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Prepared by:
John Ben Iwu, Esq.
Law Office of John Ben Iwu
845 Bell Road, Suite 120
Antioch, TN 37013

Order No: 2301-93296

APN: 09101007900

AFFIDAVIT OF HEIRSHIP

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2301-92296

As to Louella Ramsey (DOB 07/17/1922)
(Name of Deceased)

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)
)

I, Helen Frances Hill, of lawful age, residing at 2721 Combs Drive, Nashville, TN 37207, being first duly sworn, upon oath deposes and says: That affiant was personally well acquainted with the above- named decedent, during her lifetime, having known her for thirty five years, and that affiant bears the following relation to said decedent, to-wit: (Disinterested Party/close-friend).

Said decedent departed this life in Davidson County, State of Tennessee on or about March 2, 2008, being 86 years old at the date of her death.

Affiant further states that affiant was well acquainted with the family and close relatives of the said decedent, and that the following statements and the answers are based upon the personal knowledge of affiant and are true and correct:

1. **The decedent, Louella Ramsey (DOB July 7, 1922), did not have a husband at the time of her death and thus did not have any surviving widow at the time of her death.**
2. **The decedent was once married and her husband had preceded her in death.**
3. **The decedent was survived by her children namely:**

(a) Willie Earl Johnson, DOB 12/10/1939, 20940 Cambridge Lane, Olympia Fields, ILL 60641

(b) Julia Ann Johnson, DOB 03/15/1952, 1306 11th Ave. South, Nashville, TN 37203

(c) Novella Ramsey Holland, DOB 07/23/1954, 703 South 15th St., Nashville, TN 37206

(d) Molly Ann Ramsey Gift, DOB 06/29/1955, 728 23rd St. West, Nashville, TN 37209

(e) Newsome Ramsey, DOB 10/25/1950, 728 23rd St. West, Nashville, TN 37209

4. **There is no inheritance tax due on the estate of decedent.**
5. **Decedent does have one surviving sister named Mitchell Nelson, residing at 431 Ocala Drive, Apt. 610, Nashville, TN 37211.**

Affiant: Helen Frances Hill

(Helen Frances Hill)

Subscribed and sworn to before me 24 **day of** December**, 2013.**

My Commission expires: 9-11-17

James R. Smith Jr.

Notary Public

JAMES R. SMITH, SR. STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

My Commission Expires SEPT. 11, 2017

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

080198

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER:

TYPE/PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK.

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): LOUELLA RAMSEY
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): March 2 2008
4. SOCIAL SECURITY NUMBER (of Decedent):
5a. AGE-LAST BIRTHDAY (Years): 85
5b. UNDER 1 YEAR — MOS. / DAYS:
5c. UNDER 1 DAY — HOURS / MIN.:
6. DATE OF BIRTH (Month, Day, Year): July 17, 1922
7. BIRTHPLACE (City and State or Foreign Country): DeKalb, MS
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 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify):
9b. FACILITY NAME (If not institution, give street and number): 728 23rd Street West
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Divorced
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.): Sitter
12b. KIND OF BUSINESS/INDUSTRY: AAA Nursing Service
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 728 23rd Street West
CENSUS TRACT:
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37209
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): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

NAME OF DECEDENT (To be typed by Physician or Medical Examiner)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Unknown
18. MOTHER'S NAME (First, Middle, Maiden Surname): Molly Jones

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Mrs. Julia Johnson
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1306 11th Avenue South, Nashville, TN 37202

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): Greenwood Cemetery West
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: A. Brandon Starks
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4453
21c. SIGNATURE OF EMBALMER: Ronald M. Stewart
21d. LICENSE NUMBER OF EMBALMER: 3732
22a. NAME AND ADDRESS OF FUNERAL HOME: Scales Funeral Home, Inc., 1412 Jefferson Street, Nashville, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 786

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda R. Bowles, DR
24. DATE FILED (Month, Day, Year): April 03, 2008

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 [X] SIGNATURE AND TITLE OF PHYSICIAN: Harvey W. Bowles
25b. LICENSE NUMBER: MD18704
25c. DATE SIGNED (Month, Day, Year): 3/26/08
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 [ ] 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): HARVEY W. BOWLES, M.D. 2201 MURPHY AVE STE 204 NASHVILLE TN

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

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

		Approximate Interval: Between Onset and Death
a. IMMEDIATE CAUSE (Final disease or condition resulting in death)	VENTRICULAR ARRYTHMIA	10 mins
b. DUE TO (OR AS A CONSEQUENCE OF):	Hypertensive Cardiomyopathy	5 yrs
c. DUE TO (OR AS A CONSEQUENCE OF):	Hypertension	25 yrs
d. DUE TO (OR AS A CONSEQUENCE OF):		

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

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:
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 1366

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 Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

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

[redacted]
Local Registrar

Tonya Y Foreman
Tonya Y Foreman
Local Registrar

4/17/2008
Date Issued

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

CERTIFICATION OF VITAL RECORD

True Copy Certification

I, Terri Miskell, do hereby make oath that I am a licensed attorney and/or the custodian of the electronic version of the attached document tender for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law.

Signature

County of CA)
) ss.
State of placer)

On 8.9.13 before me, Maria Spaeth, Notary Public personally appeared Terri Miskell who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.
WITNESS my hand and official seal.

Maria Spaeth

MARIA SPAETH
COMM. # 1900485
NOTARY PUBLIC-CALIFORNIA
PLACER COUNTY
MY COMM. EXP. AUG. 20, 2014