This instrument was prepared by:
Johnny Ellis, Attorney
3844 Old Hickory Blvd
Old Hickory, TN 37138
(615) 847-2000
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Davidson County AFFIDAVIT
Recvd: 01/22/13 12:18 4 pgs
Fees:22.00 Taxes:0.00
20130122-0006892

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Affiant, RAYMOND A. DAWSON, JR., after first being duly sworn, states that:

1. I am an adult citizen and resident of DAVIDSON County, Tennessee and have knowledge of the facts stated herein and am otherwise competent to make this affidavit.

2. RAYMOND ALEXANDER DAWSON, SR. Was my father. He died on July 17, 2004, in Davidson County, Tennessee, leaving my mother, MARTHA LOUISE HOOSER DAWSON as his widow, and myself as his only child, as his sole heirs at law and beneficiaries.

3. The Attached Exhibit "A" is a true and certified copy of his Death Certificate.

4. This Affidavit of Heirship is freely given pursuant to Section 30-2-712, *et seq.*, Tenn. Code Ann., to help establish and reflect the heirship with respect to any real or personal property owned by RAYMOND ALEXANDER DAWSON, SR. in Davidson County, Tennessee, or elsewhere, and particularly to confirm the vesting of title to certain real property being:

A Certain tract or parcel of land in Davidson County, Tennessee being Lot No 13, Block 10 on the Map of Dabbs and Elliott Subdivision No. I, Old Hickory Tennessee as shown of record in Book 547, page 97, Register's Office for Davidson County, Tennessee.

Being the same property shown of record in Book 4439, page, 950, R.O.D.C; Tennessee.

Property Address: 209 26th Street, Old Hickory, TN. 37138

Map #053080062.00

Send Tax Bill to:
Martha H. Dawson
209 26th Street
Old Hickory, TN. 37138

Raymond A. Dawson Jr.
Raymond A. Dawson, Jr. Affiant

STATE OF TENNESSEE }
COUNTY OF DAVIDSON }

Before me, Leroy Johnston Ellis, II the undersigned, a notary public in the state of Tennessee, personally appeared **Raymond A. Dawson, Jr.** , with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who acknowledged that __he__ executed the foregoing instrument for the purposes therein contained, and expressed and acknowledged that they executed the same as their free act and deed.

Subscribed and sworn to before me, this the 18 day of Jan, 2013.

NOTARY PUBLIC

My Commission Expires: 3-8-2016

LEROY JOHNSTON ELLIS IV
NOTARY PUBLIC AT LARGE
DAVIDSON COUNTY, TENN.

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0404078

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): Raymond Alexander Dawson, Sr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): July 17, 2004
4. SOCIAL SECURITY NUMBER: -1962
5a. AGE-LAST BIRTHDAY (Years): 89
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): June 22,1915
7. BIRTHPLACE (City and State or Foreign Country): Bridgeport, Alabama
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [X] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Madison Healthcare & Rehabilitation
9c. CITY, TOWN, OR LOCATION OF DEATH: Madison
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Martha L. Hoosier
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): TV Repairman
12b. KIND OF BUSINESS/INDUSTRY: Radio & TV Repair
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Old Hickory
13d. STREET AND NUMBER OR RURAL LOCATION: 209 26th Street
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [ ] Yes 2 [X] No
13f. ZIP CODE: 37138
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): 12; College (1-4 or 5+): 2

NAME OF DECEDENT (For use by physician or medical examiner)

PARENTS

17. FATHER'S NAME (First, Middle, Last): George Alexander Dawson
18. MOTHER'S NAME (First, Middle, Maiden Surname): Latta Mae Poe

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Martha Louise H. Dawson
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 209 26th Street, Old Hickory, Tennessee 37138

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): Mt. Carmel Cemetery
20c. LOCATION-City or Town, State: Bridgeport, Alabama
21a. SIGNATURE OF FUNERAL DIRECTOR: John E. Rudder
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 03903
21c. SIGNATURE OF EMBALMER: John E. Rudder
21d. LICENSE NUMBER OF EMBALMER: 00356
22a. NAME AND ADDRESS OF FUNERAL HOME: Rudder Funeral Home, P. O. Box 525, Stevenson, Alabama 35772
22b. LICENSE NUMBER OF FUNERAL HOME: 0242

REGISTRAR

23. REGISTRAR'S SIGNATURE: Tonya Y. Ruttlen
24. DATE FILED (Month, Day, Year): August 2, 2004

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
25b. LICENSE NUMBER: 25812
25c. DATE SIGNED (Month, Day, Year): 7/27/04
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 (Type/Print): Barak Mir, M.D. Madison Adult Medicine 510 Rappa[illegible] Suite 208 Madison, TN 37115

SEE INSTRUCTIONS ON OTHER SIDE

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
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	DUE TO (OR AS A CONSEQUENCE OF): CHF	—
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): HTN	—
c.	DUE TO (OR AS A CONSEQUENCE OF): AD DB	—
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 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 [X] 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-1859 (REV. 6/99)

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 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.

Tonya Y. Ruttlen
Tonya Y. Ruttlen
Local Registrar

AUG 03 2004
Date Issued

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

CERTIFICATION OF VITAL RECORD

EXHIBIT A

CERTIFICATE of AUTHENTICITY

I, **Leroy Johnston Ellis, IV** do hereby make oath that I am an Attorney licensed in the State of Tennessee, Bar # 017968, and custodian of the Electronic version of the attached document tendered for registration herewith and that this is a True and Correct copy of the original Document executed and authenticated according to Law.

Leroy Johnston Ellis, IV,
Attorney at Law, BPR #17968

STATE OF TENNESSEE }
COUNTY OF DAVIDSON }

Before me, Amy D. Gregory the undersigned, a notary public in the state of Tennessee, personally appeared Leroy Johnston Ellis, IV, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who acknowledged that this certification of an electronic document is true and correct and whose signature I have witnessed.

Amy D. Gregory
NOTARY PUBLIC

My Commission Expires: 01/07/2013

AMY D. GREGORY
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

Exp 01/07/2013

This Certificate Prepared by:
Leroy, J. (Johnny) Ellis, IV
3844 Old Hickory Blvd.
Old Hickory, TN. 37138
(615) 847-2000

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