BILL GARRETT, Davidson County
Trans:T20120021522 AFFIDAVIT
Recvd: 03/26/12 09:50 2 pgs
Fees:12.00 Taxes:0.00
20120326-0025229

March 8, 2012

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The undersigned, being duly sworn, deposes and says:

James M. Benedict (hereinafter "Decedent") was the father of the undersigned until his death on December 9, 2011, in Davidson County, Tennessee. A copy of Decedent's Certificate of Death is attached as **EXHIBIT A**, hereto.

Decedent died intestate leaving Christopher S. Benedict, an adult over the age of twenty-one years, residing at 347 Lanier Drive, Madison, TN 37115, as his sole heir under the Tennessee laws of decent and distribution.

The undersigned is heir to Decedent's personal and real property located at 347 Lanier Drive, Madison, Tennessee 37115. The estate of the Decedent is not administered in a proceeding supervised by a court.

Christopher S. Benedict
Affiant

This document was prepared by: Christopher S. Benedict, residing at 347 Lanier Drive, Madison, TN 37115.

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared Christopher S. Benedict, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person described in the foregoing, who, after being duly sworn, executed the foregoing document in my presence.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said county, on this 8th day of March, 2012.

My Commission Expires
May 6, 2013

My Commission expires:_____

Maria Martocci
Notary Public

MARIA MARTOCCI
Notary Public
DAVIDSON COUNTY, TENNESSEE

STATE OF TENNESSEE
Office of Vital Records

1107231

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): James Melcion Benedict
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): December 9, 2011
4. SOCIAL SECURITY NUMBER: [redacted]4345
5a. AGE-LAST BIRTHDAY (Years): 86
5b. UNDER 1 YEAR (Mos. / Days)
5c. UNDER 1 DAY (Hours / Min.)
6. DATE OF BIRTH (Month, Day, Year): Apr. 24, 1925
7. BIRTHPLACE (City and State or Foreign Country): Porterdale, Georgia
8. WAS DECEDENT EVER IN U.S. 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)
9b. FACILITY NAME (If not institution, give street and number): Skyline 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): N/A
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Painter
12b. KIND OF BUSINESS/INDUSTRY: Residential
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Madison
13d. STREET AND NUMBER OR RURAL LOCATION: 347 Lanier Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37115
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 7; College (1-4 or 5+):

NAME OF DECEDENT (To be completed by physician or medical examiner)

PARENTS

17. FATHER'S NAME (First, Middle, Last): James H[redacted]enedict
18. MOTHER'S NAME (First, Middle, Maiden Surname): Lois Coley

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Christopher Benedict
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 347 Lanier Drive Madison, Tennessee 37115

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): Oakgrove Cemetery
20c. LOCATION-City or Town, State: Sugar Tree, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Michael R. Thomas
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5941
21c. SIGNATURE OF EMBALMER: N/A
21d. LICENSE NUMBER OF EMBALMER: N/A
22a. NAME AND ADDRESS OF FUNERAL HOME: Eastland Funeral Home & Cremation Service 904 Gallatin Road Nashville, Tennessee 37206
22b. LICENSE NUMBER OF FUNERAL HOME: 120

REGISTRAR

23. REGISTRAR'S SIGNATURE: Claudia Carter DR
24. DATE FILED (Month, Day, Year): December 15, 2011

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: Orlando Antrem C. Rodriguez
25b. LICENSE NUMBER: 35507
25c. DATE SIGNED (Month, Day, Year): 12-14-2011
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. Orlando Rodriguez 3443 Dickerson Rd. #680 Nashville, TN 37207

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

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Severe Anoxic Brain Injury
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. Pneumonia due to pseudomonas
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.

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 [X] No

30. MANNER OF DEATH: 1 [X] Natural 5 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide
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. 6/09)
BIRTH NO.
RDA 1399

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

Date Issued:

DEPARTMENT OF AGRICULTURE

CERTIFICATION OF VITAL RECORD