This instrument prepared by:
RONALD L. HOOPER, SR.
Attorney-At-Law
5110 Delaware Avenue
Nashville, TN 37209
(615) 287-9288

Davidson County AFFIDAVIT
Recvd: 08/02/06 08:25 6 pgs
Fees:32.00 Taxes:0.00
20060802-0093661

AFFIDAVIT OF HEIRSHIP AS TO THE HEIRS

OF

ELIZABETH M. PRENTISS

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The affiant, Paul T. K. Prentiss, Jr. having been first duly sworn according to law deposes and says:

1. Elizabeth M. Prentiss, unmarried, owned a fee simple interest in the following described property:

LAND in Davidson County, Tennessee, being Lot No. 330 of Brook Meade Subdivision, Section IX, of record in Book 2331, page 35, Register's Office for said County, more particularly described as follows:

Beginning at a point in the northerly margin of Belton Drive at the common corner of Lots nos. 329 and 330; thence in a northerly direction 198 feet to a point in the southerly margin of Lot No. 328; thence in an easterly direction 203.6 feet to a point in the westerly margin of Newberry Road; thence in a southerly direction along the westerly margin of Newberry Road 164.1 feet to a point in the beginning of a curve; thence in a southwesterly direction around said curve with a radius of 25 feet, 39.3 feet to a point in the northerly margin of Belton Drive; thence in a westerly direction along the northerly margin of Belton Drive 176 feet to a point of beginning.

Being the same property conveyed to Tina W. Mackey, Paul T. K. Prentiss and Elizabeth M. Prentiss, and to the survivor of them, by deed from Fred Kight and wife, Patricia Kight, of record in Book 5030, page 552, Register's Office for Davidson County, Tennessee.

This is the same description as the previous deed.

This is improved property, known as **701 Newberry Road, Nashville, Tennessee 37205,** and is further identified as **Parcel 69, Map 102-14** of the official property maps for Davidson County, Tennessee.

2. Tina W. Mackey died February 6, 1981 as evidenced by the Certificate of Death attached hereto as Exhibit "A".

3. Paul T. K. Prentiss died November 24, 1991, survived by Elizabeth M. Prentiss as evidenced by the Certificate of Death attached hereto as Exhibit "B"

4. That upon the death of Paul T. K. Prentiss, the above described real property vested absolutely in Elizabeth M. Prentiss by operation of law as the sole surviving Grantee.

5. Elizabeth M. Prentiss, unmarried, died testate on the 25th day of February 2006, in Davidson County, Tennessee as evidenced by the Certificate of Death attached hereto as Exhibit "C". In her Last Will and Testament entered in the Seventh Circuit Court for Davidson County, Tennessee, on the 26th day of June, 2006, in case number 06P-1174 and of record in Will Vol. 06P-1174, Page 1, a certified copy of which is being simultaneously recorded herewith, she devised the above described property in fee simple, equally, share and share alike to her two (2) children, **Sarah Gregorie Prentiss Buchanan** and **Paul T. K. Prentiss, Jr.**

6. Sarah Gregorie Prentiss Buchanan and Paul T. K. Prentiss, Jr. are the only children of Elizabeth M. Prentiss, deceased, and would be the beneficiaries as her sole heirs-at-law of her entire estate including the above described real property.

7. The mailing addresses of said beneficiaries follows: Sarah G. Prentiss Buchanan, 3170 West Roxboro Rd. N. E., Atlanta, Georgia 30324, and Paul T. K. Prentiss, Jr., 2707 Willena Dr. S.E., Huntsville, Alabama 35803.

Further, affiant saith not.

Paul T. K. Prentiss, Jr.

PAUL T. K. PRENTISS, JR.
2707 Willena Dr. S. E.
Huntsville, Alabama 35803

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

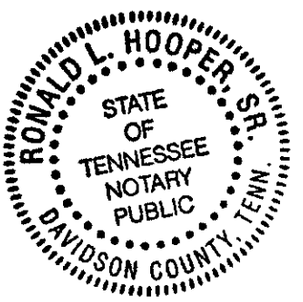
Personally appeared before me a Notary Public in and for the aforesaid State and County, the within named **Paul T. K. Prentiss, Jr.**, with whom I am personally acquainted (or upon sufficient evidence provided) and who acknowledged that he executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at Nashville, Tennessee, this the 1st day of August 2006.

Ronald L. Hooper, Jr.

NOTARY PUBLIC

My commission expires: May 23, 2009



Metropolitan Government of Nashville and Davidson County

Exhibit A

Richard H. Fulton, Mayor

E. M. BISTOWISH, M.D., REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-5811

FEB 18 1981

J. M. Bistowish, M.D.

This is to certify that this is a [illegible] 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 appears.

3100668

BECOMES A LEGAL WHEN PROPERLY EXECUTED AND FILED.

PRINT IN DENT BLACK INK.

RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

REQUIRED PRIOR TO TRANSPORTATION OF BODY BY COMMON CARRIER OR REMOVAL FROM STATE

NOT ATTENDED BY AUTHORIZED OFFICIAL WHERE ANY PHYSICIAN OR MEDICAL EXAMINER CERTIFICATE MUST BE AND SIGN MEDICAL CATION WITHIN 72 OWER OF SIGNATURE BE DELEGATED.

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

BIRTH NO. _____ STATE FILE NO. _____

1. DECEASED—NAME: First: Tina; Middle: ; Last: Mackey
2. DATE OF DEATH (MONTH, DAY, YEAR): 2-6-1981
3a. AGE—LAST BIRTHDAY (YEARS): 95
3b. IF UNDER 1 YEAR: MOS. ; DAYS
3c. IF UNDER 1 DAY: HOURS ; MIN.
4. DATE OF BIRTH (MONTH, DAY, YEAR): ?-21-1885
5. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)): white
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.): Baptist Prog. Care
7e. IF HOSP. OR INST., INDICATE DOA, OUTPAT., ER, NURSING HOME RES.: inpatient
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): In.
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): widowed
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME):
12a. SOCIAL SECURITY NUMBER (IF MILITARY, SPECIFY): [redacted]-1379
12b. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE):
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): School Teacher
13b. KIND OF BUSINESS OR INDUSTRY: Education
14a. RESIDENCE—STATE: In.
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: Nashville
14d. STREET AND NUMBER: 701 Newberry Rd.
14e. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes
14f. CENSUS TRACT NO.:
15. FATHER—NAME: Samuel Wright
16. MOTHER—MAIDEN NAME: Sarah Owens
17. INFORMANT—NAME AND MAILING ADDRESS: Elizabeth Prentiss 701 Newberry Rd. Nashville, Tn. 37205
18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial
18b. DATE (MONTH, DAY, YEAR): 2-9-1981
18c. CEMETERY OR CREMATORY—NAME: Woodlawn Cem.
18d. LOCATION—CITY OR TOWN, STATE: Nashville Tn.
18e. FUNERAL DIRECTOR (SIGNATURE): Robert D. Tidwell
18f. LICENSE NO.: 1867
18g. EMBALMER (SIGNATURE): Robert D. Tidwell
18h. LICENSE NO.: 2825
19. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Pettus-Owen & Wood, Inc. Nashville, Tn.
20. REGISTRAR—SIGNATURE: Esther D Groves
21. DATE RECEIVED BY LOCAL REGISTRAR: 2-18-81
22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE AND DUE TO THE CAUSE(S) STATED. SIGNATURE: Carl Mitchell MD. DEGREE:
22b. DATE SIGNED (MONTH, DAY, YEAR): 2-11-81
23a. 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: TITLE:
23b. DATE SIGNED (MONTH, DAY, YEAR):
24a. CERTIFIER—NAME (TYPE OR PRINT): Carl Mitchell, M. D.
24b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Nashville, Tennessee

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

(a) IMMEDIATE CAUSE: Influenza — 1 mo
DUE TO, OR AS A CONSEQUENCE OF:
(b)
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST
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): Severe effects of aging
26. AUTOPSY (YES OR NO): No

27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)
27b. DATE OF INJURY (MONTH, DAY, YEAR)
27c. HOUR: M.
27d. DESCRIBE HOW INJURY OCCURRED
27e. INJURY AT WORK (SPECIFY YES OR NO)
27f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)
27g. LOCATION—STREET OR R.F.D. NO., CITY OR TOWN, STATE

FORM NO. 66.10
CRS

Metropolitan Government of Nashville and Davidson County

Exhibit B

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.

910574?

