BILL GARRETT, Davidson County
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20131021-0109747

Record and Return Mail To:
This Instrument Prepared By:
RUSS COOK AND ASSOCIATES, P.C.
Attorneys at Law
5141 Virginia Way, Suite 220
Brentwood, Tennessee 37027
(615) 370-2444

GRANTEE(S): Louise A. Beard

SEND TAX NOTICES TO: 9021 Highway 100
Nashville, Tennessee 37221

MAP PARCEL NUMBER: Map 168, Parcel 76

AFFIDAVIT OF HEIRSHIP

Tenn. Code Ann. § 30-2-712

STATE OF TENNESSEE)
COUNTY OF WILLIAMSON)

The undersigned, Charles Macy Beard, being duly sworn, deposes and states that:

1. I am the nominated Personal Representative of Louise A. Beard, Deceased, and her surviving spouse.

2. I have personal knowledge of the matters stated in this Affidavit.

3. Louise A. Beard passed away on June 4, 2013. A certified copy of her death certificate is attached as Exhibit A.

4. At the time of her death, Louise A. Beard resided with me at 9021 Highway 100, Nashville, Tennessee 37221.

5. The Real Property (Property) to which this Affidavit applies is located at 9027 Highway 100, Nashville in Davidson County, Tennessee, more fully described as:

BEGINNING at a stake in what was formerly the Old Nashville and Centerville Road, now state Highway No. 100 and in the north boundary line of a tract of 52 1/2 acres purchased by Dr. J. N. Smith from Ed L. Smith thence with said Dr. J. N. Smith line S. 17 deg E. 66 poles to a stake on ridge with a large sugar tree pointer standing 5 ft. S. E. of the corner, thencewith his line S. 82 deg. W. 6 2/5 poles to a stake in west boundary line of 52 1/2 acre tract with 2 small hickory and elm pointers and in what was formerly Ed Smith's line later Z. E. Hunts line at present said Ed Smith line thence with his line N. 14 deg. W. 6 1/3 poles to a beech on ridge thence with his line N. 32 deg. W. 39 poles to a stake near a cedar his corner in south boundary of graveyard for colored people thence with their line N. 80 deg. E. 10 poles to a stone their corner thence with their line N. 12 deg W. 6 poles and 16 links to a stone their corner thence with their line S. 80 deg. W. 11 2/5 poles to a stake their corner at their private road, thence with E. edge of said road & line N. 12 deg. W. 14 poles to a stake in state highway their corner thence along said highway N. 75 deg. E. 15 2/10 poles to the beginning containing 4 3/5 acres more or less north west corner of 52 1/2 acre tract sold to Dr. J. N. Smith by Ed L. Smith by deed of record in Deed Book No. 444, Page 154, R.O.D.C.

DESCRIPTION FROM PRIOR DEED

For prior title, see Book 8335, Page 886 in the Register's Office of Davidson County, Tennessee.

6. On April 23, 1991, Agnes Vernon Austin, quitclaimed the Property to her three children, Louise A. Beard, Lucille A. Jenkins, and Homer M. Austin, equally as Tenants in Common, reserving a life estate to herself. This transfer is of record in Book 8335, Page 886, Register of Deeds, Davidson County, Tennessee.

7. Agnes Vernon Austin died on October 1, 1997, which extinguished her life estate in the Property. A certified copy of her Death Certificate is attached as Exhibit B.

8. On July 20, 2003, Homer M. Austin died in Davidson County, Tennessee, intestate and without issue. A certified copy of his Death Certificate is attached as Exhibit C.

9. At the death of Homer M. Austin, his one-third (1/3) interest in the Property vested equally to Louise A. Beard and Lucille A. Jenkins, pursuant to Tenn. Code Ann. §§ 31-2-103, 104.

10. The estate of the Homer M. Austin was not administered in a proceeding supervised by a court.

Dated: 10-4-13

Charles Macy Beard

Charles Macy Beard,
Nominated Personal Representative of
Louise A. Beard, Deceased and Surviving Spouse

Sworn to and subscribed before me this 4th day of October, 2013.

Notary Public

My Commission Expires: 7-1-17

JULIE F. TRAVIS
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

STATE OF TENNESSEE
Office of Vital Records

EXHIBIT A

1303518

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Louise Austin Beard
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): June 4, 2013
4. TIME OF DEATH (Approx.): 9:00 am
5a. AGE-Last Birthday (Years): 83
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): December 11, 1929
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN

TYPEWRITE OR PERMANENT BLACK INK

8a. 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)

8b. FACILITY NAME (If not institution, give street and number): Baptist Hospital
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: [X] Married [ ] Married, but separated [ ] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Charles M. Beard
11a. DECEDENT'S USUAL OCCUPATION: Bookkeeper
11b. KIND OF BUSINESS/INDUSTRY: Waller Buick

12. SOCIAL SECURITY NUMBER: [redacted]-0126
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 9021 Highway 100
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37221
14. WAS DECEDENT EVER IN U.S. ARMED FORCES? [ ] Yes [X] No

NAME OF DECEDENT, if not by Physician (Type/Print)

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
[X] 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): Thurman H. Austin
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Agnes Vernon Goodgine

INFORMANT

20a. INFORMANT'S NAME: Charles M. Beard
20b. RELATIONSHIP TO DECEDENT: Spouse
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 9021 Hwy 100, Nashville, TN 37221

DISPOSITION

21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Harpeth Hills Memory Gardens
21c. LOCATION - City or Town and State: Nashville, TN 37221

