BILL GARRETT, Davidson County
Trans:T20130093188 AFFIDAVIT
Recvd: 10/31/13 10:15 3 pgs
Fees:17.00 Taxes:0.00
20131031-0113014

AFFIDAVIT AS TO DEATH

STATE OF **Tennessee**
COUNTY OF **Davidson**

ON THIS **10/8/2013**, BEFORE ME PERSONALLY APPEARED Robert E. Lancashire TO ME KNOWN WHO BEING BY ME DULY SWORN ON OATH DID SAY THAT IS THE OWNER OF THE FOLLOWING PROPERTY:

BEGINNING AT AN IRON PIN IN THE NORTH RIGHT-OF-WAY AT CHARLOTTE PIKE (U.S. HIGHWAY 70) SAID POINT BEING THE SOUTHEAST CORNER OF THE CARL E. BECKER PROPERTY AND THE SOUTHWEST CORNER OF THE FANNIE E. BECKER PROPERTY; THENCE WITH SAID RIGHT-OF-WAY SOUTH 67 DEG 22 MIN 32 SEC WEST 24.52 FEET TO AN IRON PIN; THENCE WITH SAID RIGHT-OF-WAY SOUTH 62 DEG 13 MIN 16 SEC WEST 98.45 FEET TO AN IRON PIN; BEING THE SOUTHEAST CORNER OF THE RAYBURN PROPERTY; THENCE WITH THE RAYBURN EAST LINE NORTH 11 DEG 33 MIN 07 SEC WEST 1,121.54 FEET TO AN IRON PIN; THENCE WITH RAYBURN'S LINE NORTH 80 DEG 48 MIN 31 SEC WEST 278.49 FEET TO AN IRON PIN; THENCE NORTH 4 DEG 28 MIN 22 SEC EAST 367.8 FEET TO AN IRON PIN; THENCE NORTH 48 DEG 45 MIN 36 SEC EAST 171.65 FEET TO AN IRON PIN; THENCE NORTH 64 DEG 51 MIN 09 SEC EAST 146.85 FEET TO AN IRON PIN; THENCE NORTH 69 DEG 20 MIN 41 SEC EAST 62.72 FEET TO AN IRON PIN; BEING THE NORTHWEST CORNER OF FANNIE E. BECKER PROPERTY; THENCE WITH THE COMMON LINE SOUTH 18 DEG 17 MIN 53 SEC EAST 674.39 FEET TO AN IRON PIN; THENCE SOUTH 02 DEG 43 MIN 25 SEC EAST 1,013.20 FEET TO THE POINT OF BEGINNING. SAID TRACT OF LAND CONTAINING 10.237 ACRES MORE OR LESS.

BEING THE SAME PREMISES AS CONVEYED IN DEED FROM CARL E. BECKER RECORDED 08/04/1992 IN DOCUMENT NUMBER 33665, BOOK 8692, PAGE 468 IN SAID COUNTY AND STATE.

COMMONLY KNOWN AS: 7872 A CHARLOTTE PIKE, NASHVILLE, TENNESSEE 37209

AND THAT SAID PROPERTY WAS FORMERLY OWNED BY : **Robert E. Lancashire and Wife, Karen Jo Lancashire** AND THAT SAID Karen Jo Lancashire DIED ON THE 29th **DAY OF** November, **2012 .**

THAT THE ESTATE OF DECEASED WAS LESS THAN $600,000.00 AND HENCE WAS NOT SUBJECT TO FEDERAL INHERITANCE TAX.

Robert E. Lancashire

SUBSCRIBED AND SWORN TO BEFORE ME THE 8th DAY OF October, 2013.

My Term Expires: 9/28/2016

NOTARY PUBLIC

CAROL B. CHRISTIAN
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

Prepared by April Bonner, 3850 Priority Way, South Drive, Indianapolis, IN 46240

STATE OF TENNESSEE
Office of Vital Records

12 17732

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Karen J. Lancashire
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): November 29, 2012
4. TIME OF DEATH (Actual): 0:46 am
5a. AGE-Last Birthday (Years): 51
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): June 26, 1961
7. BIRTHPLACE (City and State or Foreign Country)

TYPE/PRINT 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): St. Thomas 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): Robert Lancashire
11a. DECEDENT'S USUAL OCCUPATION: Homemaker
11b. KIND OF BUSINESS/INDUSTRY: Domestic

12a. SOCIAL SECURITY NUMBER: [redacted]-7119
12a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
12b. COUNTY: Davidson
12c. CITY OR TOWN: Nashville
12d. STREET AND NUMBER: 7872-A Charlotte Pike
12e. INSIDE CITY LIMITS? [X] Yes [ ] No
12f. ZIP CODE: 37221
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, LLD, 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
[X] 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): Arthur Eugene Onken
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Jule Ann Lane

DISPOSITION

20a. INFORMANT'S NAME: Robert Lancashire
20b. RELATIONSHIP TO DECEDENT: Husband
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 7872-A Charlotte Pike Nashville, TN 37221
21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Roseland Cemetery
21c. LOCATION - City or Town and State: Francesville, Indiana
22a. SIGNATURE OF FUNERAL DIRECTOR: Timothy Plunk
22b. LICENSE NUMBER: 4408
22c. SIGNATURE OF EMBALMER: Bernard L. Sharum
22d. LICENSE NUMBER: 4242
23a. NAME AND ADDRESS OF FUNERAL HOME: Plunk Funeral Home, 160 Forrest Ave. So., Camden, TN 38320
23b. LICENSE NUMBER OF FUNERAL HOME: 1214

REGISTRAR

24. REGISTRAR'S SIGNATURE: Claudia Curtis RR
25. DATE FILED (Month, Day, Year): Dec 28, 2012

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
27b. LICENSE NUMBER: TN 18[illegible]
27c. DATE SIGNED (Month, Day, Year): 12/27/12
27d. NAME AND ADDRESS: [illegible] Hanson 4220 Hardy Rd 37205

MEDICAL CERTIFICATION

29. 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. Cardiac arrest — [illegible]
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. Cachexia [illegible] — [illegible] days
Due to (or as a consequence of): c. Sepsis [illegible] — [illegible] hours
Due to (or as a consequence of): d. Valvular [illegible] — [illegible]

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: [X] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [X] No [ ] Unknown
37. 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-1658 (Rev. 10/2011) RDA 1389

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

6164505

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

6164505
Date Issued: 8/19/2013

CERTIFICATION OF VITAL RECORD