Davidson County AFFIDAVIT
Recvd: 06/20/08 15:20 4 pgs
Fees:22.00 Taxes:0.00
20080620-0063867

AFFIDAVIT OF HEIRSHIP

Come the affiants, Veta Louise Cole Sherman, 2407 Sterling Road, Nashville, Tennessee 37215, and Jerald Donald Cole, 2725 Hallon Street, Idaho Falls, Idaho, both being first duly sworn according to law and being of lawful age, and pursuant to Section 30-2-712 of Tennessee Code Annotated hereby swear to the following of their own free will and based upon their personal knowledge and familiarity:

1. Vera Agnes Cole (the "Decedent") died in Nashville, Davidson County, Tennessee on February 15, 2008. Attached hereto as an exhibit is a copy of her Certificate of Death.

2. The husband of the Decedent, Luther Lavan Cole, predeceased her. He died August 5, 1998 in Nashville, Davidson County, Tennessee as evidenced by his Certificate of Death attached hereto as an exhibit. Their marriage to each other was the only marriage for each of them.

3. The Decedent died leaving two children, those being the affiants herein: Veta Louise Cole Sherman and Jerald Donald Cole. The Decedent never gave birth to or adopted any other child or children.

4. At the time of her death, the Decedent owned improved residential property at 3015 New Natchez Trace, Nashville, Tennessee 37215. It is more particularly described in warranty deed of record in Book 8167, page 704, Register's Office for Davidson County, Tennessee, to which reference is hereby made for a more complete description.

5. The Decedent died intestate. This Affidavit is to confirm the vesting of title to the real property located at 3015 New Natchez Trace, Nashville, Tennessee after the death of the Decedent in Veta Louise Cole Sherman and Jerald Donald Cole as tenants in common.

Further, affiants saith not.

Dated this 30th day of May, 2008.

Veta Louise Cole Sherman
Veta Louise Cole Sherman

Jerald Donald Cole 6/5/2008
Jerald Donald Cole

PREPARED BY:
JACK ROBINSON SR.
GULLETT SANFORD ROBINSON
315 DEADERICK ST. S-1600
346053.1/200823
NASHVILLE, TN

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named Veta Louise Cole Sherman, with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence) and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee, this 30th day of May, 2008.

Notary Public

My Commission Expires:
7/5/08

MARK W. TERRELL
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires July 5, 2011

STATE OF IDAHO)
)
COUNTY OF BONNEYVILLE)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named Jerald Donald Cole, with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence) and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Idaho Falls, Idaho, this 5th day of May, 2008.

Brandy L Anderson
Notary Public

My Commission Expires:
12/11/2012

BRANDY L. ANDERSON
NOTARY PUBLIC
STATE OF IDAHO

346053.1/200823

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0808184

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last): Vera Agnes Cole
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): February 15, 2008
4. SOCIAL SECURITY NUMBER: [redacted]6113
5a. AGE-LAST BIRTHDAY (Years): 97
5b. UNDER 1 YEAR MOS. / DAYS
5c. UNDER 1 DAY HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Jan. 14, 1911
7. BIRTHPLACE (City and State or Foreign Country): Lakeview, Texas
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 X Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): West Meade Place
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): N/A
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Seamstress
12b. KIND OF BUSINESS/INDUSTRY: Clothing
13a. RESIDENCE STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 3015 New Natchez Trace
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37215
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): 12; College (1-4 or 5+):
NAME OF DECEDENT: For validity, physician or institution
17. FATHER'S NAME (First, Middle, Last): John Martin Hitt
18. MOTHER'S NAME (First, Middle, Maiden Surname): Isa Fina Hawkins
19a. INFORMANT'S NAME (Type/Print): Veta C. Sherman
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2407 Sterling Road Nashville, Tennessee 37215
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, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: T. Scott Wilkerson
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4535
21c. SIGNATURE OF EMBALMER: Mary K Moore
21d. LICENSE NUMBER OF EMBALMER: 5995
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn-Roesch-Patton Funeral Home 660 Thompson Lane Nashville, Tennessee 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 933
23. REGISTRAR'S SIGNATURE: Rosemary D Sharkey DE
24. DATE FILED (Month, Day, Year): February 19, 2008
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: Richard Garman
25b. LICENSE NUMBER: MD013402
25c. DATE SIGNED (Month, Day, Year): 2/18/8
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 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): Dr. Richard Garman 300 20th Ave. N. 9th Fl. Nashville, TN 37203
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
SEE INSTRUCTIONS ON OTHER SIDE
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Influenza
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. Infirmities of advanced age
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: Dementia - Alzheimers
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
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-1609 (REV. 6/99)
BIRTH NO.
RDA 1398

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
Tonya Y Foreman
Local Registrar

FEB 19 2008
Date Issued

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

CERTIFICATION OF VITAL RECORD

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

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.

9804119

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): LUTHER LAVAN COLE
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): AUGUST 5, 1998
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-4310
5a. AGE-LAST BIRTHDAY (Years): 89
5b. UNDER 1 YEAR MOS / DAYS
5c. UNDER 1 DAY HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): 9-27-1908
7. BIRTHPLACE (City and State or Foreign Country): SUGAR BOTTOM, TEXAS
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [XX] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home [XX] 5 Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 2407 STERLING ROAD
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): VERA AGNES HITT
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): UNION CARPENTER
12b. KIND OF BUSINESS/INDUSTRY: CONSTRUCTION
13a. RESIDENCE-STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 3015 NEW NATCHEZ TRACE
CENSUS TRACT: 5
13e. INSIDE CITY LIMITS? 1 [XX] Yes 2 [ ] No
13f. ZIP CODE: 37215
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [XX] 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): 11; College (1-4 or 5+):

NAME OF DECEDENT For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): SAMUEL BRADLEY COLE
18. MOTHER'S NAME (First, Middle, Maiden Surname): STELLA MOZELLA VINSON

INFORMANT

19a. INFORMANT'S NAME (Type/Print): AGNES H. COLE
19b. RELATIONSHIP TO DECEASED: WIFE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3015 NEW NATCHEZ TRACE NASHVILLE, TENNESSEE 37215

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [XX] 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, TENNESSEE
21a. SIGNATURE OF FUNERAL DIRECTOR: DON WHITLEY
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3098
21c. SIGNATURE OF EMBALMER: LYNN GAUTHIER
21d. LICENSE NUMBER OF EMBALMER: 4052
22a. NAME AND ADDRESS OF FUNERAL HOME: ROESCH-PATTON, AUSTIN, BRACEY AND CHARLTON 1715 BROADWAY NASHVILLE, TENNESSEE 37203
22b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

23. REGISTRAR'S SIGNATURE: [signature]
24. DATE FILED (Month, Day, Year): August 11, 1998

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: [signature] Sherman MD
25b. LICENSE NUMBER: TN 17927
25c. DATE SIGNED (Month, Day, Year): 8/6/98
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): DR. DEBBIE SHERMAN, 4306 HARDING ROAD SUITE 106 NASHVILLE, TENNESSEE 37215

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.	acute myocardial infarction	7 days
DUE TO (OR AS A CONSEQUENCE OF): b.	carotid atherosclerosis	10 years
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST. DUE TO (OR AS A CONSEQUENCE OF): c.	coronary atherosclerosis	10 years
d.		

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

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): 8 N/A
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)