BILL GARRETT, Davidson County
Trans:T20140028150 AFFIDAVITH
Recvd: 04/24/14 15:19 3 pgs
Fees:17.00 Taxes:0.00
20140424-0034704

Tax ID: 142-040A 02800CO

AFFIDAVIT OF HEIRSHIP

I, ~~Joseph Michael Espy~~, after first being sworn according to law, herby make oath for purpose of establishing ownership in the following described property pursuant to Tennessee Code Annotated, Section 30-2-712: **210 Old Hickory Boulevard #28, Nashville, Davidson County, Tennessee 37221**

1. At the time of his death on 04/12/2014, David S. Carter. was the sole owner of the property commonly known as **210 Old Hickory Boulevard #28, Nashville, Davidson County, Tennessee 37221** and identified by the assessor of property as: **Tax ID 142-040A 02800CO**

2. That at the time of his death, David S. Carter had no children.

3. That at the time of his death, David S. Carter was married to Angela Blanchard Carter.

4. There are no existing claims against David S. Carter and/or his estate and the real property is free of any mortgages or encumbrances.

AFFIANT SAITH FURTHER NOT.

Joseph Michael Espy — 4-24-14
Signature **date**

Witnesses: Jeff Davis — 4-24-14

STATE OF TENNESSEE
COUNTY OF Davidson

On this 24 day of April, 2014 personally appeared, Joseph Michael Espy, to me known to be the person described in and who executed the foregoing instrument, and who acknowledged the execution of the same to be his / her free act and deed.

Witness my hand and official seal.

Sonya L. Pewitt

Notary Public
Commission Expiration: 6-21-2016

SONYA L. PEWITT
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

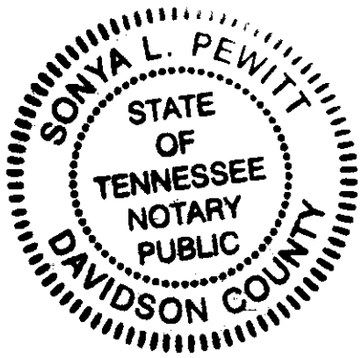
I, Joseph Michael Espy, have known David Scott Carter since 1961

Joseph Michael Espy

Joseph Michael Espy

Notary Public Sonya L. Pewitt

Commission Expiration: 6-21-2016



Prepared by: Angela S Carter
210 Old Hickory Blvd #58
Nashville, TN 37221

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): David Scott Carter
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): April 12, 2014
4. TIME OF DEATH (Approx.): 11:10 AM
5a. AGE-Last Birthday (Years): 61
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): August 15, 1952
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN

TYPE/PRINT 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) Outside

8b. FACILITY NAME (If not institution, give street and number): 425 Edwards Road
8c. CITY OR TOWN: Lebanon
8d. COUNTY OF DEATH: Wilson

9. MARITAL STATUS: ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Angela Sue Meyer
11a. DECEDENT'S USUAL OCCUPATION: Audio Visual Analyst
11b. KIND OF BUSINESS/INDUSTRY: Financial

12. SOCIAL SECURITY NUMBER: [redacted]-1481
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 210 Old Hickory Blvd. Unit 58 B
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37221
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

NAME OF DECEDENT (For use by Physician or Institution): Carter, David

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

PARENTS

18. FATHER'S NAME (First, Middle, Last): Kenwood Switzer Carter
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Ruth Eileen Kirsch

20a. INFORMANT'S NAME: Angie Carter
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 210 Old Hickory Blvd. Unit 58B Nashville, TN 37221

DISPOSITION

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 Memorial Park, Funeral Home & Cremation
21c. LOCATION - City or Town and State: Spring Hill, TN

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ James A. Taylor
22b. LICENSE NUMBER: 4446
22c. SIGNATURE OF EMBALMER: ▶
22d. LICENSE NUMBER:
23a. NAME AND ADDRESS OF FUNERAL HOME: Williamson Memorial Funeral Home & Cremation Services, 3009 Columbia Ave. Franklin, TN 37064
23b. LICENSE NUMBER OF FUNERAL HOME: 615

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Rhonda Ward, D.R.
25. DATE FILED (Month, Day, Year): April 15, 2014

CERTIFIER

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.

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

27a. SIGNATURE OF CERTIFIER: ▶ [signature]
27b. LICENSE NUMBER: 34634
27c. DATE SIGNED (Month, Day, Year): April 13, 2014
27d. NAME AND ADDRESS: Adele Lewis, M.D.; 850 R S. Gass Boulevard, Nashville, TN 37216; MEC14-0884

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.	Multiple blunt force injuries	
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.	
	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): April 12, 2014
34b. TIME OF INJURY: UNK
34c. INJURY AT WORK? ☐ Yes ☒ No
34d. PLACE OF INJURY - at home, farm, street, factory, office, building, etc. (Specify): Outside
34e. DESCRIBE HOW INJURY OCCURRED: Ultralight aircraft crash
34f. LOCATION OF INJURY (Street and Number, City or Town, State): 425 Edwards Road, Lebanon, TN

PH-1659 (Rev. 9/2011) RDA 1398

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6672530

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.

6672530

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued 4-15-14

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD