THIS INSTRUMENT PREPARED BY: LARRY D. CRAIG, Attorney at Law, 305 Fourteenth Avenue, North, Nashville, Tennessee 37203

Current Record
Owner: J.L. Fuller and wife, Dorothy Faye Fuller; Book 2810, Page 427, Register's Office for Davidson County, Tennessee
Map: 090-12-0
Parcel: 112.00
Subject Property: 515 Annex Avenue
Nashville, TN 37209

BILL GARRETT, Davidson County
Trans:T20130060354 AFFIDAVIT
Recvd: 07/16/13 09:13 5 pgs
Fees:27.00 Taxes:0.00
20130716-0073261

AFFIDAVIT OF HEIRSHIP

Comes the Affiant, Mary Louise Toy, being first duly sworn according to law, being of lawful age, residing at 513 Annex Avenue, Nashville, Davidson County, Tennessee 37209, pursuant to Section 30-2-712, Tennessee Code Annotated, as amended, hereby giving under oath the following of her own free will as a disinterested person and based upon her personal knowledge and familiarity with the hereafter named individuals and family in excess of fifty-four (54) years, as a family friend and neighbor, to wit:

1. That J.L. Fuller died on November 14, 1972. His wife, Dorothy Faye Fuller, survived the death of J.L. Fuller. Dorothy Faye Fuller never remarried and continued to reside in the family home. Dorothy Faye Fuller died on May 23, 2013.

2. The real property owned by Dorothy Faye Fuller, deceased, was 515 Annex Avenue, Nashville, Davidson County, Tennessee 37209. There were six (6) children born to J.L. Fuller and Dorothy Faye Fuller, namely: Sandra Faye Fuller Mabry, Ronald Watson Fuller, Donna Kaye Fuller Lehnhardt, Judith Yvonne Fuller, Michael Lynn Fuller and David Glenn Fuller. The said Michael Lynn Fuller died on December 1, 2005, at the age of forty-seven (47) years, and he never married and had no children born to him. He was survived by his mother and the other brothers and sisters named.

3. This affidavit of statement of facts is being made to ascertain the heirs at law of the decedents named herein and for registration in the Register of Deeds Office for Davidson County, Tennessee pursuant to the aforestated statute.

4. Copies of the death certificates reviewed by me are attached.

FURTHER, Affiant saith not.

WITNESS my hand this 12th day of July, 2013.

Mary Louise Toy

MARY LOUISE TOY

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, a Notary Public in and for said County and State, the within named Mary Louise Toy, with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence) and who acknowledged that she executed the within instrument for the purpose therein contained.

Witness my hand and official seal at Nashville, Tennessee, this 12th day of July, 2013.

NOTARY PUBLIC

My Commission Expires: 10-28-2015

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

WINFIELD DUNN
GOVERNOR

Eugene W Fowinkle, M.D., M.P.H.
Commissioner

STATE OF TENNESSEE
DEPARTMENT OF PUBLIC HEALTH
NASHVILLE 37219

83-41

OMES A LEGAL
WHEN PROPERLY
AND FILED.

250

PRINT IN PERMA-
OR BLACK INK.

72220

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH — FILE NO.
DIVISION OF VITAL STATISTICS

BIRTH NO.

DECEASED — NAME: 1. FIRST J. MIDDLE L. LAST FULLER

DATE OF DEATH (MONTH, DAY, YEAR): 2. NOV. 14, 1972

RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)): 3. WHITE

SEX: 4. MALE

AGE — LAST BIRTHDAY (YEARS): 5a. 50

UNDER 1 YEAR: MOS. 5b. DAYS

UNDER 1 DAY: HOURS 5c. MIN.

DATE OF BIRTH (MONTH, DAY, YEAR): 6. JAN. 14, 1922

COUNTY OF DEATH: 7a. DAVIDSON

CITY, TOWN, OR LOCATION OF DEATH: 7b. NASHVILLE

INSIDE CITY LIMITS (SPECIFY YES OR NO): 7c. YES

HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): 7d. PARKVIEW

PERSONAL AND STATISTICAL PARTICULARS

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): 8. TENNESSEE

CITIZEN OF WHAT COUNTRY: 9. USA

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): 10. MARRIED

SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): 11. DOROTHY HICKS

SOCIAL SECURITY NUMBER: 12a. [redacted]9340

SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE): 12b. WWII

USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): 13a. QUENCH OPERATOR

KIND OF BUSINESS OR INDUSTRY: 13b. FORD MOTOR GLASS PLANT

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

RESIDENCE — STATE: 14a. TENNESSEE

COUNTY: 14b. DAVIDSON

CITY, TOWN, OR LOCATION: 14c. NASHVILLE

INSIDE CITY LIMITS (SPECIFY YES OR NO): 14d. YES

STREET AND NUMBER: 14e. 515 ANNEX AVENUE

PARENTS AND INFORMANT

FATHER — NAME: 15. ROBERT FULLER

MOTHER — MAIDEN NAME: MAUDIE NICHOLS

INFORMANT — NAME: RONALD FULLER MAILING ADDRESS: NASHVILLE, TN.

PHYSICIAN'S CERTIFICATE OF CAUSE OF DEATH

18. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

IMMEDIATE CAUSE (a): Carcinoma of Lung — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 months

DUE TO, OR AS A CONSEQUENCE OF:

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST — (b)

DUE TO, OR AS A CONSEQUENCE OF:

(c)

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

AUTOPSY (YES OR NO): 19a. No

IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH: 19b.

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY): 20a.

DATE OF INJURY (MONTH, DAY, YEAR): 20b.

HOUR: 20c. M.

HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM (c)): 20d.

INJURY AT WORK (SPECIFY YES OR NO): 20e.

PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY): 20f.

LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE): 20g.

PHYSICIAN — CERTIFICATION

I ATTENDED THE DECEASED AND DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.

SIGNATURE: R. M. Roy — DEGREE: MD — DATE SIGNED (MONTH, DAY, YEAR): 21b. 11-29-72

21a.

MEDICAL EXAMINER — CERTIFICATION

ON THE BASIS OF THIS EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.

SIGNATURE — TITLE — DATE SIGNED (MONTH, DAY, YEAR): 22b.

22a.

CERTIFIER — NAME (TYPE OR PRINT): 23a. DR. ROBERT M. ROY

MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 23b. 1801 CHURCH ST. NASHVILLE, TENNESSEE 37203

BURIAL, CREMATION, REMOVAL (SPECIFY): 24a. BURIAL

DATE (MONTH, DAY, YEAR): 24b. 11-16-72

CEMETERY OR CREMATORY — NAME: 24c. ANTIOCH

LOCATION (CITY OR TOWN, STATE): 24d. HENDERSON CO., TENNESSEE

FUNERAL HOME — NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 25. REED'S CHAPEL W. CHURCH ST. LEXINGTON, TN.

REGISTRAR — SIGNATURE: 26a. Esther D. Gresh — DATE RECEIVED BY LOCAL REGISTRAR: 26b. 12-6-72

I hereby certify the above to be a true and correct copy of the original record on file in this Department. Valid Only when embossed seal of the Tennessee Department of Public Health and multi-color seal of State Registrar are affixed.

DEC -8 1972

Eugene W. Fowinkle
Commissioner

STATE OF TENNESSEE
Office of Vital Records

1336351

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Dorothy Faye Fuller
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): May 23, 2013
4. TIME OF DEATH (Approx.): 7:32 PM
5a. AGE-Last Birthday (Years): 90
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): August 3, 1922
7. BIRTHPLACE (City and State or Foreign Country): Gibson County, Tennessee

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): 515 Annex Avenue
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (Print, if by Physician or Medical Examiner)

9. MARITAL STATUS: ☒ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: Homemaker
11b. KIND OF BUSINESS/INDUSTRY: Domestic
12. SOCIAL SECURITY NUMBER: [redacted]0914
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 515 Annex Avenue
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37209
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ 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
☐ 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): Claude Hicks
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Eula Cooper

INFORMANT

20a. INFORMANT'S NAME: David G. Fuller
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 515 Annex Avenue, Nashville, TN 37209

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Antioch Cemetery
21c. LOCATION - City or Town and State: Lexington, TN

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Michael Illobre
22b. LICENSE NUMBER: 5352
22c. SIGNATURE OF EMBALMER: ▶ Illobre, Michael
22d. LICENSE NUMBER: 5353

23a. NAME AND ADDRESS OF FUNERAL HOME: West Harpeth Funeral Home, 6962 Charlotte Pike, Nashville, TN 37209
23b. LICENSE NUMBER OF FUNERAL HOME: 1016

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Larry B Kelly for DR
25. DATE FILED (Month, Day, Year): May 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: ▶ John Shuster
27b. LICENSE NUMBER: 45996
27c. DATE SIGNED (Month, Day, Year): MAY 30, 2013
27d. NAME AND ADDRESS: J. SHUSTER MD, 1718 Patterson Street, Nashville, TN 37203

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.

		Approximate Interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. BREAST CANCER	UNKNOWN
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	Due to (or as a consequence of): 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: LYMPHOMA, DIABETES

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): N/A
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-1859 (Rev. 9/2011) 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 Department of Health. Alteration or erasure voids this certification.

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

5801582

Teresa S. Hendricks
STATE REGISTRAR

Issued by the State of Tennessee

MAY 30 2013
Date Issued

CERTIFICATION OF VITAL RECORD

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METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0506624

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): Michael Lynn Fuller
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): December 1, 2005
4. SOCIAL SECURITY NUMBER: [redacted]4356
5a. AGE-LAST BIRTHDAY (years): 47
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Min.
6. DATE OF BIRTH (Month, Day, Year): Mar. 17, 1958
7. BIRTHPLACE (City and State or Foreign Country): Madison, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 515 Annex Avenue
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Never Married
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): Mechanic
12b. KIND OF BUSINESS/INDUSTRY: Self Employed
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 515 Annex Avenue
Census Tract:
13e. INSIDE CITY LIMITS? [X] Yes [ ] No
13f. ZIP CODE: 37209
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): 10; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): J.L. Fuller
18. MOTHER'S NAME (First, Middle, Maiden Surname): Dorothy Hicks

INFORMANT

18a. INFORMANT'S NAME (Type/Print): Ronald Fuller
18b. RELATIONSHIP TO DECEDENT: Brother
18c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1015 Townley Drive Madison, TN 37115

DISPOSITION

19a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [X] Cremation 3 [ ] Removal from State 4 [X] Donation 5 [ ] Other (Specify)
20a. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): West Harpeth Crematory
20b. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Michael P Qualls
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5352
21c. SIGNATURE OF EMBALMER: No Embalming
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: WEST HARPETH FUNERAL HOME & CREMATORY 6962 Charlotte Pike Nashville, TN 37209
22b. LICENSE NUMBER OF FUNERAL HOME: 1016

REGISTRAR

23. REGISTRAR'S SIGNATURE: [signature]
24. DATE FILED (Month, Day, Year): December 2, 2005

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.
[ ] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER:
25c. DATE SIGNED (Month, Day, Year):

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.
[X] SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER: 29160
26c. DATE SIGNED (Month, Day, Year): 12/02/2005

PHYSICIAN OR MEDICAL EXAMINER CERTIFYING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Bruce P. Levy, M.D.; 850 R.S. Gass Blvd., Nashville, TN 37216; MEC05-3727

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
a. IMMEDIATE CAUSE (Final disease or condition resulting in death) →	Atherosclerotic and hypertensive cardiovascular disease	
	DUE TO (OR AS A CONSEQUENCE OF):	
b. 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.	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? [ ] 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. HOUR OF INJURY:
31c. INJURY AT WORK? [ ] Yes [ ] 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. 6/99) RDA 1309

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

DEC 02 2005
Date Issued

CERTIFICATION OF VITAL RECORD