Prepared by:
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BILL GARRETT, Davidson County
Trans:T20150001332 AFFIDAVITH
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AFFIDAVIT OF HEIRSHIP

I, Robert Wood makes oath that the statements contained in the foregoing Affidavit of Heirship are true and correct to the best of my knowledge, information and belief.

1. I am a resident of Davidson County, Tennessee. I reside at 889 Village Hills Drive, Nashville, Tennessee 37217

2. My birth mother, Judy Ann Cole, resided at 323 Forrest Park Avenue, Bldg. #2, Condominium #2, Nashville, Tennessee 37115.

3. My mother had clear title and owned the property at 323 Forrest Park Avenue, Bldg. #2, Condominium #2, Nashville, Tennessee 37115.

4. My mother, Judy Ann Cole is now deceased, having passed away on October 1, 2014 (Certificate of Death is attached).

5. I am the only living heir to the property at 323 Forrest Park Avenue, Bldg. #2, Condominium #2, Nashville, Tennessee 37115.

6. I am requesting that the Register of Deeds for Davidson County transfer title and issue deed for ownership in my name.

FURTHER AFFIANT SAITH NOT.

Robert B. Wood
ROBERT WOOD

Sworn to and subscribed before me this 9th day of December, 2014.

Mary Rachel Wachs
NOTARY PUBLIC
My commission expires: 08-27-2018

MARY RACHEL WACHS
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY
My Commission Expires 08-27-2018

COPY

STATE OF TENNESSEE
Office of Vital Records

1498164

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Judy Ann Cole
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): October 1, 2014
4. TIME OF DEATH (Actual): 7:37 pm
5a. AGE-Last Birthday (Years): 62
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): March 4, 1952
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN

TYPEWRITE 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) _____

NAME OF DECEDENT (To be completed by Physician or Institution)

8b. FACILITY NAME (If not Institution, give street and number): Alive Hospice Skyline
8c. CITY OR TOWN: Madison
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)
11a. DECEDENT'S USUAL OCCUPATION: RN
11b. KIND OF BUSINESS/INDUSTRY: Medical
12. SOCIAL SECURITY NUMBER: [redacted]82
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 323 Forrest Park Ave., Bldg 2
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37115
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

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

7&1P

PARENTS

18. FATHER'S NAME (First, Middle, Last): Robert Wright Muse, Jr.
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Dorothy Ann Ferguson

DISPOSITION

20a. INFORMANT'S NAME: Robert Brian Wood
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 889 Village Hills Dr., Nashville, TN 37217
21a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Highland Hills Crematory
21c. LOCATION - City or Town and State: Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Chris Neighbours
22b. LICENSE NUMBER: 4249
22c. SIGNATURE OF EMBALMER: ▶
22d. LICENSE NUMBER:
23a. NAME AND ADDRESS OF FUNERAL HOME: Cremation & Funeral Services of Nashville 1332 Rosa Parks Blvd Nashville TN 37208
23b. LICENSE NUMBER OF FUNERAL HOME: 1233

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Michael Edwards NR
25. DATE FILED (Month, Day, Year): October 3, 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: ▶ Cullom
27b. LICENSE NUMBER: 45572
27c. DATE SIGNED (Month, Day, Year): 10/2/2014
27d. NAME AND ADDRESS: Anh T. Meadows, M.D. 1718 Patterson Street, 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Colon Cancer — Due to (or as a consequence of)
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. _____

Approximate Interval: Onset to death

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 ☒ Unlikely ☐ 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-1659 (Rev. 10/2011) RDA 1369

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.

Teresa S. Hendricks
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

7468857
Date Issued