BILL GARRETT, Davidson County
Trans:T20140028034 AFFIDAVITH
Recvd: 04/24/14 12:01 3 pgs
Fees:17.00 Taxes:0.00
20140424-0034530

This instrument was prepared by:
_ James Jesse Staggs _
_ 700 Azalea Dr _
_ Rockville, Md 20850 _

GRANTEE(S): _ James Jesse Staggs _

SEND TAX NOTICES TO: _ 700 Azalea Dr, Rockville, Md. 20850 _

MAP PARCEL NUMBER: _ MAP 73-9 PARCEL 158 _

AFFIDAVIT OF HEIRSHIP

Tennessee Code Annotated § 30-2-712.

STATE OF TENNESSEE

COUNTY OF _Davidson_

The undersigned, being duly sworn, deposes and says:

1. My full name is _ James Jesse Staggs _. I will refer to myself in this Affidavit as the Affiant.

2. I reside at 700 Azalea Drive, Rockville, Md 20850.

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

4. On _April 11, 2014_ , __Annie Louise Staggs_ died at _1991 Upland Dr, Nashville, Tennessee 37216_ . I will refer to this person as the Decedent.

5. The real property to which this Affidavit applies is located at _1991 Upland Dr, Nashville, Tennessee 37216_ in _Davidson_ County, Tennessee, more fully described as:

   Being Lot No. 380 on the Plan of Burchwood Gardens, Section III, of record in Book 2900, page 116, Register's Office for said County.

   For prior title, see Book _____ [*number*], Page _____ [*number*] in the Register's Office of _Davidson_ County, Tennessee.

6. At the time of the Decedent's death, the Decedent resided at _1991 Upland Dr., Nashville, Tennessee 37216_.

7. The estate of the Decedent ..... [*select one*]
   ☒ Was not administered in a proceeding supervised by a court.

❑ Was administered in a proceeding supervised by a court in _____ [*county and state*] in the _____ [*court*] in case no. _____.

8. Facts concerning my relationship to the Decedent are: only child/son and sole heir.

9. Additional facts pertinent to determine who is legally entitled to the estate of the Decedent at the time of the Decedent's death are: _decedent was the widow of Fred W. Staggs (deceased on May 13, 1995). James Jesse Staggs is the only child, son and sole heir _.

Affiant

Sworn to and subscribed before me this 24th day of April, 2017.

My Commission expires: 09/18/2017

Notary Public

CHRIS PARKER
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

STATE OF TENNESSEE
Office of Vital Records

140264

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Annie Louise Staggs
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): April 11, 2014
4. TIME OF DEATH (Approx.):
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): March 13, 1931
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: ☐ 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): 1991 Upland Drive
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or medicolegal)

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: Meter Attendant
11b. KIND OF BUSINESS/INDUSTRY: Local Government
12. SOCIAL SECURITY NUMBER: [redacted]2474
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 1991 Upland Drive
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37216
14. WAS DECEDENT EVER IN US 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

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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

PARENTS

18. FATHER'S NAME (First, Middle, Last): John O'Salle
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Velma Melton

DISPOSITION

20a. INFORMANT'S NAME: James J. Staggs
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 700 Azalea Drive, Rockville, Maryland 20850
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Spring Hill Cemetery
21c. LOCATION - City or Town and State: Nashville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Thomas W. Bowers
22b. LICENSE NUMBER: 3049
22c. SIGNATURE OF EMBALMER: ▶
22d. LICENSE NUMBER:
23a. NAME AND ADDRESS OF FUNERAL HOME: Spring Hill Funeral Home & Cemetery 5110 Gallatin Road Nashville, TN 37216
23b. LICENSE NUMBER OF FUNERAL HOME: 1046

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Richard Edwards DR
25. DATE FILED (Month, Day, Year): April 16, 2014

CERTIFIER

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

26. CERTIFIER (Check only one):
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.

27a. SIGNATURE OF CERTIFIER: ▶ [signature]
27b. LICENSE NUMBER: MD 25644
27c. DATE SIGNED (Month, Day, Year):
27d. NAME AND ADDRESS: Richard S. Smith MD 300 20th Ave N Nashville TN 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.

		Approximate Interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Lung Cancer	1 yr
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. Due to (or as a consequence of):	
	c. Due to (or as a consequence of):	
	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.

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-1639 (Rev. 9/2011) ROA 1399

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.

6434843

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

6434843

Date Issued: APR 15 2014

CERTIFICATION OF VITAL RECORD