BILL GARRETT, Davidson County
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20121116-0106144

Affidavit of Heirship

State of TN

County of: DAVidSON

Affidavit as to the heirs of: Florence Elizabeth Corley

On this 16 day of November, 2012 before me personally appeared KATHRYN DIANA CORLEY (Affiant), to me personally known and duly sworn on oath did say that Affiant is familiar with the family history of Florence Elizabeth Corley (deceased) that the said Florence Elizabeth Corley (deceased) died on or about 8-20-2012 and who was the owner of the following property: 705 Work Drive, Nashville, Tennessee 37207 and more particularly described in Book 4655 Page 459 (Deed Book/Instrument) in the Register's Office of _County, TN, and that the place of residence and homestead at the time of his/her death was 705 Work Drive, Nashville, Tennessee 37207
And Affiant further states the said deceased left surviving the following persons, as heirs otherwise interested in the estate:

Name	Relationship
KATHRYN DIANA CORLEY	DAUGHTER

And Affiant further states that said descendants left no other children or adopted children, or descendants of descendants of deceased children or adopted children. Affiant also states that all of the above parties are over the age of eighteen years, except Not Applicable.
The said deceased had no will. The debts against said estate have been paid.

Sandra Kyhea Duncan
Witness

Affiant

On this 16th day of November, 2012 before me the undersigned notary, personally appeared (Affiant) to me known to be the person described in and who executed the foregoing instrument and acknowledged that he/she executed same as his/her free act and deed.

Witness my hand and seal the day and year first above written.

LYDIA R. KIMBEL
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

Notary Public
My Commission Expires: May 3, 2016

This document prepared by : JAYNE M. STEVENS of The Tennessee Bureau of Investigation. 901 R.S Gass Blvd, Nashville, TN 37216. On this day November 6, 2012.

STATE OF TENNESSEE
Office of Vital Records

1205060

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Florence Elizabeth Corley
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): August 20, 2012
4. TIME OF DEATH (Approx.): 5:04 am
5a. AGE-Last Birthday (Years): 82
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): January 29, 1930
7. BIRTHPLACE (City and State or Foreign Country): Castalian Spring, TN

TYPEWRITE IN PERMANENT BLACK INK

6a. 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) _____

6b. FACILITY NAME (If not institution, give street and number): Skyline Medical Center
6c. CITY OR TOWN: Nashville
6d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution)

8. MARITAL STATUS: [ ] Married [ ] Married, but separated [X] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: Instructor
11b. KIND OF BUSINESS/INDUSTRY: Dental

12. SOCIAL SECURITY NUMBER: [redacted]-4612
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 705 Work Drive
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37207
14. WAS DECEDENT EVER IN US 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
[X] Associate degree (e.g., AA, AS)
[ ] Bachelor's degree (e.g., BA, AB, BS)
[ ] 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)
[ ] White
[X] 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): Nathan Parker
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Mary Gillespie

20a. INFORMANT'S NAME: Kathryn Corley
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 705 Work Drive Nashville, TN 37207

DISPOSITION

21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Middle TN Veterans Cemetery
21c. LOCATION - City or Town and State: Nashville, TN

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Richard A. Lewis
22b. LICENSE NUMBER: 3633
22c. SIGNATURE OF EMBALMER: ▶ Delmas Bogus
22d. LICENSE NUMBER: 3687

23a. NAME AND ADDRESS OF FUNERAL HOME: Lewis & Wright Funeral Directors 2500 Clarksville Pk., Nashville, TN 37208
23b. LICENSE NUMBER OF FUNERAL HOME: 0812

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Linda K. Bowers, CR
25. DATE FILED (Month, Day, Year): August 29, 2012

CERTIFIER

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

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.

27a. SIGNATURE OF CERTIFIER: ▶ Carl Mitchell MD
27b. LICENSE NUMBER: MD TN 59946
27c. DATE SIGNED (Month, Day, Year): 8-29-12
27d. NAME AND ADDRESS: CARL MITCHELL NASHVILLE TN

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. non small cell carcinoma of lung — Approximate interval: Onset to death: 1 year.
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. _____

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
hypothyroidism, hypertension, anemia

29a. WAS AN AUTOPSY PERFORMED? [ ] Yes [ ] 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)

PH-1639 (Rev. 10/2011) RDA 1390

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.

5528340

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Foreman
Tonya Y. Foreman Local Registrar
Davidson County Tennessee

AUG 29 2012
Date Issued

CERTIFICATION OF VITAL RECORD