Prepared by:
Janice J. Witmer
642 Mortons Lake Rd,
Manchester, Tn.
37355

BILL GARRETT, Davidson County
Trans:T20130065841 AFFIDAVIT
Recvd: 08/01/13 12:30 3 pgs
Fees:17.00 Taxes:0.00
20130801-0080232

AFFIDAVIT OF HEIRSHIP

As to Dorothy Louise Hunt
(Name of Deceased)

Do not complete this form if the decedent left a will that was probated in court or if there has been a court administration of decedent's estate.

I, Janice Jean Witmer (affiant) being of lawful age, being first duly sworn, upon oath deposes and says:

That I was personally well acquainted with the above named decedent, during his/her lifetime, having known him (or her) for 63 years,

and that affiant bears the following relationship to said decedent, to-wit: mother

1. **Decedent died on:** 07/27/2012 .

Decedent's place of death: Nashville (CITY) Tn (STATE) Davidson (COUNTY)

At the time of decedent's death, decedent's residence was: Nashville (CITY) Tn (STATE) Davidson (COUNTY)

2. **Provide the following information for the decedent's marital history:**
(If never married, please state that below.)

NAME OF SPOUSE	DATE OF MARRIAGE	DATE OF DIVORCE	DATE OF SPOUSE'S DEATH
Charles Robert Hunt	02/20/1950		11/28/2002

3. **Did Decedent leave a will? Yes / No**
If yes, was Decedent's will probated? Yes / No
If yes, what County & State _____

4. **Provide the following information for the deceased's natural born and adopted children:**
(If there are none, please state "none" below. If additional space is needed, please provide information as an attachment.

NAME OF CHILD/ CURRENT ADDRESS	DATE OF BIRTH	NAME OF CHILD'S OTHER PARENT	DATE OF CHILD'S DEATH
Name of Child: Janice Jean Witmer *Address:* 642 Mortons Lake Rd.,Manchester,Tn. 37355	05/18/1950	Charles R. Hunt	NA
Name of Child: Cheryl Elaine Cooper *Address:* 3094 Old Sams Creek R.d.,Pegram, Tn.	11/29/1953		NA
Name of Child: *Address:*			
Name of Child: *Address:*			
Name of Child:			

AFFIDAVIT OF HEIRSHIP

CORROBORATING AFFIDAVIT

STATE OF Tn. §

COUNTY OF Davidson §

Janice J. Witmer, of lawful age, being first duly sworn, upon his oath states: That the information given in the above and foregoing affidavit is true, and accurate, to the personal knowledge of this affiant.

Janice J. Witmer

Signature of Corroborating Affiant

SUBSCRIBED AND SWORN to before me on this the 1st day of August, 2013.

(Notary Seal)

DIANA E. FELLER
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

Notary Public

My commission expires: March 3, 2014

NOTE: This form may be signed by a member of the family, as long as they are not an heir to the deceased, but the Corroborating Affidavit MUST be signed by a person that is not a member of the family.

This form must be notarized and recorded in county/parish records where lands are located and a recorded copy furnished to the company so requesting it.

STATE OF TENNESSEE
Office of Vital Records

130462

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Dorothy Louise Hunt
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): Jul 27, 2013
4. TIME OF DEATH (Approx.):
5a. AGE-Last Birthday (Years): 92
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): October 12, 1920
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN

TYPE/PRINT IN PERMANENT BLACK INK

6a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: [X] 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): St. Thomas Midtown
6c. CITY OR TOWN: Nashville
6d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: [ ] Married [ ] Married, but separated [ ] Widowed [X] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage):
11a. DECEDENT'S USUAL OCCUPATION: House Wife
11b. KIND OF BUSINESS/INDUSTRY: Her Own Home

12. SOCIAL SECURITY NUMBER: [redacted]-7829
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TN
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville

13d. STREET AND NUMBER: 3116 Kinross Ave
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37211
14. WAS DECEDENT EVER IN US ARMED FORCES? [ ] Yes [X] 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
[X] 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)
[X] 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)
[X] 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): Alton Potts
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Cornelia Louise

DISPOSITION

20a. INFORMANT'S NAME: Janice Witmer
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 642 Martons Lake Rd Manchester, TN 37355

21a. METHOD OF DISPOSITION: [ ] Donation [ ] Entombment [ ] Burial [X] Cremation [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Nashville Funeral and Cremation
21c. LOCATION (City or Town and State): Nashville, TN

22a. SIGNATURE OF FUNERAL DIRECTOR
22b. LICENSE NUMBER: 5939
22c. SIGNATURE OF EMBALMER
22d. LICENSE NUMBER

23a. NAME AND ADDRESS OF FUNERAL HOME: Nashville Funeral and Cremation Service 210 McMillan St. Nashville, TN 37203
23b. LICENSE NUMBER OF FUNERAL HOME: 1136

REGISTRAR

24. REGISTRAR'S SIGNATURE: Ramy B Kelly, Jr RR
25. DATE FILED (Month, Day, Year): July 30, 2013

CERTIFIER

26. CERTIFIER (Check only one):
[X] 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: Bryan Mo
27b. LICENSE NUMBER: TN 36819
27c. DATE SIGNED (Month, Day, Year): 07/30/13
27d. NAME AND ADDRESS: Bryan Mazzoni 2010 Church Suite 310 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.	Sepsis	
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.	UTI	
Due to (or as a consequence of):		
c.	Dementia	
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:

29a. WAS AN AUTOPSY PERFORMED? [ ] Yes [X] No
29b. WERE AUTOPSY FINDING AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [X] No

30. MANNER OF DEATH: [X] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [ ] No [X] Unknown
32. IF FEMALE: [X] 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 1399

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

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

6155660

Date Issued: JUL 30 2013

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD