This instrument prepared by:
Julie Cornell
Hooper Zinn & McNamee, PLLC
109 Westpark Drive, Suite 300
Brentwood, TN 37027

Record and return to:
Same as preparer

BILL GARRETT, Davidson County
Trans:T20150061690 AFFIDAVITH
Recvd: 07/28/15 08:46 6 pgs
Fees:32.00 Taxes:0.00
20150728-0074026

Address of New Owner:
Anna Michelle Pancake
555 Brewer Drive
Nashville, TN 37211

Send Tax Bills to:
Same as new owner

Map/Parcel:
147 05 0071.00

AFFIDAVIT OF HEIRSHIP

The undersigned affiant, Dena Coke, pursuant to Tenn. Code Ann. § 30-2-712, upon her own personal knowledge and first being duly sworn, deposes and says under oath:

1. I am Dena Coke. I am the daughter-in-law of Decedent, Cecil W. Coke, and the widow of Charles Minor Coke.

2. Decedent, Cecil W. Coke, died on January 5, 2015, a resident of Nashville, Davidson County, Tennessee. A copy of Decedent's death certificate is attached to this affidavit as Exhibit A.

3. Decedent died testate. Decedent's last will and testament dated December 13, 1979, has been probated and Decedent's estate has been administered in the Probate Court for Davidson County, Tennessee, Docket No. 15P200.

4. Decedent died a widower. Decdent's spouse, Sally Minor Coke, also known as Sally M. Coke, died on April 20, 1990. Decedent's spouse Venera Belle Coke, died on October 20, 2009. Sally Minor Coke's and Venera Belle Coke's death certificates are attached to this Affidavit as Exhibit B and C.

5. Decedent and Sally Minor Coke had one (1) child, whose name was Charles Minor Coke. Charles Minor Coke is deceased. No other children were born to or adopted by Cecil W. Coke. Charles Minor Coke had one (1) child whose name is Anna Michelle Pancake.

6. At death, Decedent held a fee simple interest in certain tract or parcel of real property located at 309 Garrett Drive, Nashville, Tennessee; Tax Parcel 147050071.00, more particularly described as:

> Land in Davidson County, Tennessee, being Lot No. 149 on the Plan of Caldwell Hall, Section 1, Revised, of record in Book 2900, page 58, Register's office for said County.
>
> Said Lot No. 149 fronts 80 feet on the southerly side of Garrett Drive and extends back 202 feet on the easterly line and 200.7 feet on the westerly line to a broken line in the rear measuring 88.4 feet thereon.
>
> Being the same property conveyed to Cecil W. Coke and wife, Sally M. Coke, by deed from Gaines and Gaines Construction Company, Inc., on January 6, 1961 of record in Book 3177 page 121 Register's Office for Davidson County, Tennessee.
>
> Sally M. Coke died on April 20, 1990. The property conveyed passed to Cecil W. Coke as the surviving tenant by the entirety.

7. Decedent's last will and testament left all his property to Sally Minor Coke. If Sally Minor Coke predeceased him, Decedent left all his property to his son Charles Minor Coke. Both Sally Minor Coke and Charles Minor Coke predeceased Decedent.

8. Title to the above described real property passed to Anna Michelle Pancake, Personal Representative by the laws of intestate succession and as directed under the provisions of Decedent's last will and testament.

9. The actual consideration or value, whichever is greater, for this transfer is $0. This conveyance is made to implement a testamentary devise to a beneficiary and is exempt from tax by Tenn. Code Ann. § 67-4-409(a).

Further affiant saith not.

Executed this 17 day of July, 2015.

Dena Coke

Dena Coke

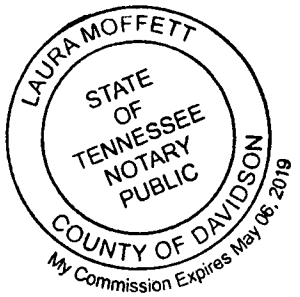
State of Tennessee
County of Williamson

Before me, the undersigned Notary Public, personally appeared Dena Coke, with whom I am personally acquainted, and who upon oath stated to me that the facts contained in the foregoing instrument are true and correct, and who signed the foregoing instrument in my presence, and who acknowledged that she executed the foregoing instrument for the purposes therein contained.

