PICK-UP

prepared by:
Crystal Long
3109 Brett Rd.
Corinth, TX 76210

AFFIDAVIT AS TO HEIRS
(Pursuant to T.C.A. §30-2-712)

STATE OF TENNESSEE
COUNTY OF DAVIDSON

On this 11th day of August, 2011, before me personally appeared Bette Ezell, to me personally known, who being by me duly sworn, on oath did say that Affiant is over eighteen (18) years of age, resides at 2363 Lucas Rd Rockvillsville, Tn and is familiar with the family history of Sophronia Diane Long, deceased, who was the owner of the following real property

1008 Pewter Court, Madison, TN 37115, also known as:

Land in Davidson County, Tennessee, Being Lot No. 333 on the Revised Plat of Heritage Square, Phase Three, a Planned Unit Development, of record in Plat Book 5200, Page 744, Register's Office for Davidson County, Tennessee.

And that said decedent died on the 4th day of August, 2011, and that the place of residence and homestead, at the time of death, was as follows:

1008 Pewter Court, Madison, TN 37115

And Affiant further states that said deceased left surviving the following persons, as heirs or persons otherwise Interested in the estate,

Children:

Carl Allen Kirby, 4364 Baton Rouge Drive, Hermitage, TN 37076

William Andrew Kirby, 229 Jacksonian Boulevard, Hermitage, TN 37076

Rachel Michelle Browning, 510 Old Hickory Blvd., Apt. 1116, Nashville, TN 37209

Crystal Diane Long, 3109 Brett Road, Corinth, TX 76210

Cheryl Denise Long, 1008 Pewter Court, Madison, TN 37115

BILL GARRETT, Davidson County
Trans:T20110054600 AFFIDAVIT
Recvd: 09/02/11 12:51 2 pgs
Fees:12.00 Taxes:0.00
20110902-0068329

And Affiant further states that said decedent left no other children or adopted children or descendants of deceased children or adopted children.

And that all of the above parties are over the age of eighteen years.

And said deceased did not leave a will.

And that the debts against said estate have not been paid.

JOAN MARIE SCARLETT
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

Bette Ezell
Signature

My Commission Expires:
November 5, 2014

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public In and for said county and State, duly commissioned and qualified, Bette Ezell, the within named bargainers, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who acknowledged that they executed the foregoing instrument for the purposes therein contained.

Witness my hand and seal at office this 12 day of August, 2011.

Joan Marie Scarlett
Notary Public

My Commission Expires:

STATE OF TENNESSEE
Office of Vital Records

1104609

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): Sophronia Diane Long		2. SEX: Female	3. DATE OF DEATH (Month, Day, Year): August 4, 2011
4. SOCIAL SECURITY NUMBER: [redacted]2931	5a. AGE-LAST BIRTHDAY (Years): 67	6. DATE OF BIRTH (Month, Day, Year): March 21, 1944	7. BIRTHPLACE (City and State or Foreign Country): Mobile, Alabama

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No

9a. 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)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
1008 Pewter Court	Madison	Davidson

10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify)	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.)	12b. KIND OF BUSINESS/INDUSTRY
Widowed	N/A	Activities Director	Hickory Gardens Assisted Living

13a. RESIDENCE-STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER OR RURAL LOCATION
Tennessee	Davidson	Madison	1008 Pewter Court

GENSUS TRACT	13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No	13f. ZIP CODE	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)	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5+)
		37115		White	12	

NAME OF DECEDENT For use by physician or medical examiner

17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden Surname)
Otis Gibson	Ruby Irene Ammons

19a. INFORMANT'S NAME (Type/Print)	19b. RELATIONSHIP TO DECEASED	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
Crystal Long Kendall	Daughter	3109 Brett Road Corinth, Texas 76210

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION-City or Town, State
1 [X] Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	Spring Hill Cemetery	Nashville, Tennessee

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER OF FUNERAL DIRECTOR	21c. SIGNATURE OF EMBALMER	21d. LICENSE NUMBER OF EMBALMER
James Dudney	3171	Dillon Wines	6444

22a. NAME AND ADDRESS OF FUNERAL HOME	22b. LICENSE NUMBER OF FUNERAL HOME
Spring Hill Funeral Home & Cemetery 5110 Gallatin Road Nashville, Tennessee 37216	1046

23. REGISTRAR'S SIGNATURE	24. DATE FILED (Month, Day, Year)
Linda L. Bowers RR	August 15, 2011

25a. PHYSICIAN - To the best of my knowledge, death occurred at the time and place, and due to the cause(s) and manner stated.

1 [X] SIGNATURE AND TITLE OF PHYSICIAN	25b. LICENSE NUMBER	25c. DATE SIGNED (Month, Day, Year)
Jonathan Dunn MD	32086	8/10/11

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 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): Julie R Dunn 3443 Dickerson Pk G30 Nashville TN 37207

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.

SEE INSTRUCTIONS ON OTHER SIDE

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	myocardial infarction.	
DUE TO (OR AS A CONSEQUENCE OF): b.	coronary artery disease	
DUE TO (OR AS A CONSEQUENCE OF): c.		
DUE TO (OR AS A CONSEQUENCE OF): d.		

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

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

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

30. MANNER OF DEATH	31a. DATE OF INJURY (Month, Day, Year)	31b. TIME OF INJURY	31c. INJURY AT WORK?	31d. DESCRIBE HOW INJURY OCCURRED
1 [✓] Natural 5 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide		M	1 [ ] Yes 2 [ ] No	

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)

4897888

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, Local Registrar
Davidson County, Tennessee

Date Issued AUG 15 2011

CERTIFICATION OF VITAL RECORD