BILL GARRETT, Davidson County
Trans:T20130100764 AFFIDAVITH
Recvd: 12/02/13 08:45 9 pgs
Fees:47.00 Taxes:0.00
20131202-0122140

STATE OF TENNESSEE)
)
COUNTY OF WILLIAMSON)

AFFIDAVIT OF HEIRSHIP

1. My name is Dorothy Elaine Nickens. I am an adult resident of Williamson County, Tennessee and I am competent to give the testimony in this sworn Affidavit.

2. I am the daughter of Mamie Lou Hogue and William A. Hogue. I have one sibling, Ray Douglas Hogue. We are the only 2 heirs to our parents' estates.

3. My parents owned real property located at 1417 Holly Street, Nashville, TN 37206. The property is titled in the name of William A. Hogue, et ux.

4. My mother, Mamie Hogue, passed away on February 14, 1999. Her death certificate is attached to this Affidavit as "Exhibit A."

5. My father, William Hogue, passed away on November 9, 2013. His death certificate is attached to this Affidavit as "Exhibit B."

6. My father left a duly executed, witnessed and notarized Last Will and Testament dated March 8, 1999. The Last Will and Testament is attached to this Affidavit as "Exhibit C." The Last Will and Testament gives, devises and bequeaths all real and personal property to myself and my brother in equal shares.

7. My brother and I agree that this property should be titled in our joint names, Ray D. Hogue and Dorothy E. Nickens. My brother has also executed an Affidavit of Heirship and his Affidavit is attached to this Affidavit as "Exhibit D."

8. At this time, a probate estate has never been opened for my mother and we do not expect to do so at this time. At this time, a probate estate has not been opened for my father and we do not expect to do so at this time.

9. To my knowledge there are no liens on the real property referred to in this Affidavit.

10. To my knowledge, neither of my parents were the recipients of any benefits as a member of TennCare or Medicaid.

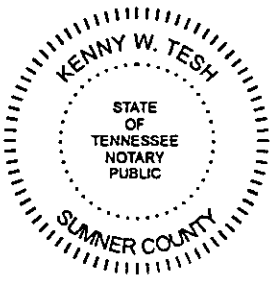
Dorothy E. Nickens
Dorothy E. Nickens

PREPARED BY
JENNIFER SHEPPARD (ATTORNEY)
2122 21ST AVE. SOUTH
NASHVILLE, TN 37212

Now having first been sworn, the above named Affiant appeared before me and proved his/her identity to me by a government issued photograph identification card, and gave the testimony in this Affidavit for the purpose(s) stated herein. The Affiant did not appear to be under any undue influence or duress and appeared to be competent to provide the information contained herein.

Notary Public

My commission expires: 11-26-16



Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

9900826

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last): MAMIE LOU HOGUE
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): FEBRUARY 14, 1999
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]399
5a. AGE-LAST BIRTHDAY (Years): 79
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): 3-24-1919
7. BIRTHPLACE (City and State or Foreign Country): LIMESTONE COUNTY, ALABAMA

DECEDENT

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): BAPTIST HOSPITAL
9c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): WILLIAM A. HOGUE
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): BERRIES SALES CLERK
12b. KIND OF BUSINESS/INDUSTRY: DEPT. STORE
13a. RESIDENCE-STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 1417 HOLLY STREET
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [XX] 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 [XX] 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): 9; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or medical examiner

PARENTS

17. FATHER'S NAME (First, Middle, Last): WALTER CHAPMAN
18. MOTHER'S NAME (First, Middle, Maiden Surname): IDA KELLY

INFORMANT

19a. INFORMANT'S NAME (Type/Print): WILLIAM A. HOGUE
19b. RELATIONSHIP TO DECEASED: HUSBAND
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1417 HOLLY STREET NASHVILLE, TENNESSEE 37206

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [XX] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): WOODLAWN MEMORIAL PARK
20c. LOCATION-City or Town, State: NASHVILLE, TENNESSEE
21a. SIGNATURE OF FUNERAL DIRECTOR: KENT WILDMAN
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4535
21c. SIGNATURE OF EMBALMER: STEPHEN L. McVAY
21d. LICENSE NUMBER OF EMBALMER: 4976
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODLAWN FUNERAL HOME 660 THOMPSON LANE NASHVILLE, TENNESSEE 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

23. REGISTRAR'S SIGNATURE: Kathy Carol Brown
24. DATE FILED (Month, Day, Year): February 19, 1999

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 [ ] SIGNATURE AND TITLE OF PHYSICIAN: Bruce Hollinger M.D.
25b. LICENSE NUMBER: 14752
25c. DATE SIGNED (Month, Day, Year): 2-15-99
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. BRUCE HOLLINGER, 300 20th AVENUE NORTH 9th FL. NASHVILLE, TENNESSEE 37203

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

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Acute Myocardial Infarction
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.

SEE INSTRUCTIONS ON OTHER SIDE

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

29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [ ] 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: M
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 1309

STATE OF TENNESSEE
Office of Vital Records

1316665 — STATE FILE NUMBER

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPEPRINT IN PERMANENT BLACK INK

NAME OF DECEDENT (For use by Physician or Institution)

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): William A. Hogue
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): November 9, 2013
4. TIME OF DEATH (Approx.):
5a. AGE-Last Birthday (Years): 94
5b. UNDER 1 YEAR — Months: / Days:
5c. UNDER 1 DAY — Hours: / Minutes:
6. DATE OF BIRTH (Month, Day, Year): August 22, 1919
7. BIRTHPLACE (City and State or Foreign Country): Cullman, Alabama

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): Alive Hospice Residence
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

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: Heavy Equip.Operator
11b. KIND OF BUSINESS/INDUSTRY: Metro Public Works

12. SOCIAL SECURITY NUMBER: [redacted]477
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville

13d. STREET AND NUMBER: 1417 Holly Street
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 37206
14. WAS DECEDENT EVER IN U.S. 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

413NR

PARENTS

18. FATHER'S NAME (First, Middle, Last): John Wesley Hogue
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Lucy Everet Raney

INFORMANT

20a. INFORMANT'S NAME: Ray D. Hogue
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 413 Saffordview Drive Antioch, TN 37013

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Woodlawn Memorial Park
21c. LOCATION - City or Town and State: Nashville, Tennessee

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Amanda J. Williams
22b. LICENSE NUMBER: 6184
22c. SIGNATURE OF EMBALMER: ▶ Dawn Renee' Everett
22d. LICENSE NUMBER: 6024

23a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn Roesch-Patton FH 660 Thompson Lane Nashville, TN 37204
23b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Deborah Rhodes a
25. DATE FILED (Month, Day, Year): November 14 2013

CERTIFIER

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

28. CERTIFIER (Check only one):
28a. ☐ PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.
28b. ☐ 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: ▶ S.Fazli MD
27b. LICENSE NUMBER: 38283
27c. DATE SIGNED (Month, Day, Year): 11/13/13
27d. NAME AND ADDRESS: 1718 Patterson St. Nashville, TN 37203 S.Fazli

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.	Congestive heart failure	years
Due to (or as a consequence of): b.	Valvular heart disease	
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? ☐ 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)
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 1390

6306801

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.

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

6306801

Date Issued, NOV 14 2013

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

Last Will and Testament

I, WILLIAM A. HOGUE of the NASHVILLE City of County of DAVIDSON and State of TENNESSEE being of sound and disposing mind, memory and understanding, do hereby make, publish and declare this as and for my last Will and Testament, hereby revoking and annulling any and all Wills by me at any time heretofore made.

FIRST. I order and direct all my just debts, funeral expenses, as well as the cost of administration and settlement of my estate to be paid by my EXECUTOR (Executor-Executrix) hereafter named, as soon after my decease as conveniently may be.

SECOND. All of my estate, real, personal and mixed, of whatever kind and nature and wheresoever situate, remaining after payment of my debts and funeral expenses, I give, devise and bequeath unto my SON AND DAUGHTER, RAY AND DOROTHY, JOINTLY.

heirs and assigns, absolutely and in fee.

THIRD. I hereby nominate, constitute and appoint SON, RAY (~~Wife/Husband's name~~) to be the sole EXECUTOR (Executor-Executrix) of this last Will and Testament and I direct that HE (He-She) shall not be obligated to file any bond, inventory or appraisement or accounting in any public office or tribunal whatsoever, and further I hereby give and grant unto my said SON, RAY (~~Wife/Husband~~) full power and authority at any time to sell any real estate which may at any time form part of my estate, for such price, upon such terms, in such

way and manner as may be deemed wise, and my estate, for such price, upon such terms, in such way and manner as may be deemed wise, and to make good and sufficient deeds to the purchaser or purchasers thereof, without any obligation on the latter to see to or be responsible for the application of the purchase price.

Attached document marked Exhibit "A" lists personal property and methods I have requested for the disposal of said property. Said Exhibit "A" is to be considered a part of this, my last Will and Testament.

IN WITNESS WHEREOF, I, the said WILLIAM A. HOGUE (Your Name) set my hand and seal this 8TH day of MARCH A.D., 1999.

SIGNED, SEALED, PUBLISHED AND DECLARED by the above named testator, William A. Hogue (Your Name) as and for HIS (His-Her) last Will and Testament in the presence of us who have at HIS (His-Her) request and in HIS (His-Her) presence and in the presence of each other hereunto subscribed our names as witness hereto.

Joseph A. Green
Witness

3904 Gallatin Rd
Address Nashville TN 37216

Judy P Adkins
Witness

3904 Gallatin Rd
Address Nashville TN 37216

EXHIBIT "A"

NOTE:
This page, entitled Exhibit "A", provides codicil space for your use. Upon completion of this page, sign your name and draw horizontal lines in blank space remaining to eliminate unauthorized additions in the future.

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

AFFIDAVIT OF HEIRSHIP

---

1. My name is Ray D. Hogue. I am an adult resident of Davidson County, Tennessee and I am competent to give the testimony in this sworn Affidavit.

2. I am the son of Mamie Lou Hogue and William A. Hogue. I have one sibling, Dorothy Elaine Nickens. We are the only 2 heirs to our parents' estates.

3. My parents owned real property located at 1417 Holly Street, Nashville, TN 37206. The property is titled in the name of William A. Hogue, et ux.

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Ray Douglas Hogue

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Notary Public

My commission expires: 3/07/2017