Witness my hand and official seal this 17th day of July, 2015.

Laura Moffett
Notary Public

My Commission Expires: 5-6-2019



STATE OF TENNESSEE
Office of Vital Records

1500156

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Cecil W. Coke
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): January 5, 2015
4. TIME OF DEATH (Approx.):
5a. AGE-Last Birthday (Years): 98
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): [redacted]
7. BIRTHPLACE (City and State or Foreign Country): Clarksville, Tennessee

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)

8b. FACILITY NAME (If not institution, give street and number): Bethany Health Care
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)
11a. DECEDENT'S USUAL OCCUPATION: Machinist
11b. KIND OF BUSINESS/INDUSTRY: Aircraft Manufacturing

12. SOCIAL SECURITY NUMBER: [redacted]
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville

NAME OF DECEDENT (For use by Physician or Institution)

STREET AND NUMBER: 309 Garrett Drive
13a. INSIDE CITY LIMITS: ☒ Yes ☐ No
13d. ZIP CODE: 37211
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

PARENTS

18. FATHER'S NAME (First, Middle, Last): Mewell Coke
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Iva Crawford

DISPOSITION

20a. INFORMANT'S NAME: Anna Michelle Pancake
20b. RELATIONSHIP TO DECEDENT: Granddaughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 555 Brewer Drive, Nashville, TN 37211
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Woodlawn Memorial Park
21c. LOCATION - City or Town and State: Nashville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Kimberly Ann Seaman
22b. LICENSE NUMBER: 6725
22c. SIGNATURE OF EMBALMER: ▶ James Ryan Padgett
22d. LICENSE NUMBER: 5535
23a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn Roesch-Patton Funeral Home, 660 Thompson Lane, Nashville, TN 37204
23b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Deborah Blacks (for)
25. DATE FILED (Month, Day, Year): January 16 2015

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTION 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: ▶ Ralf Habermann MD
27b. LICENSE NUMBER: 27676
27c. DATE SIGNED (Month, Day, Year): 1/15/15
27d. NAME AND ADDRESS: Ralf Habermann MD, TMCO, Clarksville TN

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. cardiac arrhythmia
Due to (or as a consequence of)
b. ASCVD
Due to (or as a consequence of):
c. HTN
Due to (or as a consequence of):
d.

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

Approximate interval: Onset to death

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
Influenza A

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 Ooccurred
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

PH-1659 (Rev. 10/2011) RDA 1399

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7679080

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

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

7679080

Date Issued: JAN 16 2015

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

CERTIFICATION OF VITAL RECORD

EXHIBIT A

Metropolitan Government of Nashville and Davidson County

Bill Boner, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER: 9001948

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): SALLY MINOR COKE
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): April 20, 1990
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE – LAST BIRTHDAY (Years): 71
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): [redacted]
7. BIRTHPLACE (City and State or Foreign Country): Clarksville, 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 [X] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Southern Hills Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Cecil Coke
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Homemaker
12b. KIND OF BUSINESS/INDUSTRY: Domestic
13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 309 Garrett Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37211
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No
Specify, if yes:
15. RACE – American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): ; College (1-4 or 5+): I

NAME OF DECEDENT For use by physician or Institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Walter Scott Minor, Sr.
18. MOTHER'S NAME (First, Middle, Maiden Surname): Ellen Rogers

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Cecil Coke
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 309 Garrett Dr., Nashville, TN 37211

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): Woodlawn Memorial Park
20c. LOCATION – City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Joseph Moore
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4039
21c. SIGNATURE OF EMBALMER: Stacey D. Hight
21d. LICENSE NUMBER OF EMBALMER: 4072
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn Funeral Home, 660 Thompson Ln., Nashville, TN 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 731

REGISTRAR

23. REGISTRAR'S SIGNATURE: Mary C. Pentecost
24. DATE FILED (Month, Day, Year): April 30, 1990

CERTIFIER

25a. PHYSICIAN – To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
1 [X] SIGNATURE AND TITLE OF PHYSICIAN: Tom Duncan M.D.
25b. LICENSE NUMBER: 5645
25c. DATE SIGNED (Month, Day, Year): 4-25-90
26a. MEDICAL EXAMINER – On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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): Tom Duncan, M.D.

