BILL GARRETT, Davidson County
Trans:T20120057665 AFFIDAVIT
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Fees:17.00 Taxes:0.00
20120803-0069283

THIS INSTRUMENT WAS PREPARED BY:
John R. Miles
Attorney at Law
Barristers Building
329 Union Street
Nashville, Tennessee 37201

AFFIDAVIT OF HEIRSHIP

Comes the Affiant, BRIAN W. FORD, being first duly sworn in accordance with law, being a Master Sargent with the United States Air Force, being over the age of twenty-one years and a resident of Texas, residing at 2229 Scott Sather Drive, Lackland Air Force Base, Texas 78236, and pursuant to Tennessee Code Annotated, Section 30-2-712 does hereby swear and affirm to the following statements of his own free will and based upon his personal knowledge and familiarity:

1. My Mother, Judy Carol (Tucker) Cherry, died within Davidson County, Tennessee on May 6, 2012. A certified copy of the Death Certificate of Judy Carol Cherry is attached hereto as Exhibit A.

2. Judy Carol Cherry was the Niece and an heir at law of Paul Purks Tucker who died intestate on February 24, 2012.

3. On March 23, 2012, the Seventh Circuit Court of Davidson County, Tennessee (Probate Division) issued Letters of Administration to Steven L. Tucker, the brother of Judy Carol Cherry and my Uncle, in the matter of the Estate of Paul Purks Tucker: Case No. 12P-378.

4. At the time of his death, my Great Uncle, Paul Purks Tucker was divorced, had no children and lived at 39 Jay Street, Nashville, TN 37210, a home that he owned and being more particularly described as follows:

> Land in the 6th Civil District of Davidson County, Tennessee, being Lot no. 63 on the Plan of Sterling Heights, Section Three, of record in Book 1424, Page 113, Register's Office for said County.

Said lot No. 63 fronts 83.7 feet on the southerly margin of Jay Street and extends back 195.4 feet on the easterly line and 195.18 feet on the westerly line to a Dead line in the rear, measuring 82.1 feet thereon.

Being the same property conveyed to Paul P. Tucker and wife, Analynn R. Tucker by deed from Walter L. Jungman and wife, Joanna E. Jungman, of record in Book 5222, Page 114, Register's Office for Davidson County, Tennessee.

5. I am the only child of Judy Carol Cherry, who was married to Larry C. Cherry at the time of her death. Larry C. Cherry and I are the only heirs at law of Judy Carol Cherry.

Further Affiant sayeth naught.

BRIAN W. FORD

STATE OF TEXAS)
)
COUNTY OF Bexar)

On this the 16 day of July, in the year 2012, before me, Amanda Kelley, a Notary Public in and for said County and State, personally appeared BRIAN W. FORD, the within named bargainor with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence to be the person therein named), and who acknowledged that he executed the within instrument for the purposes therein contained as his own free will and act.

Amanda Kelley
NOTARY PUBLIC

My commission expires: 02/20/2018

NOTARY PUBLIC

STATE OF TENNESSEE
Office of Vital Records

1202691

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Judy Carol Cherry
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): May 6, 2012
4. TIME OF DEATH (Approx.): 12:50 pm
5a. AGE-Last Birthday (Years): 65
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): November 17, 1946
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: [ ] Hospice facility [ ] Nursing home/Long term care facility [ ] Decedent's home [ ] Other residence [ ] Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): Southern Hills Medical Center
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution)

-10

9. MARITAL STATUS: [X] Married [ ] Married, but separated [ ] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Larry Cherry
11a. DECEDENT'S USUAL OCCUPATION: School Teacher
11b. KIND OF BUSINESS/INDUSTRY: Metro Schools
12. SOCIAL SECURITY NUMBER: [redacted]-4785
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Antioch
13d. STREET AND NUMBER: 4121 Tea Garden Way
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37013
14. WAS DECEDENT EVER IN U.S. ARMED FORCES? [ ] Yes [X] No

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
[ ] 8th grade or less
[ ] 9th – 12th grade; no diploma
[ ] High school graduate or GED completed
[ ] Some college credit, but no degree
[ ] Associate degree (e.g., AA, AS)
[ ] Bachelor's degree (e.g., BA, AB, BS)
[X] Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
[ ] Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
[ ] Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
[X] No, not Spanish/Hispanic/Latino
[ ] Yes, Mexican, Mexican American, Chicano
[ ] Yes, Puerto Rican
[ ] Yes, Cuban
[ ] Yes, other Spanish/Hispanic/Latino (Specify)
[ ] Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
[X] White
[ ] Black or African American
[ ] American Indian or Alaska Native (Name of the enrolled or principal tribe)
[ ] Asian Indian
[ ] Chinese
[ ] Filipino
[ ] Japanese
[ ] Korean
[ ] Vietnamese
[ ] Other Asian (Specify)
[ ] Native Hawaiian
[ ] Guamanian or Chamorro
[ ] Samoan
[ ] Other Pacific Islander (Specify)
[ ] Other (Specify)
[ ] Unknown

PARENTS

18. FATHER'S NAME (First, Middle, Last): Oscar Tucker
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Agnes Edison

DISPOSITION

20a. INFORMANT'S NAME: Larry Cherry
20b. RELATIONSHIP TO DECEDENT: Husband
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 4121 Tea Garden Way, Antioch, TN 37013
21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Woodlawn Memorial Park
21c. LOCATION - City or Town and State: Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Wendell L. Byrd
22b. LICENSE NUMBER: 2556
22c. SIGNATURE OF EMBALMER: ▶ Richard Morrison
22d. LICENSE NUMBER: 3137
23a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Hickory Chapel, 5852 Nolensville Rd., Nashville, TN 37211
23b. LICENSE NUMBER OF FUNERAL HOME: 760

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Marsha L. Starkey, DE
25. DATE FILED (Month, Day, Year): May 9 2012

CERTIFIER

26. CERTIFIER (Check only one):
26a. [X] PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.
26b. [ ] 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.

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

27a. SIGNATURE OF CERTIFIER: ▶ [signature]
27b. LICENSE NUMBER: TN 30590
27c. DATE SIGNED (Month, Day, Year): 5/9/2012
27d. NAME AND ADDRESS: Y. JAIN, MD, 391 Wallace Rd., Nashville, TN 37211

MEDICAL CERTIFICATION

28. PART I. Enter the chain of events (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Congestive cardiac failure
Due to (or as a consequence of):
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST
b.
Due to (or as a consequence of):
c.
Due to (or as a consequence of):
d.
Approximate Interval: Onset to death

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

29a. WAS AN AUTOPSY PERFORMED? [ ] Yes [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [ ] No

30. MANNER OF DEATH: [X] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [X] No [ ] Unknown
32. IF FEMALE: [X] Not pregnant within past year [ ] Pregnant at time of death [ ] Not pregnant, but pregnant within 42 days of death [ ] Not pregnant, but pregnant 43 days to 1 year before death [ ] Unknown if pregnant within the past year
33. IF TRANSPORTATION INJURY, SPECIFY: [ ] Driver/Operator [ ] Passenger [ ] Pedestrian [ ] Other (Specify)
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? [ ] Yes [ ] No
34d. PLACE OF INJURY – at home, farm, street, factory, office, building, etc. (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

RDA 1366

PH-1858 (Rev. 10/2011)

5088675

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.

MAY 09 2012

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Forman
Tonya Y Forman Local Registrar
Davidson County

Date Issued

CERTIFICATION OF VITAL RECORD