BILL GARRETT, Davidson County
Trans:T20130012317 AFFIDAVIT
Recvd: 02/13/13 11:02 2 pgs
Fees:12.00 Taxes:0.00
20130213-0014711

Prepared by: + Return to
Advantage Title and Escrow
3325 Aspen Grove Dr. Suite 104
Franklin, TN 37067

AFFIDAVIT

Address of New Owner;	Send Tax Bills To:	Map & Parcel:
Larry Grigsby	OWNER	149-09-195
4708 Volunteer Dr.		
Antioch, TN 37013		

STATE OF Tennessee
COUNTY OF DAVIDSON

RE: Death of Linda J. Grigsby
Reference deed Book 7128, Page 628

This affidavit is given as a notice to the public and to place the hereinabove referenced property in the fee simple interest of Larry Grigsby. Larry Grigsby and wife, Linda J. Grigsby obtained title as joint tenants in Book 7128, Page 628, Register's Office for Davidson County, TN. Linda J. Grigsby died on ~~6/24/12~~ 2/26/2012 leaving the hereinabove stated property to her husband Larry Grigsby at her death. Reference the attached death certificate.

Witness my hand this the 15th day of January, 2013

Victor Hazelwood

Sworn to and subscribed before me this the 15th, day January, 2013.

Notary Public

Commission Expires:

Kasey Kelchner
State of Tennessee
Notary Public
My Comm. Exp. 1/21/2013
Rutherford County

STATE OF TENNESSEE
Office of Vital Records

120129

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Linda Jean Grigsby
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): February 28, 2012
4. TIME OF DEATH (hr/min): 8:30 pm
5a. AGE-Last Birthday (Years): 61
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): June 24, 1950
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: ☐ 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): 4708 Volunteer Dr.
8c. CITY OR TOWN: Antioch
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Larry Grigsby
11a. DECEDENT'S USUAL OCCUPATION: Accounting Clerk
11b. KIND OF BUSINESS/INDUSTRY: American GenLife Ins. Co.

12. SOCIAL SECURITY NUMBER: [redacted]0289
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TN
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 4708 Volunteer Dr.
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37013
14. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

NAME OF DECEDENT (If Fetal Death, by Physician or Institution)

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)
☐ 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):
☒ 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
☒ 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): William Pratt
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Ruby Jean Roberts

DISPOSITION

20a. INFORMANT'S NAME: Larry Grigsby
20b. RELATIONSHIP TO DECEDENT: Husband
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 4708 Volunteer Dr., Antioch, TN 37013
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Greenwood (West) Cemetery
21c. LOCATION - City or Town and State: Nashville,TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Melvin J. Smith
22b. LICENSE NUMBER: 4502
22c. SIGNATURE OF EMBALMER: ▶ Reid VanNess
22d. LICENSE NUMBER: 4275
23a. NAME AND ADDRESS OF FUNERAL HOME: Smith Brothers Funeral Directors, Inc., 706 Monroe St., Nashville, TN 37208
23b. LICENSE NUMBER OF FUNERAL HOME: 809

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Marshall A. Stanley DR
25. DATE FILED (Month, Day, Year): March 7, 2012

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 24 HOURS.

26. CERTIFIER (Check only one):
26a. ☒ 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: ▶
27b. LICENSE NUMBER: 2838
27c. DATE SIGNED (Month, Day, Year): 3/2/12
27d. NAME AND ADDRESS

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. Cardiopulmonary arrest
Due to (or as a consequence of): b. Renal Failure
Due to (or as a consequence of): c. Diabetes
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: Metastatic Breast cancer

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

30. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☒ Probably ☐ No ☐ Unknown
32. IF FEMALE: ☐ 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)

TN-1659 (Rev. 10/2011) RDA 1399

50791 11

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

MAR 07 2012

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Fortenson, Local Registrar
Davidson County, Tennessee

Date Issued

CERTIFICATION OF VITAL RECORD