Davidson County AFFIDAVIT
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20050621-0071259

This instrument was prepared by:
John H. Lowe & Assoc.
405 A Two Mile Pike
Goodlettsville, TN 37072
(615) 859-9665

Affidavit of Heirship

John Robert Webb, Jr., Decedent

Comes now the undersigned, Margaret G. Webb, and after being first duly sworn according to law, deposes and states as follows:

1. I am Margaret G. Webb. I am an adult and I have knowledge of facts material to this matter.

2. I am a resident of Sumner County, Tennessee, residing at 215 Dolphus Drive, Hendersonville, Sumner County, Tennessee.

3. I am the spouse and sole surviving heir of all real property of the Decedent pursuant to the Last Will and Testament of the Decedent duly admitted to probate and of record in the Sumner County, Tennessee Chancery Court (Probate Division) in the matter of The Estate of John Robert Webb, Jr., docket # 2004P-150.

4. This affidavit is freely given pursuant to Tenn. Code Ann. Sec. 30-2-712 et seq. to help establish and reflect the heirship with respect to any real property owned by the Decedent in Davidson County, Tennessee.

FURTHER AFFIANT SAYETH NOT.

Margaret G. Webb
Margaret G. Webb

STATE OF Tennessee)
COUNTY/PARRISH OF Davidson)

Sworn to and subscribed before me this the 15 day of June, 2005 by Margaret G. Webb with whom I am personally acquainted.

CYNTHIA A. DAVIS NOTARY PUBLIC DAVIDSON COUNTY, TENN.

Notary Public
my commission expires: 7-28-06

STATE OF TENNESSEE
Office of Vital Records

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): John Robert Webb, Jr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): April 10, 2004
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]7794
5a. AGE - LAST BIRTHDAY (Years): 60
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): July 2, 1943
7. BIRTHPLACE (City and State or Foreign Country): Detroit, MI
8. 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): 215 Dolphus Drive
9c. CITY, TOWN, OR LOCATION OF DEATH: Hendersonville
9d. COUNTY OF DEATH: Sumner
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Margaret G. Glass
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Carpenter
12b. KIND OF BUSINESS/INDUSTRY: Construction
13a. RESIDENCE—STATE: TN
13b. COUNTY: Sumner
13c. CITY, TOWN OR LOCATION: Hendersonville
13d. STREET AND NUMBER OR RURAL LOCATION: 215 Dolphus Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 No
13f. ZIP CODE: 37075
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes No [X]
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+):

NAME OF DECEDENT (For use by physician or institution)

PARENTS

17. FATHER'S NAME (First, Middle, Last): John Robert Webb, Sr.
18. MOTHER'S NAME (First, Middle, Maiden Surname): Ada Hamilton Beasley

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Margaret E. Webb
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 215 Dolphus Drive, Hendersonville, TN 37075

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): Forest Lawn Memorial Gardens
20c. LOCATION—City or Town, State: Goodlettsville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Chad McGill
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5595
21c. SIGNATURE OF EMBALMER: Eugene Quigley
21d. LICENSE NUMBER OF EMBALMER: 2200
22a. NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Company, 2707 Gallatin Road, Nashville, TN 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 331

REGISTRAR

23. REGISTRAR'S SIGNATURE: Melissa R. Jones, D.R.
24. DATE FILED (Month, Day, Year): April 14, 2004

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: Michael E Kuzur MD
25b. LICENSE NUMBER: 010614
25c. DATE SIGNED (Month, Day, Year): 4/13/04
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): Michael Kuzur 3443 Dickerson Road Suite 760, Nashville, TN 37207

CAUSE OF DEATH

28. PART I. Enter the disease, 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. Hepatoma	2 wks
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Chronic liver disease	years
	c.	
	d.	

DUE TO (OR AS A CONSEQUENCE OF):

SEE INSTRUCTIONS ON OTHER SIDE

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

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: H / M
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 Department of Health. Alteration or erasure voids this certification.

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

Susan M Phillips

Susan M. Phillips
Local Registrar
Sumner County Health Department

JUN 25 2004
Date Issued

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD