BILL GARRETT, Davidson County
Trans:T20120003595 AFFIDAVIT
Recvd: 01/17/12 09:46 3 pgs
Fees:17.00 Taxes:0.00
20120117-0004352

# AFFIDAVIT OF DEATH

963097
Prepared by:
77023741

After Recording Return to:
Stewart Lender Services
1990 Post Oak Dr. Ste. 120
Houston, Texas 77056

When Recorded Return To:
Indecomm Global Services
2925 Country Drive
St. Paul, MN 55117

Record 132

STATE OF TENNESSEE
COUNTY OF DAVIDSON

BEFORE ME, the undersigned authority, personally appeared ~~DAVID E~~ Julia Y. STEWART, who, after being duly sworn as required by law, deposes and says:

1. That affiant legally owns that certain real property described as follows:

LAND IN DAVIDSON COUNTY, TENNESSEE, BEING LOT NO. 4 OF BLOCK "A" ON THE MAP OF A SUBDIVISION OF THE HALL FARM, AS OF RECORD IN BOOK 974, PAGE 46 REGISTER'S OFFICE FOR SAID COUNTY, DESCRIBED TOGETHER ACCORDING TO A SURVEY MADE BY HICKERSON-MILLER ENGINEER, SURVEYORS, NOVEMBER 21, 1955, AS FOLLOWS:
BEGINNING ON THE WESTERLY MARGIN OF DRAKES BRANCH ROAD AT THE NORTHEAST CORNER OF LOT NO. 5 ON SAID PLAN; THENCE WITH THE LINE BETWEEN SAID LOT NO. 4 AND 5, NORTH 86 DEGREES WEST 990 FEET TO THE NORTHWEST CORNER OF SAID LOT NO. 5; THENCE NORTH 2 DEGREES 45 MINUTES EAST 280 FEET TO A STAKE AT CORNER POST; THENCE SOUTH 86 DEGREES 30 MINUTES EAST 1040 FEET TO A STAKE AT A CORNER POST ON THE WESTERLY MARGIN OF SAID ROAD; THENCE WITH SAME, SOUTH 14 DEGREES WEST 290 FEET TO THE BEGINNING, CONTAINING 6.52 ACRES, MORE OR LESS.

2. That affiant held title to the above described property with Burleigh Hines and that Mr. Hines died on 10-16-2000 as evidenced by the certified copy of said spouse's death certificate presented to Stewart Lender Services.

3. That affiant certifies that he/she and Burleigh Hines, Sr were father and daughter on the date of taking title to the above described property.

4. That this affidavit is made for the express purpose of inducing Stewart Title Guaranty Company to issue a policy of title insurance on the above described property and made under the full apprehension of the law, with the intent that full faith and credit is to be given to the contents thereof by Stewart Title Guaranty Company, its agents or its attorneys.

5. A certified copy of the death certificate is on file with the title insurance agency named above and a copy is also attached as an exhibit to this affidavit.

Julia Y. Stewart
Affiant

STATE OF Tennessee
COUNTY OF Davidson

The foregoing instrument was acknowledged before me this 25th day of February, 20 11, by Julia Stewart, who is personally known to me or who has produced TN Driver's License as identification and who did take an oath.

Notary Public
My Commision Expires: 3-11-2012

My Commission Expires
March 11, 2012

WILLIAMSON COUNTY
STATE OF TENNESSEE NOTARY PUBLIC
CAROL B. CHRISTIAN

·U01873828·
1577 3/9/2011 77023741/1

# STATE OF TENNESSEE
## Office of Vital Records

0006026

00-06026

TENNESSEE DEPARTMENT OF HEALTH
## CERTIFICATE OF DEATH

STATE FILE NUMBER: 00-06026

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

**DECEDENT**

1. DECEDENT'S NAME (First, Middle, Last): Burleigh Hines Sr.
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): 10-10-2000
4. SOCIAL SECURITY NUMBER (of Deceased): 408-09-5129
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): 9-9-1908
7. BIRTHPLACE (City and State or Foreign Country): Grand Tower, IL
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 X 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): Vanderbilt
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.): Self employed
12b. KIND OF BUSINESS/INDUSTRY:
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 4921 Drake Branch Ln.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37218
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No - if yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes O X No
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+): 2

NAME OF DECEDENT: For use by persons or institution

**PARENTS**

17. FATHER'S NAME (First, Middle, Last): Hervey Hines
18. MOTHER'S NAME (First, Middle, Maiden Surname): Mary Farrah

**INFORMANT**

19a. INFORMANT'S NAME (Type/Print): Julia Y. Stewart
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3108 Richmond Dr. Nashville, TN 37207

**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): Greenwood
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ William Taylor
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3285
21c. SIGNATURE OF EMBALMER: ▶ Leslie Stratton
21d. LICENSE NUMBER OF EMBALMER: 4030
22a. NAME AND ADDRESS OF FUNERAL HOME: J.W.Adkins 2510 12th Ave. So. Nashville, TN 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 0705

**REGISTRAR**

23. REGISTRAR'S SIGNATURE: Teresa Lynn Bowen
24. DATE FILED (Month, Day, Year): November 10, 2000

**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 X SIGNATURE AND TITLE OF PHYSICIAN: ROBERT J. WOLKOWICZ MD
25b. LICENSE NUMBER: MD 008165
25c. DATE SIGNED (Month, Day, Year): 11/06/2000
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 FORMAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print):

**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.

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. BILATERAL PNEUMONIA
DUE TO (OR AS A CONSEQUENCE OF):
Approximate Interval Between Onset and Death: 4 DAYS

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.
MULTIPLE STROKES
SEVERE ISCHEMIC CARDIOMYOPATHY

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)

HSDA 1858 (REV. 6/99)

BIRTH NO.

RDA 1309

4634660

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. Foreman, Local Registrar
Davidson County, Tennessee

2/15/2011
Date Issued

SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

## CERTIFICATION OF VITAL RECORD