AFFIDAVIT OF DEATH AND HEIRSHIP

I, Florene Jones (the Affiant), being duly sworn upon oath, deposes and states that the Affiant resides at 851 Dewees Avenue, Nashville, Tennessee 37204 located in Davidson. The affiant is the sister to John Henry Lewis (the "Decedent").

The decedent died on September 23, 2007 in Davidson County in the State of Tennessee. A copy of the Official Death Certificate is attached. John Henry Lewis was never married and has no children.

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

Property Owned:

Address: 2000 Salem Mason Drive
Nashville, Tennessee 37208

County: Davidson

Florene Jones
(AFFIANT SIGNATURE)

11-4-14
(DATE SIGNED)

TATIANA ALEXANDROVNA ROWLEY
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

FLORENE JONES
(AFFIANT NAME)

STATE OF TENNESSEE

COUNTY OF DAVIDSON

This instrument was subscribed and sworn to before me on 11/4/2014 by Florene Jones.
Date

(Notary Public Signature)

Prepared by Florene Jones

Tatiana Rowley
Printed Name

My commission expires: Oct. 18, 2016

BILL GARRETT, Davidson County
Trans:T20140083485 AFFIDAVITH
Recvd: 11/05/14 10:00 2 pgs
Fees:12.00 Taxes:0.00
20141105-0102127

STATE OF TENNESSEE
Office of Vital Records

STATE FILE NUMBER 705538

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPEWRITE IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): John Henry Lewis
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): September 23, 2007
4. SOCIAL SECURITY NUMBER: [redacted]-0647
5a. AGE-LAST BIRTHDAY (Years): 68
5b. UNDER 1 YEAR (Months)
5c. UNDER 1 DAY (Hours)
5d. UNDER 1 DAY (Minutes)
6. DATE OF BIRTH (Month, Day, Year): Dec 20 1938
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 X No
8a. PLACE OF DEATH (Check only one): HOSPITAL 1 Inpatient 2 ER/Outpatient 3 DOA; OTHER 4 X Nursing Home 5 Residence 6 Other (Specify)
9a. FACILITY NAME (If not institution, give street and number): Bordeaux Long Term Care
9b. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9c. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Never Married
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): Golf Course
12b. KIND OF BUSINESS/INDUSTRY: Country Club
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN, OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 851 Dewees Ave.
CENSUS TRACT: 3
13e. INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37204
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes O X No
15. RACE-American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8th; College (1-4 or 5+)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Alford Brown
18. MOTHER'S NAME (First, Middle, Maiden Surname): Julia Walls

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Florene Jones
19b. RELATIONSHIP TO DECEASED: Sister
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 851 Dewees Ave. Nashville, Tennessee

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 West Cemetery
20c. LOCATION-City or Town, State: Nashville, Tennessee

FUNERAL DIRECTOR

21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Florene Jones
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4173
21c. SIGNATURE OF EMBALMER: ▶ Ronald Stamps
21d. LICENSE NUMBER OF EMBALMER: 3732
22a. NAME AND ADDRESS OF FUNERAL HOME: Holmes Funeral Home 1408 Jo-Johnston Ave. Nashville, Tennessee 37203
22b. LICENSE NUMBER OF FUNERAL HOME: 340

REGISTRAR

23. REGISTRAR SIGNATURE: ▶ Teresa S. Hendricks, D.R.
24. DATE FILED (Month, Day, Year): October 05 2007

PHYSICIAN

25. 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: ▶ [illegible] MD
25b. LICENSE NUMBER: TN-38702
25c. DATE SIGNED (Month, Day, Year): 10-1-07

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): Faiz Rehman MD. 1414 County Hospital Road Nashville, TN 37218

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.	Pneumonia	days.
DUE TO (OR AS A CONSEQUENCE OF): b.	Adult FTT	months
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST — DUE TO (OR AS A CONSEQUENCE OF): c.	metastatic prostate CA.	years.
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.

28a. WAS AN AUTOPSY PERFORMED? 1 Yes 2 X No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No

30. MANNER OF DEATH: 1 X Natural 5 Pending Investigation; 2 Accident; 3 Suicide 6 Could not be Determined; 4 Homicide
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-1858 (REV. 6/99)
BIRTH NO.
RDA 1389

5087361

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 Department of Health. Alteration or erasure voids this certification.

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

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Forman, Local Registrar
Davidson County, Tennessee

3/16/2012
Date Issued

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD