Prepared by:
Bambi Hargrove Warren
3605 River Rd
Ashland City, Tn 37015

BILL GARRETT, Davidson County
Trans:T20140043496 AFFIDAVITH
Recvd: 06/19/14 11:17 3 pgs
Fees:17.00 Taxes:0.00
20140619-0053588

AFFIDAVIT OF DEATH AND HEIRSHIP

Connie Daniels (the "Affiant"), being duly sworn upon oath, deposes and states that the Affiant resides at 1010 Willowbrook Rd, Ashland City, Tennessee 37015 located in the County of Cheatham. The Affiant is the daughter to Mrs. Verlie Craft (the "Decedent").

The Decedent died on 05/14/14 in the County of Davidson in the State of Tennessee. A copy of the Official Death Certificate is attached.

When the Decedent passed he or she owned an interest in the property legally described below:

Property Owned:	Brick home, 3 bedrooms, 1 bath and 2 half baths
Address:	355 Cross Timbers Dr Nashville, Tennessee 37221
County:	Davidson
Property Owned:	Land only in the name of Verlie Craft and Connie Daniels
Address:	222 Brookside Rd Kingston Springs, Tennessee 37221
County:	Cheatham

In the event that the Decedent passed leaving a Last Will and Testament, a copy of said Last Will and Testament shall be attached. If there is no Last Will and Testament attached hereto, then the Decedent passed intestate.

In the event that the Decedent was married, listed below will be the name of the spouse and current status of said marriage.

Name of Spouse	Status
Cheatham Henry Craft	Deceased

The following children were born to or adopted by the Decedent:

Name of Child	Birth Date	Status
Connie Daniels	06/20/1954	Living
Michael Craft	02/11/1951	Living
Pamela Slayden	07/29/1955	Deceased
Ronnie Craft	02/11/59	Deceased

The estimated approximate total value of the estate of the Decedent, including the taxable interest in the aforesaid property, is $160,000.00.

No claims have been filed against the Decedent and all expenses related to medical and/or funeral expenses have been paid in full.

The Affiant will ensure that the Federal Estate Tax shall be prepared and pay in full any said amount which

may be due and payable.

I declare that the information contained herein is true and correct to the best of my knowledge.

Connie Daniels
(AFFIANT SIGNATURE)

6-3-14
(DATE SIGNED)

Connie Daniels
(AFFIANT NAME)

State of Tennessee

ss.

County of Cheatham

This instrument was subscribed and sworn to before me on 06/03/2014 by Connie Daniels.

ALAN C. DESMOND STATE OF TENNESSEE NOTARY PUBLIC COUNTY OF DICKSON

(NOTARY PUBLIC SIGHANTURE)

Alan C. Desmond
(NOTARY PRINTED NAME)

My Commission Expires: 2/27/2014

STATE OF TENNESSEE
Office of Vital Records

1403017

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Vallie Odell Craft			2. SEX: Female	3. DATE OF DEATH (Month, Day, Year): May 14, 2014
4. TIME OF DEATH: 7:17 AM	5. AGE-Last Birthday (Years): 87	6. UNDER 1 YEAR: Months / Days	6a. UNDER 1 DAY: Hours / Minutes	7. DATE OF BIRTH (Month, Day, Year): September 2, 1926
7. BIRTHPLACE (City and State or Foreign Country): Charlotte, Tennessee				

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): 355 Cross Timbers Dr	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): N/A	11a. DECEDENT'S USUAL OCCUPATION: Operator	11b. KIND OF BUSINESS/INDUSTRY: Communications
12. SOCIAL SECURITY NUMBER: [redacted]2700	13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee	13b. COUNTY: Davidson	13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 355 Cross Timbers Dr	13e. INSIDE CITY LIMITS: ☒ Yes ☐ No	13f. ZIP CODE: 37221	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

18. FATHER'S NAME (First, Middle, Last): Clarence Spann	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Lena Fowler	
20a. INFORMANT'S NAME: Connie Daniels	20b. RELATIONSHIP TO DECEDENT: Daughter	20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 3605 River Rd. Ashland City, TN 37015
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____	21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Harpeth Hills	21c. LOCATION - City or Town and State: Nashville,TN
22a. SIGNATURE OF FUNERAL DIRECTOR: Alan C. Desmond	22b. LICENSE NUMBER: 5594	22c. SIGNATURE OF EMBALMER: Jess Bowen III
22d. LICENSE NUMBER: 3139		
23a. NAME AND ADDRESS OF FUNERAL HOME: Boyd Funeral Home, 101 Elizabeth Street, Ashland City, Tennessee 37015		23b. LICENSE NUMBER OF FUNERAL HOME: 891
24. [illegible]'S SIGNATURE	25. DATE FILED (Month, Day, Year)	

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	27b. LICENSE NUMBER: MD 18500	27c. DATE SIGNED (Month, Day, Year): 05/15/2014
	27d. NAME AND ADDRESS: S. D. Amos MD 12001 Mallory Ln Franklin, TN	

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.	Coronary Arterial Heart Disease	
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.
CHF, A-fib, HTN

28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
28b. 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)	

TH-1630 (Rev. 10/2011) RDA 1380

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.

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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

6732[redacted]
Date Issued

CERTIFICATION OF VITAL RECORD