Prepared By:
Ms. Yolanda Kimble (Booker + White Law Firm)
942 Jefferson Street
Nashville, Tn 37208

AFFIDAVIT

Heir ship of Ethel Thompson, Deceased State of Tennessee, County of Davidson

I, Herman Patton having first been duly sworn, hereby deposes and states as follows:

I reside at 113 Jackson St. Nashville, TN 37208. I was personally well acquainted with Ethel Thompson, having known her for 20 years.

Ethel Thompson departed this life October 5, 2010, in Davidson County, State of Tennessee, being eighty-five years old at the date of her death.

I am 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, and that the following statements are based upon my personal knowledge and are true and correct.

Ethel Thompson did not leave a will, having died intestate. An administrator has not been appointed for the estate. Her husband, Joe Benton preceded her in death in 1976. Of this union were born two children, Larry W. Benton and Jo Ann Hayes.

Larry W. Benton was born on September 24, 1949 and died in 1990. He married Kathy Pire. Of this union, was born one son, Erik Benton October 4, 1988. Larry W. Benton was survived by his wife Kathy who has since remarried and now her name is Kathy Sanchez.

Jo Ann Hayes, born on August 29, 1946, is the only living child of Ethel Thompson and Joe Benton. Jo Ann married John Anthony Hayes in 1962 and they divorced in 1970. She resides at 1617 Underwood Street and has 3 children, Timothy Ray Hayes, April Antoinette Hayes, and Christopher Eugene Hayes.

Ethel Thompson married the second time to James Thompson who predeceased her in 1999. There were no children born in this marriage. There were no adopted children or step children taken into their home.

FURTHER AFFIANT SAITH NOT.

Herman Patton

BILL GARRETT, Davidson County
Trans:T20110029651 AFFIDAVIT
Recvd: 05/18/11 15:10 3 pgs
Fees:17.00 Taxes:0.00
20110518-0038152

SUBSCRIBED AND SWORN TO BEFORE ME THIS 4th DAY OF May, 2011

Notary Public

My Commission Expires: 1/6/2014



STATE OF TENNESSEE
Office of Vital Records

10063133

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last): Ethel R. Thompson
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): October 5, 2010
4. SOCIAL SECURITY NUMBER (of Deceased): 415-58-6077
5a. AGE - LAST BIRTHDAY (Years): 85
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Min.
6. DATE OF BIRTH (Month, Day, Year): Apr. 22, 1925
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ Yes 2 ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 ☒ 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): Vanderbilt Medical Center
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.): Lab Tech
12b. KIND OF BUSINESS/INDUSTRY: St. Thomas Hospital
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 923 Lawrence Avenue
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 ☒ Yes 2 ☐ No
13f. ZIP CODE: 37204
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes ☒ 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+):
17. FATHER'S NAME (First, Middle, Last): James Vernon Utley
18. MOTHER'S NAME (First, Middle, Maiden Surname): Castellia Summers
19a. INFORMANT'S NAME (Type/Print): Jo Ann Hayes
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 923 Lawrence Avenue, Nashville, TN 37204
20a. METHOD OF DISPOSITION: 1 ☒ 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 Veterans Cemetery
20c. LOCATION - City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Melvin J. Smith
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4502
21c. SIGNATURE OF EMBALMER: ▶ Reid Y. VanNess
21d. LICENSE NUMBER OF EMBALMER: 4275
22a. NAME AND ADDRESS OF FUNERAL HOME: Smith Brothers Funeral Directors, Inc. 706 Monroe Street, Nashville, TN 37208
22b. LICENSE/BOND NUMBER OF FUNERAL HOME: 809
23. REGISTRAR'S SIGNATURE: ▶ Linda L. Bailey
24. DATE FILED (Month, Day, Year): November 2, 2010
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: TN 40816000
25c. DATE SIGNED (Month, Day, Year): 10/26/2010
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): Michael Cullen 2222 Ave N 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)
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Cerebrovascular accident
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. Cerebrovascular accident
DUE TO (OR AS A CONSEQUENCE OF): Atherosclerosis
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 ☒ 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-1659 (REV. 6/99)
BIRTH NO.
RDA 1389

4378479

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

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Forman
Tonya Y. Forman, Local Registrar
Davidson County, Tennessee

11/3/2010
Date Issued

CERTIFICATION OF VITAL RECORD