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. Cardiopulmonary Arrest
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
b. Cere-brit Hemorrhage
DUE TO (OR AS A CONSEQUENCE OF):
c. Acute Leukemia
DUE TO (OR AS A CONSEQUENCE OF):
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: Severe Osteoarthritis; Hypertension
29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [ ] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
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)

BIRTH NO.

PH-1059
REV 1/89

EXHIBIT B

STATE OF TENNESSEE
Office of Vital Records

3561963

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last): Venera Belle Coke
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): October 20, 2009
4. SOCIAL SECURITY NUMBER: [redacted]
5. AGE-Last Birthday (Years): 91
7. BIRTHPLACE (City and State or Foreign Country): Greenbrier, Tennessee
9. FACILITY NAME (If not institution, give street and number): Bethany Health Care
10. CITY, TOWN, OR LOCATION OF DEATH: Nashville
11. COUNTY OF DEATH: Davidson
12a. MARITAL STATUS (Married, Never Married, Widowed, Divorced): Married
12b. SURVIVING SPOUSE (If wife, give maiden name): Cecil W. Coke
12c. DECEDENT'S USUAL OCCUPATION: Homemaker
12d. KIND OF BUSINESS/INDUSTRY: Home
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN, OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 309 Garrett Drive
13e. INSIDE CITY LIMITS?: Yes
13f. ZIP CODE: 37211
14. WAS DECEDENT OF HISPANIC ORIGIN?: No
15. RACE: White
16. DECEDENT'S EDUCATION: Completed Years 12
17. FATHER'S NAME (First, Middle, Last): David A. Jones
18. MOTHER'S NAME (First, Middle, Maiden Surname): Nannie B. Crawford
19a. INFORMANT'S NAME: Cecil W. Coke
19b. RELATIONSHIP TO DECEDENT: Husband
19c. MAILING ADDRESS: 309 Garrett Drive, Nashville, TN 37211
20a. METHOD OF DISPOSITION: Burial
20b. PLACE OF DISPOSITION: Glenwood Cemetery
20c. LOCATION: Bristol, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Roger Kent Wildman
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4535
21c. SIGNATURE OF EMBALMER: Todd Lee Yates
21d. LICENSE NUMBER OF EMBALMER: 4558
21e. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn-Roesch-Patton Funeral Home & Memorial Park, 660 Thompson Lane, Nashville, TN 37204
21f. LICENSE NUMBER OF FUNERAL HOME: 933
22a. SIGNATURE OF LOCAL REGISTRAR:
22b. DATE FILED: October 30, 2009
23. CERTIFIER: SIGNATURE AND TITLE OF CERTIFIER:
23b. LICENSE NUMBER: 27476
23c. DATE SIGNED: 10/29/09
24. MEDICAL EXAMINER: SIGNATURE AND TITLE OF MEDICAL EXAMINER:
24b. LICENSE NUMBER:
24c. DATE SIGNED:
25. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER): Dr. Ralf Habermann, Vanderbilt Med Ctr E, 1215 21st S-7th Fl-N, TW #4, Nashville, TN 37232
26. 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.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Cardiac arrest
DUE TO (OR AS A CONSEQUENCE OF): b. Fall
DUE TO (OR AS A CONSEQUENCE OF): c. ASCVD
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I: Alzheimer Dementia
27. WAS AN AUTOPSY PERFORMED?: No
28. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?: No
29. MANNER OF DEATH: Natural
30a. DATE OF INJURY:
30b. TIME OF INJURY:
30c. INJURY AT WORK?: No
30d. DESCRIBE HOW INJURY OCCURRED:
30e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.):
30f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

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.

3561963

Sharon M. Leinbach
STATE REGISTRAR

Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

Date Issued

CERTIFICATION OF VITAL RECORD

EXHIBIT C