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Paul Trapier Keith Prentiss
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): Nov. 24, 1991
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-0831
5a. AGE – LAST BIRTHDAY (Years): 79
5b. UNDER 1 YEAR – MOS / DAYS
5c. UNDER 1 DAY – HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): March 26, 1912
7. BIRTHPLACE (City and State or Foreign Country): Victoria, Texas
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] 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): St. Thomas Hospital
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): Elizabeth Mackey
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Attorney
12b. KIND OF BUSINESS/INDUSTRY: Paul T. K. Prentiss Self Employed
13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 701 Newberry Road
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37205
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [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): 5+; College (1-4 or 5+)

NAME OF DECEDENT For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Paul Trapier Prentiss
18. MOTHER'S NAME (First, Middle, Maiden Surname): Julia Doar

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Elizabeth M. Prentiss
19b. RELATIONSHIP TO DECEASED: wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 701 Newberry Rd., Nashville, Tn. 37205

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 (Specify)): Harpeth Hills Memory Gardens
20c. LOCATION – City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Don Whitley
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3093
21c. SIGNATURE OF EMBALMER: ▶ Don Dupree
21d. LICENSE NUMBER OF EMBALMER: 3374
22a. NAME AND ADDRESS OF FUNERAL HOME: Roesch Patton Austin Bracey & Charlton, Nashville, Tenn.
22b. LICENSE NUMBER OF FUNERAL HOME: 121

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Marsha H. Jones
24. DATE FILED (Month, Day, Year): December 3, 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 [ ] SIGNATURE AND TITLE OF PHYSICIAN: ▶ F. V. Daugherty II MD
25b. LICENSE NUMBER: Tn 17556
25c. DATE SIGNED (Month, Day, Year): Nov 25, 1991
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: ~~Tn 17556~~
26c. DATE SIGNED (Month, Day, Year): ~~Nov 29, 1991~~

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): Dr. Phillip Daugherty, II, 5205 Charlotte Ave., Nashville, Tenn. 37209

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.	Renal failure	4 DAYS
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.	Metastatic cancer of Prostate	2 yeARS
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 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [X] 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): Nov 24, 1991
31b. TIME OF INJURY: M
31c. INJURY AT WORK? 1 [ ] Yes 2 [X] No
31d. DESCRIBE HOW INJURY OCCURRED:
31e. PLACE OF INJURY – At home, farm, street, factory, office building, etc. (Specify): Hospital
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State): St Thomas Hosp Nashville Tn.

BIRTH NO. _____

PH-1659
REV. 1/89

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

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

Exhibit c

0601470

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): Elizabeth M. Prentiss
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): February 25, 2006
4. SOCIAL SECURITY NUMBER (of Deceased): 408-09-8226
5a. AGE-LAST BIRTHDAY (Years): 92
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Jan. 5, 1914
7. BIRTHPLACE (City and State or Foreign Country): Franklin, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
8a. 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): 701 Newberry Road
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. 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.): Secretary
12b. KIND OF BUSINESS/INDUSTRY: Law Office
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 701 Newberry Road
GENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37205
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) Specify, if yes: [ ] Yes [X] No
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): ; College (1-4 or 5+): 2

NAME OF DECEDENT (If any, typed or printed)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Thomas Mackey
18. MOTHER'S NAME (First, Middle, Maiden Surname): Tina Wright

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Paul Prentiss
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2707 Williena Drive Huntsville, Alabama 35803

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): Harpeth Hills Memory Gardens
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Heather Sims
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5055
21c. SIGNATURE OF EMBALMER: ▶ Michael P. Clarke
21d. LICENSE NUMBER OF EMBALMER: 5353
22a. NAME AND ADDRESS OF FUNERAL HOME: West Harpeth Funeral Home and Crematory 6962 Charlotte Pike, Nashville, Tennessee 37209
22b. LICENSE NUMBER OF FUNERAL HOME: 1016

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Tonya Y. Ruttlen
24. DATE FILED (Month, Day, Year): March 20, 2006

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.
1 [ ] SIGNATURE AND TITLE OF PHYSICIAN ▶
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 date and place, and due to the cause(s) and manner as stated.
2 [X] SIGNATURE AND TITLE OF MEDICAL EXAMINER ▶
26b. LICENSE NUMBER: 29160
26c. DATE SIGNED (Month, Day, Year): 03/16/2006

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)): Bruce P. Levy, M.D.; 850 R.S. Gass Blvd., Nashville, TN 37216; MEC06-0857

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. Atherosclerotic and hypertensive cardiovascular disease
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.

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 [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: 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-1858 (REV. 6/90)
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.

Tonya Y. Ruttlen
Local Registrar

MAR 20 2006
Date Issued

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY TENNESSEE

CERTIFICATION OF VITAL RECORD