Prepared by:
PATRICIA ANN BAGGETT
2979 BABY RUTH LN.
ANTIOCH, TN. 37013

If recorded, return to:

Davidson County AFFIDAVIT
Recvd: 08/17/05 10:37 6 pgs
Fees:32.00 Taxes:0.00
20050817-0097561

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HEIRSHIP AFFIDAVIT

(Heirship of Ruby Lucille Baggett Deceased)

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

BEFORE ME, the undersigned authority, on this day personally appeared Patricia Ann Baggett, ("AFFIANT") who is personally known to me (or, if not being personally known to me, did confirm his/her identity presenting 3 7 3 1 3 5 1 3 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 Patricia Ann Baggett (insert Name of Affiant), and I live at 2979 Baby Ruth Lane Antioch, TN. 37013 (insert address of affiant's residence). I am personally familiar with the family and marital history of Ruby Lucille Baggett. ("Decedent") (insert name of decedent), and I have personal knowledge of the facts stated in this affidavit.
2. I knew decedent from 11/1969 (insert date) until 09/21/1991 (insert date). I was personally well acquainted with the named decedent during her lifetime.

3. The Decedent died on 09/21/1991 (insert date of death) at the following place of death: Baptist Hospital (City), Nashville, (County), Davidson, TN. (State) (insert place of death). At the time of decedent's death, decedent's residence address was 3001 Keeling Ave. (Street), Nashville. (City), Tennessee, 37216 (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 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

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

ANSWER: NO. 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**: The decedent did leave a will.

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:

COUNTY CAUSE NUMBER	NAME	ADDRESS

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

ANSWER:

NAME	ADDRESS	If not now living, state date of death: 10/03/2003
Chester Baggett	30001 Keeling Ave.	

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)

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
Jerry Wayne Baggett	2979 Baby Ruth Ln. Antioch, Tn. 37013	02/21/1951		Patricia Ann Baggett
Michael Harlen Baggett	1125 McAlpine Nashville, Tn. 37216	04/16/1955		Shirley Baggett
Linda Carol Roberts	1306 Old Highway 46th South Dickson, Tn. 37055	09/16/1958		Tony Roberts

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
NONE				

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

ANSWER:

NAME OF CHILD	ADDRESS OF IF NOT LIVING DATE OF DEATH	DATE OF BIRTH	NAME OF FATHER OR MOTHER
NONE			

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
NONE		

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:

CREDITOR	AMOUNT OF DEBT	HAS DEBT NOW BEEN PAID
NONE	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:

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

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

ANSWER: YES

If yes, list
Address or short description : House at 3001 Keeling Av. Nashville, TN. 37217
County: 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: Daughter-in-law

DATED THIS THE 15 DAY OF August, 2005.

Patricia A. Baggett
Signature of Affiant

SWORN TO AND SUBSCRIBED before me this the 15 day of Aug, 2005

Sandra Leech
NOTARY PUBLIC

My Commission Expires: 5/23/06

SANDRA LEECH NOTARY PUBLIC AT LARGE TN DICKSON COUNTY

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

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

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.

9104677

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT: For use by Physician or Institution

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): RUBY LUCILLE BAGGETT
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): September 21, 1991
4. SOCIAL SECURITY NUMBER (If Deceased): [redacted]-1444
5a. AGE – LAST BIRTHDAY (Years): 63
5b. UNDER 1 YEAR – MONTHS:
5c. UNDER 1 DAY – HOURS: MIN:
6. DATE OF BIRTH (Month, Day, Year): Jul. 10, 1928
7. BIRTHPLACE (City and State or Foreign Country): HICKMAN COUNTY, TENNESSEE
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): PARKVIEW MEDICAL CENTER
9c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): CHESTER HARLEN BAGGETT
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): CASHIER
12b. KIND OF BUSINESS/INDUSTRY: GROCERY STORE
13a. RESIDENCE – STATE: TN
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 3001 KEELING AVENUE
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37216
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [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): 8; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): HENRY RUSSELL
18. MOTHER'S NAME (First, Middle, Maiden Surname): NELLIE PARKER

INFORMANT

19a. INFORMANT'S NAME (Type/Print): MR. CHESTER BAGGETT
19b. RELATIONSHIP TO DECEASED: HUSBAND
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3001 KEELING AVENUE, NASHVILLE, TN 37216

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): WOODLAWN MEMORIAL PARK
20c. LOCATION—City or Town, State: NASHVILLE, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Lynn Gauthier
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3900
21c. SIGNATURE OF EMBALMER: ▶ Adam Adams
21d. LICENSE NUMBER OF EMBALMER: 3285
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODLAWN FUNERAL HOME 660 THOMPSON LANE, NASHVILLE, TN 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 731

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Mary C. Penticost
24. DATE FILED (Month, Day, Year): October 2, 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 [X] SIGNATURE AND TITLE OF PHYSICIAN: ▶ Steven Spitzer
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 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER: ▶
26b. LICENSE NUMBER: MD 9496
26c. DATE SIGNED (Month, Day, Year): 9.27.91
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print):

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

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. BREAST CARCINOMA
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.

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 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [ ] 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: 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)

BIRTH NO

PH-1659
REV 1/89

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