THIS INSTRUMENT PREPARED BY LARRY D. CRAIG, ATTORNEY, 305 FOURTEENTH AVENUE NORTH, NASHVILLE, TN 37203

AFFIDAVIT OF HEIRSHIP

THE UNDERSIGNED, upon being first duly sworn, does hereby give the following affidavit:

That MARTIN GREGORY BATES a/k/a M. G. BATES died on the 17th day of August, 2000, leaving as his heirs at law the following: DEBBIE B. MARTIN.

The above named deceased died ____with _x_ without a Last Will and Testament; and, if applicable, the named devisee on the hereinafter described real estate was _____

Death Certificate

(COPY OF ~~WILL~~ ATTACHED.)

That the Estate of the above named deceased has been ____opened ✓ not probated and ____closed. Total value of the estate is less than $600,000.00 _x_ yes ____no.

In the event the Estate has not been probated or closed, THE UNDERSIGNED hereby agrees to hold Closing & Title Services, Inc. harmless from any debts, claims, estate and/or inheritance taxes pertaining to the Estate of the above-named deceased by virtue of its removal of any exception therefor in the issuance of its title policy insuring STEPHEN CAVINESS AND WIFE, STEPHANIE FERGUSON AND SUNSHINE MORTGAGE CORP. on property known and identified as 113 WELSHWOOD COURT, GOODLETTSVILLE, TN 37072, including costs and reasonable attorney's fees incurred by Closing & Title Services, Inc. for any claim, demand, suit or cause of action arising by virtue of any attempted enforcement of any such lien against said property.

Debbie B. Martin
DEBBIE B. MARTIN

RELATIONSHIP TO DECEASED: DAUGHTER

Subscribed and sworn to before me
this 10th day of October, 2000.

NOTARY PUBLIC

My Commission Expires: 4/28/04

BILL GARRETT, Davidson County
Trans:T20130016741 AFFIDAVIT
Recvd: 02/28/13 14:08 2 pgs
Fees:12.00 Taxes:0.00
20130228-0020165

LARRY D. CRAIG NOTARY PUBLIC AT LARGE CHEATHAM COUNTY, TENN.

CTS\HEIR-AFF.WPD

Metropolitan Government of Nashville and Davidson County

Bill Purcell, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

000-4480

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): MARTIN GREGORY BATES
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): AUGUST 17, 2000
4. SOCIAL SECURITY NUMBER: [redacted]-4533
5a. AGE-LAST BIRTHDAY (Years): 70
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): SEPT 24, 1929
7. BIRTHPLACE (City and State or Foreign Country): JENKINS, KENTUCKY
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): NASHVILLE MEMORIAL HOSPITAL
9c. CITY, TOWN, OR LOCATION OF DEATH: MADISON
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): WIDOWED
11. SURVIVING SPOUSE (If wife, give maiden name):
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): PERSONNEL DIRECTOR
12b. KIND OF BUSINESS/INDUSTRY: STATE INDUSTRIES
13a. RESIDENCE-STATE: TN
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: GOODLETTSVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 113 WELSHWOOD COURT
CENSUS TRACT: 3
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37072
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+):

NAME OF DECEDENT, For use by Physician or Medical Examiner

PARENTS

17. FATHER'S NAME (First, Middle, Last): MARTIN VAN BATES
18. MOTHER'S NAME (First, Middle, Maiden Surname): MYRTLE DELORES JOHNSON

INFORMANT

19a. INFORMANT'S NAME (Type/Print): DEBBIE B. MARTIN
19b. RELATIONSHIP TO DECEASED: DAUGHTER
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 109 WELSHWOOD COURT, GOODLETTSVILLE, TN

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): FOREST LAWN MEMORIAL PARK
20c. LOCATION-City or Town, State: GOODLETTSVILLE, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ ROBERT ANDERSON, JR.
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4342
21c. SIGNATURE OF EMBALMER: ▶ KEITH STAPLETON
21d. LICENSE NUMBER OF EMBALMER: 3612
22a. NAME AND ADDRESS OF FUNERAL HOME: ANDERSON & GARRETT, P.O. BX 68, JOELTON, TN 37080
22b. LICENSE NUMBER OF FUNERAL HOME: 193

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Robin W. Rhodes Jr.
24. DATE FILED (Month, Day, Year): August 22 2000

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
1 [X] SIGNATURE AND TITLE OF PHYSICIAN: ▶ Robert D Pilkinton MD
25b. LICENSE NUMBER: MD4550
25c. DATE SIGNED (Month, Day, Year): 8/22/00
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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 (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): ROBERT PILKINTON, M.D., 610 W.DUE WEST AVE., SUITE G-102, MADISON, TN 37115

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. Congested Cardiomyopathy	
	DUE TO (OR AS A CONSEQUENCE OF): b. Bilateral Pleural Effusions	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): c. Hypoxia, Diabetes Mellitis Type II	
	DUE TO (OR AS A CONSEQUENCE OF): d.	

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 2 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] 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 [ ] 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):

BIRTH NO

PH-1659
REV. 2-93

RDA 1299