Prepared by
Wendi Johnson
536 Windy Rd
Mt. Juliet, TN 37122

BILL GARRETT, Davidson County
Trans: T20130091247 AFFIDAVITH
Recvd: 10/24/13 09:33 2 pgs
Fees: 12.00 Taxes: 0.00
20131024-0110705

AFFIDAVIT OF HEIRSHIP

State of TN

County of: Davidson

Affidavit as to the heirs of: Nancy Belle Foley

On this 23rd day of October, 2013 before me personally appeared Wendi Johnson (Affiant), to me personally known and duly sworn on oath did say that Affiant is familiar with the family history of Nancy Belle Foley (deceased) that the said Nancy Belle Foley (deceased) died on or about Dec. 14, 2012 and who was the owner of the following property: 215 Wilowen Dr. * 20040528-0063267 and more particularly described in ~~Book 2663 Page 114 + 115~~ * (Deed Book/Instrument) in the Register's Office of Davidson, County, TN, and that the place of residence and homestead at the time of his/her death was 215 Wilowen Dr.

And Affiant further states the said deceased left surviving the following persons, as heirs otherwise interested in the estate:

NAME	Relationship
Wendi Johnson	daughter

And Affiant further states that said descendants left no other children or adopted children, or descendants of descendants of deceased children or adopted children. Affiant also states that all of the above parties are over the age of eighteen years,

except _____

The said deceased had no will. The debts against said estate have been paid.

Shannon Eggleston — Wendi Johnson

WITNESS — Affiant

On this 23 day of October 2013 before me the undersigned notary, personally appeared Wendi Johnson (Affiant) to me known to be the person described in and who executed the foregoing instrument and acknowledged that he/she executed same as his/her free act and deed.

Witness my hand and seal the day and year first above written.

JEANETTE J. GLEAVES NOTARY PUBLIC MY COMM. EXPIRES: May 03, 2016 DAVIDSON COUNTY

Jeanette J. Gleaves
Notary Public

My Commission Expires: May 03 2016

Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): NANCY BELLE FOLEY
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): December 14, 2012
4. TIME OF DEATH (Approx.):
5a. AGE-Last Birthday (Years): 67
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): July 27, 1945
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee

TYPEPRINT in 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): University Medical Center
8c. CITY OR TOWN: Lebanon
8d. COUNTY OF DEATH: Wilson

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: Lead Agent
11b. KIND OF BUSINESS/INDUSTRY: American Airlines

12. SOCIAL SECURITY NUMBER: [redacted]3886
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 215 Wilowen Drive
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37210
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
[ ] 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): Frank Foley
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Reba Jenkins

20a. INFORMANT'S NAME: Wendi Johnson
20b. RELATIONSHIP TO DECEDENT: daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 536 Wind Road, Mt. Juliet, TN 37122

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): Calvary Cemetery
21c. LOCATION - City or Town and State: Nashville, Tennessee

22a. SIGNATURE OF FUNERAL DIRECTOR: ▷ Judd Sellars
22b. LICENSE NUMBER: 5266
22c. SIGNATURE OF EMBALMER: ▷ Judd Sellars
22d. LICENSE NUMBER: 5267

23a. NAME AND ADDRESS OF FUNERAL HOME: Sellars Funeral Home at Mt. Juliet, 2250 N. Mt. Juliet Road, Mt. Juliet, TN 37122
23b. LICENSE NUMBER OF FUNERAL HOME: 382

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▷ Brenda Ward, D.R.
25. DATE FILED (Month, Day, Year): December 21, 2012

CERTIFIER

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

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.

27a. SIGNATURE OF CERTIFIER: ▷ [signature]
27b. LICENSE NUMBER: 47602
27c. DATE SIGNED (Month, Day, Year): 12/21/12
27d. NAME AND ADDRESS: Dr. Mohan Gounder, East Health Hospitalist, 1411 Baddour Pkwy, Lebanon, Tn 37087

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. Encephalopathy Hepatic — 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. End Stage Liver Disease — Due to (or as a consequence of):
c. Hepatitis C — Due to (or as a consequence of):
d. —

Approximate Interval: Onset to death
a. Months
b.
c.
d.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
Hypertension

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

30. MANNER OF DEATH: [ ] Natural [ ] Homicide [X] 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. 10/2011) RDA 1399

5157450

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.

Teresa S. Hendricks, STATE REGISTRAR

Brenda Ward, Deputy Registrar, Wilson County Health Department

Dec 21, 2012
Date Issued

CERTIFICATION OF VITAL RECORD