AFFIDAVIT OF HEIRSHIP

Davidson County AFFIDAVIT
Recvd: 01/10/08 11:47 2 pgs
Fees:12.00 Taxes:0.00
20080110-0003173

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

JOANN KEARNEY, being first duly sworn, deposes and says the following:

1. The affiant is a resident of Davidson County, Tennessee, and resides at 923 Sun Valley Drive, Madison, Tennessee 37115. Her date of birth is November 17, 1932, and she has personal knowledge regarding matters set forth herein.

2. The affiant has known Tolbert Gill and his wife, Henrietta F. Gill for more than seventy-five (75) years.

3. The Gill family resided at 901 West Eastland Avenue Nashville, Tennessee, 37206.

4. The affiant has personal knowledge of the fact that Mr. and Mrs. Gill had no children and they never adopted any children.

5. The affiant has personal knowledge of the fact that Mr. Tolbert Gill died on March 14, 1993, filed as of record with the office of Vital Records No. 9301265.

6. Based upon my understanding of the term "heir-at-law," the sole surviving heir-at-law of Mr. Tolbert Gill is his wife, Mrs. Henrietta F. Gill.

IN WITNESS WHEREOF, the affiant states that the foregoing facts are true and correct based upon his personal knowledge, information, and belief.

JOANN KEARNEY

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Before me, the undersigned, a Notary Public in and for the County aforementioned, personally appeared JoAnn Kearney, the bargainor, with whom I am personally acquainted, and who acknowledged that he executed the forgoing instrument for the purposes therein contained.

WITNESS ~~my~~ hand and seal, at office in Nashville, Tennessee, this the 9th day of January, 2008.

R. Roshawn Clark
Notary Public

R. ROSHAWN CLARK
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

My Commission expires: 11-18-2009

This Instrument was prepared by R. Clark, 1310 Jefferson Street, Ste. 104 Nashville, TN 37208

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER: 9301265

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Tolbert Banner Gill
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): March 14, 1993
4. SOCIAL SECURITY NUMBER (of Deceased): 410 05 8249
5a. AGE – LAST BIRTHDAY (Years): 83
5b. UNDER 1 YEAR: MOS. DAYS
5c. UNDER 1 DAY: HOURS MIN.
6. DATE OF BIRTH (Month, Day, Year): 9-4-1909
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN
8. WAS DECEDENT EVER IN US ARMED FORCES? 1 [X] Yes 2 [ ] No
8a. PLACE OF DEATH (Check only one): HOSPITAL 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
8b. FACILITY NAME (If not institution, give street and number): DVA Medical Center
8c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
8d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Henrietta Fite
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Service Station Attendent
12b. KIND OF BUSINESS/INDUSTRY:
13a. RESIDENCE – STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 901-A. West Eastland Ave.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37206
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): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

NAME OF DECEDENT (To be completed by physician or institution)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Andrew Gill
18. MOTHER'S NAME (First, Middle, Maiden Surname): Mamie Cheatham

INFORMANT

19a. INFORMANT'S NAME (Type/Print): DVA Files
19b. RELATIONSHIP TO DECEASED: None
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1310 24th Avenue South Nashville, TN 37212

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): Middle Tennessee State Veteran's Cemetery
20c. LOCATION – City or Town, State: Nashville TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ K. Gardner, Jr.
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2218
21c. SIGNATURE OF EMBALMER: ▶ Ford Otey
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: K. Gardner & Son Funeral Home, 1511 Jefferson St. Nashville, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 389

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Mary C. Pentecourt
24. DATE FILED (Month, Day, Year): March 17, 1993

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: ▶ John Tarpley MD
26a. LICENSE NUMBER: MD 6870
26c. DATE SIGNED (Month, Day, Year): 3.16.93
25b. 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): John Tarpley, M.D. 1310 24th Avenue South Nashville, TN 37212

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. Cardiac Arrest
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. Adult Respiratory Distress Syndrome
DUE TO (OR AS A CONSEQUENCE OF):
c. Acute Renal Failure
DUE TO (OR AS A CONSEQUENCE OF):
d. Atherosclerotic Peripheral Vascular Disease

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: M
31c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No
31d. DESCRIBE HOW INJURY OCCURRED
31a. 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.

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]

Tonya Y Foreman
Local Registrar

Date Issued: FEB 15 2007

GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

CERTIFICATION OF VITAL RECORD