following place of death: City of Nashville. Davidson County, State of Tennessee at Baptist Hospital. At the time of decedent's death, decedent's residence address was 211 Emery Drive, Nashville, Tennessee 37214.

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 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**: NO

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

ANSWER:N/A.

ANSWER: ___N/A___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**: 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: N/A

COUNTY CAUSE NUMBER	NAME	ADDRESS

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

ANSWER: Preceded in death by Lawrence J. Henkel

NAME	ADDRESS	If not now living, state date of death: August 1, 1999
Lawrence J. Henkel	211 Emery Drive Nashville, TN 37214	

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: None

NAME	STATUS (Dead or Divorced)
N/A	

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
Judy A. Clifford	1800 Summerlake Drive Nashville, TN. 37214	March 25, 1940		Emmett E. Clifford
Larry J. Henkel	1218 Madison Creek Rd. Goodletsville, TN. 37072	November 29, 1943		Jo Anne
David R. Henkel	2518 Stinson Road Nashville, TN 37214	July 11, 1952		Judy

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

ANSWER:

CREDITOR	AMOUNT OF DEBT	HAS DEBT NOW BEEN PAID

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:

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

NAME OF CHILD	DATE OF BIRTH	DATE OF DEATH	SURVIVING HUSBAND OR WIFE NAME	DATE OF DEATH OF SPOUSE, IF APPLICABLE
Wayne Henkel	December 20, 1945	December 12, 1966	Never married	N/A

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

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

NAME	ADDRESS	AGE

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

ANSWER:

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

ANSWER: YES

If yes, list
Address or short description : Single Family Residence, 211 Emery Drive, Nashville, Tennessee 37214 _____
County of Davidson _____
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: Son-in-law

DATED THIS THE 24 DAY OF May, 2005.

Signature of Affiant

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

NOTARY PUBLIC

Joyce L. Johnson NOTARY PUBLIC AT LARGE WILSON CO. TENN.

My Commission Expires: 7-9-2005

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0001190

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): Mary Virginia Henkel
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): February 19, 2003
4. SOCIAL SECURITY NUMBER (of Deceased): 415-12-4885
4a. AGE - Last Birthday (Years): 81
4b. UNDER 1 YEAR (Months / Days): / / 4c. UNDER 24 HOURS (Hours / Minutes): / /
5. DATE OF BIRTH (Month, Day, Year): April 12, 1921
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
8a. PLACE OF DEATH (Check only one): 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)

3

8b. FACILITY NAME (If not institution, give street and number): Baptist Hospital
8c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
8d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced/Specify): Widowed
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): Homemaker
12b. KIND OF BUSINESS/INDUSTRY: Domestic
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Donelson
13d. STREET AND NUMBER OR RURAL LOCATION: 211 Emery Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37214
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 [ ] Yes 2 [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): 12; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Steven F. Jones
18. MOTHER'S NAME (First, Middle, Maiden Surname): Verna Mae Johnson

INFORMANT

19a. INFORMANT'S NAME (Type/Print): David Henkel
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2518 Stinson Road Donelson, TN 37214

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, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: James Dudney
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3171
21c. SIGNATURE OF EMBALMER: Rick Smith
21d. LICENSE NUMBER OF EMBALMER: 5195
22a. NAME AND ADDRESS OF FUNERAL HOME: Spring Hill Funeral Home, 5110 Gallatin Road, Nashville, Tennessee, 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 1046

REGISTRAR

23. REGISTRAR'S SIGNATURE:
24. DATE FILED (Month, Day, Year): March 6, 2003

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: 100110
25c. DATE SIGNED (Month, Day, Year): 2/20/03
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):
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): HANSON B. COWAN M.D.

PHYSICIAN OR MEDICAL EXAMINER (EX: SOUTHERN CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS)

See instructions on page back

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. ACUTE RENAL FAILURE
DUE TO (OR AS A CONSEQUENCE OF): b.
DUE TO (OR AS A CONSEQUENCE OF): c.
DUE TO (OR AS A CONSEQUENCE OF): d.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
METASTATIC ADENOCARCINOMA
CHRONIC VENOSTASIS RENAL

28a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [ ] No
29a. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [ ] Natural 6 [ ] Pending Investigation; 2 [ ] Accident; 3 [ ] Suicide 8 [ ] Could not be Determined; 4 [ ] Homicide
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)

PH-1659
REV. 2-93

BIRTH NO.

RDA 1399

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

[redacted]

MAR 6 2003
Date Issued

Local Registrar

CERTIFICATION OF VITAL RECORD