This Instrument Prepared By:
Stephen C. Baker, Esq.
Waller Lansden Dortch & Davis, LLP
511 Union Street, Suite 2700
Nashville, Tennessee 37219

BILL GARRETT, Davidson County
Trans:T20120068637 AFFIDAVIT
Recvd: 09/12/12 13:47 3 pgs
Fees:17.00 Taxes:0.00
20120912-0082812

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE
COUNTY OF DAVIDSON

On this 12th day of September, 2012, before me personally appeared Mariya J. Williams, "Affiant", who having been duly sworn, deposes and says:

That she is at least eighteen (18) years of age and is a resident citizen of Davidson County, Tennessee residing at 2104 Quail Ridge Drive, Nashville, Tennessee 37207;

That she was personally acquainted with Robert Earl Bowling, "Decedent", during decedent's lifetime and was familiar with Decedent's family history;

That Decedent died on January 6, 2008 a resident citizen of Davidson County, Tennessee residing at 2104 Quail Ridge Drive, Nashville, Tennessee 37207 (see attached death certificate);

That Decedent was survived by the following persons:

		Name and Address
1.	**Surviving Spouse** - Mary Anita Bowling	2104 Quail Ridge Drive Nashville, Tennessee 37207
	Surviving Children - None **Deceased Children** - Renata Hailey **Children of Deceased Children - None**	
2.	The Decedent died without a will.	

Further, Affiant sayeth not.

Mariya J. Williams, Affiant

SUBSCRIBED AND SWORN TO before me this 12th day of September, 2012

Notary Public

My Commission Expires:
July 6, 2015

STEPHEN C. BAKER
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON
MY COMMISSION EXPIRES:
JULY 6, 2015

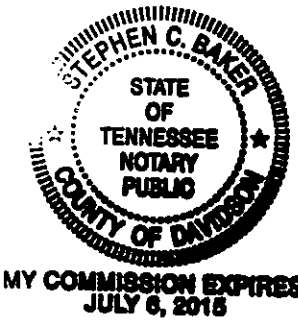
STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, Stephen C. Baker, Mariya J. Williams, the within named bargainor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that such person executed the within instrument for the purposes therein contained.

Witness my hand, at office, this 12th day of September, 2012.

Stephen C Baker
Notary Public

My Commission Expires:
July 6, 2015



METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

2000403237

08-00092

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): ROBERT EARL BOWLING
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): JANUARY 6, 2008
4. SOCIAL SECURITY NUMBER: [redacted] 2785
5a. AGE-LAST BIRTHDAY (Years): 65
5b. UNDER 1 YEAR: MOS.
5c. UNDER 1 DAY: HOURS, MIN.
6. DATE OF BIRTH (Month, Day, Year): Oct. 16, 1942
7. BIRTHPLACE (City and State or Foreign Country): Brentwood, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 XX No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 Inpatient 2 XX 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): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Mary Harlan
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Landscaper
12b. KIND OF BUSINESS/INDUSTRY: Self Employed
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2104 Quail Ridge Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 XX Yes 2 No
13f. ZIP CODE: 37207
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes o XX No
15. RACE-American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 9th; College (1-4 or 5+)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Ray Bowling
18. MOTHER'S NAME (First, Middle, Maiden Surname): Robbie Lee Reynolds

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Mary Bowling
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2104 Quail Ridge Drive Nashville, Tennessee 37207

DISPOSITION

20a. METHOD OF DISPOSITION: XX Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Greenwood Main Cemetery
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: George Baker, Jr.
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4695
21c. SIGNATURE OF EMBALMER: Ronald Stewart
21d. LICENSE NUMBER OF EMBALMER: 3732
22a. NAME AND ADDRESS OF FUNERAL HOME: PATTON BROTHERS FUNERAL HOME 1306 South Street/Nashville, Tennessee 37212
22b. LICENSE NUMBER OF FUNERAL HOME: 185

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda R. Bowles DR
24. DATE FILED (Month, Day, Year): January 11, 2008

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date, place, and due to the cause(s) and manner as stated. 1 SIGNATURE AND TITLE OF PHYSICIAN: Sam Bridges MD
25b. LICENSE NUMBER: 37015
25c. DATE SIGNED (Month, Day, Year): 1/8/2008
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 COMPLETING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Sam Bridges MD 1718 Patterson ST Nashville, TN 37203

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.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Lung cancer
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. DUE TO (OR AS A CONSEQUENCE OF):
c. DUE TO (OR AS A CONSEQUENCE OF):
d.
Approximate Interval Between Onset and Death
SEE INSTRUCTIONS ON OTHER SIDE
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 XX No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes XX No

30. MANNER OF DEATH: 1 XX 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)

RECEIVED
FEB 04 2008
CUSTOMER RELATIONS

PH-1859 (REV. 6/99)

BIRTH NO.

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 Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.
Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

[redacted]
Local Registrar

Tonya Y Foreman
Tonya Y Foreman
Local Registrar

Date Issued
JAN 11 2008

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

CERTIFICATION OF VITAL RECORD