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Sarah Holman
22b. LICENSE NUMBER: 5884
22c. SIGNATURE OF EMBALMER: ▶ Serah Holman
22d. LICENSE NUMBER: 5885

23a. NAME AND ADDRESS OF FUNERAL HOME: Harpeth Hills Funeral Home 9090 Highway 100, Nashville, Tennessee 37221
23b. LICENSE NUMBER OF FUNERAL HOME: 849

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Catherine B Keely Jr OR
25. DATE FILED (Month, Day, Year): June 6, 2013

CERTIFIER

26. CERTIFIER (Check only one):
26a. [X] 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: ▶ Richard W Gorman
27b. LICENSE NUMBER: MD01340
27c. DATE SIGNED (Month, Day, Year): 6/6/13
27d. NAME AND ADDRESS: Richard Gorman 300 20th Ave North Nashville, Tenn 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Sepsis related to recurrent pneumonia — Approximate interval: Onset to death
Due to (or as a consequence of)
b. 3rd Recurrent Clostridium difficile colitis
Due to (or as a consequence of)
c.
Due to (or as a consequence of)
d.

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

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
CLL Hx of breast unknown primary tumor

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 [X] 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. 9/2011) RDA 1398

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6162284

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

6162284

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued: 10/2/2013

CERTIFICATION OF VITAL RECORD

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STATE OF TENNESSEE
Office of Vital Records

EXHIBIT B

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 97 039248

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Agnes Vernon Austin
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): October 1, 1997
4. SOCIAL SECURITY NUMBER: [redacted]-7078
5a. AGE-LAST BIRTHDAY (Years): 101
5b. UNDER 1 YEAR (Months / Days): 5c. UNDER 1 DAY (Hours / Min):
6. DATE OF BIRTH (Month, Day, Year): June 1, 1896
7. BIRTHPLACE (City and State or Foreign Country): Williamson County TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [X] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Cheatham County Nursing Home 990
9c. CITY, TOWN, OR LOCATION OF DEATH: Ashland City 112
9d. COUNTY OF DEATH: Cheatham 11
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): Homemaker
12b. KIND OF BUSINESS/INDUSTRY: Domestic
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 9027 Highway 100
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37221
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+):
17. FATHER'S NAME (First, Middle, Last): Marion Goodgine
18. MOTHER'S NAME (First, Middle, Maiden Surname): Izora Burns

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Louise A. Beard
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 9027 Highway 100 Nashville, TN 37221

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): Harpeth Hills Memory Gardens
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Leslie McGee
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4680
21c. SIGNATURE OF EMBALMER: Thomas H. North
21d. LICENSE NUMBER OF EMBALMER: 4636
22a. NAME AND ADDRESS OF FUNERAL HOME: Harpeth Hills Funeral Home, 9090 Highway 100, Nashville, TN 37221
22b. LICENSE NUMBER OF FUNERAL HOME: 849

REGISTRAR

23. REGISTRAR'S SIGNATURE: Martha West
24. DATE FILED (Month, Day, Year): October 6, 1997

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:
25b. LICENSE NUMBER: 5832
25c. DATE SIGNED (Month, Day, Year): 10-02-97
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): Dr. James Baldwin, Ashland City, TN

CAUSE OF DEATH

29. 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. A.S.H.D AND Unspecified Pneumonia
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: 4140
b.
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

Approximate Interval Between Onset and 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? 1 [ ] Yes 2 [X] 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 1997

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6127107

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

6127107

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued Jul-24-2013

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

EXHIBIT C

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

0304316

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Homer Milton Austin
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): 07/30/2003
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-7480
5a. AGE-LAST BIRTHDAY (Years): 80
5b. UNDER 1 YEAR: MONTH / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Sept. 19, 1922
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 502 Russell Street
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
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.): Metro
12b. KIND OF BUSINESS/INDUSTRY: Public Works City Government
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 502 Russell St.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37206
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No. Specify, if yes:
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: Austin, Homer Milton (For use by physician or medical examiner)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Thurman Austin
18. MOTHER'S NAME (First, Middle, Maiden Surname): Agnes Goodgine

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Louise Beard
19b. RELATIONSHIP TO DECEASED: Sister
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 9021 Highway 100 Nashville, TN 37221

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): Harpeth Hills Memory Gardens
20c. LOCATION (City or Town, State): Nashville, TN 37221
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Denny Shepard
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4995
21c. SIGNATURE OF EMBALMER: ▶ Heather Heggie
21d. LICENSE NUMBER OF EMBALMER: 5056
22a. NAME AND ADDRESS OF FUNERAL HOME: Harpeth Hills Funeral Home 9090 Highway 100, Nashville, TN 37221
22b. LICENSE NUMBER OF FUNERAL HOME: 849

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Robert W. Rhodes Jr
24. DATE FILED (Month, Day, Year): August 05, 2003

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.
1 [ ] 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.
2 [X] SIGNATURE AND TITLE OF MEDICAL EXAMINER ▶ Amy R. McMaster, M.D.
26b. LICENSE NUMBER: 31292
26c. DATE SIGNED (Month, Day, Year): 07/31/2003

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): Amy R. McMaster, M.D.; 850 R.S. Gass Blvd., Nashville, TN 37216; MEC03-2141

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.

SEE INSTRUCTIONS ON OTHER SIDE

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Atherosclerotic cardiovascular disease	
	DUE TO (OR AS A CONSEQUENCE OF):	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	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.

29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] 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)

PH-1659 (REV. 6/99)
BIRTH NO.
RDA 1399

6155073

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

7/23/2015 6155073
Date Issued

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

CERTIFICATION OF VITAL RECORD