BILL GARRETT, Davidson County
Trans:T20130057041 AFFIDAVIT
Recvd: 07/03/13 15:28 3 pgs
Fees:17.00 Taxes:0.00
20130703-0069317

AFFIDAVIT OF HEIRSHIP

New Owner	Send Tax Bills To:	Map/par No.
Douglas Arthur Tatum **1111 Spradlin Road** **Dickson, Tennessee 37055**	**same**	**2D 54880**

In Re: a certain tract or parcel of land in Davidson County, Tennessee, described as follows:

Land in Davidson County. Tennessee, being Lot No. 51 on the Plan of Town Park Estates, as of record in Book 3300, pages 64 and 65,. Register's Office for Davidson County, Tennessee.

SAID Lot No. 51 fronts 67 feet on the westerly side of Melvin Jones Drive and extends back 193 feet on the northerly line and 202.53 feet on the southerly line to a dead line in the rear, measuring 60 feet thereon.

BEING the same property conveyed to Charles E. Denney, and wife, Faye G. Denney, be deed from E. A. Wiles and wife, Nellie H. Wiles, of record in Book 3584, page 265, Register's Office for Davidson County, Tennessee.

This conveyance is made subject to the Deed of Trust executed by Harry M. Taylor and wife, Marjorie Dale Taylor, to R. Bruce Robertson, Trustee, of record in Book 3735, page 53, said Register's Office, to secure to The Prudential Insurance Company of America, the payment of one Note dated March 26, 1964, in the original principal amount of $15, 750.00, payable in monthly installments of $87.10 each., including principal and interest at the rate of 5 -1/4% per annum, and the restrictive covenants of record in Book 3400, page 120, Book 3436, page 43, said Register's office

This is improved property known as 323 Melvin Jones Road, Nashville 37207, Davidson County, Tennessee.

Comes now, Douglas Arthur Tatum, and after first being duly sworn according to law, attests and states as follows:

1. Affiant is the Husband of the late Donna C. Tatum.

2. Affiant, Douglas Arthur Tatum and Donna C. Tatum were lawfully married in

Davidson County, Tennessee on the1st day of February, 1964.

3. Donna C. Tatum died on January, 28, 2013 while lawfully married and her date of birth was October 1,1944 and her social security number was #[redacted]238.

4. Affiant, Douglas Arthur Tatum and the late Donna C. Tatum remained lawfully married and continued to own the above real property as husband and Wife and as tenants by the entirety up to the time of the death of Donna C. Tatum.

5. By the laws of intestate succession, and the real property law in Tennessee, the above real property vested in the surviving spouse, Douglas Arthur Tatum at the death of his lawfully wed wife, Donna C. Tatum.

6. All right, title and interests in the real property above described is vested in the surviving spouse, Douglas Arthur Tatum, to the exclusion of every other person.

7. The death certificates of Donna C. Tatum is attached hereto as Exhibit No. 1.

8. **FURTHER AFFIANT SAITH NOT.**

Douglas Arthur Tatum

This Instrument Prepared by:
Dan R. Alexander
Attorney at Law
2016 8th Avenue South
Nashville, Tennessee 37204

State of Tennessee)
County of Davidson)

Personally appeared before me, the undersigned authority, a Notary Public in and for the within named Douglas Arthur Tatum, the bargainor(s) with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at office this 31st day of July 2013.

My Commission Expires: 9-21-2015

STATE OF TENNESSEE NOTARY PUBLIC SUMNER COUNTY

Notary Public

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Donna C. Tatum
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): January 28, 2013
4. TIME OF DEATH (Approx.): 1758
5a. AGE-Last Birthday (Years): 68
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): October 1, 1944
7. BIRTHPLACE (City and State or Foreign Country): Humphreys County, TN.

TYPE/PRINT IN PERMANENT BLACK INK

6a. 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)

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

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

12. SOCIAL SECURITY NUMBER: [redacted]3238
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Dickson
13c. CITY OR TOWN: Dickson
13d. STREET AND NUMBER: 1111 Spradlin Rd.
13e. INSIDE CITY LIMITS: ☐ Yes ☒ No
13f. ZIP CODE: 37055
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

NAME OF DECEDENT (For use 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): Monroe Corlew
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Martha Waggoner

DISPOSITION

20a. INFORMANT'S NAME: Douglas Tatum
20b. RELATIONSHIP TO DECEDENT: Husband
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1111 Spradlin Rd., Dickson, TN. 37055
21a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Music City Crematory Service
21c. LOCATION - City or Town and State: 2411 Kline Ave., Nashville, TN. 37211
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Janelle Durham
22b. LICENSE NUMBER: 5739
22c. SIGNATURE OF EMBALMER: ▶ William Brown
22d. LICENSE NUMBER: 5018
23a. NAME AND ADDRESS OF FUNERAL HOME: Spann Funeral Home & Cremation Services, 1961 Hwy. 48 No., Dickson, Tn. 37055
23b. LICENSE NUMBER OF FUNERAL HOME: 1116

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Yvette Clark, LR
25. DATE FILED (Month, Day, Year): January 30, 2013

CERTIFIER

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.

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

27a. SIGNATURE OF CERTIFIER: ▶ Vank mani md
27b. LICENSE NUMBER: MD 8802
27c. DATE SIGNED (Month, Day, Year): 01/30/2013
27d. NAME AND ADDRESS: VENK MANI, MD 127 Creekview Park Drive, DICKSON, TN 37055

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. Upper gastro intestinal Hemorrhage — 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. Esophageal Varices — Due to (or as a consequence of)
c. Chronic alcoholism. — 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.

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)

PH-1659 (Rev. 10/2011) RDA 1389

COPYRIGHT CAUTION ANTI-FRAUD PROTECTION

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.

5520463

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

Teresa S. Hendricks
STATE REGISTRAR

Yvette Clark
Yvette Clark, Local Registrar
Dickson County

FEB 04 2013
Date Issued

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD