BILL GARRETT, Davidson County
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Affidavit of Death

STATE OF Tennessee
COUNTY OF Davidson

I, Katie Perkins, residing at 1121 N 6th Street, Nashville, Tennessee 37207, being of legal age, depose and say that:

That Sherron Denise Prince, 1121 N 6th Street, Nashville, Tennessee 37207 died on December 20, 2003 as evidenced by a certified copy of the Certificate of Death, attached hereto;

That decedent owned the following property described in the real property deed attached hereto and incorporated herein;

That I am the successor to the estate of the decedent and to the decedents interest in the described property and no other person has a superior right to the interest of the decedent in the described property;

That no proceeding is being or has been conducted in Tennessee for administration of the decedent's estate;

That the funeral expenses, expenses of last illness, and all unsecured debts of decedent have been paid.

Oath or Affirmation:

I certify under penalty of perjury under Tennessee law that I know the contents of this Affidavit signed by me and that the statements are true and correct.

Katie D. Perkins

August 13, 2015

STATE OF TENNESSEE, COUNTY OF DAVIDSON, ss:

On this 13th day of August, 2015, before me personally appeared Katie Perkins, to me known to be the person described in and who executed the foregoing Affidavit, and, being first duly sworn on oath according to law, deposes and says that he/she has read the foregoing Affidavit subscribed by him/her, and that the matters stated herein are true to the best of his/her information, knowledge and belief.

CHRISTOPHER L. TAYLOR
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

Notary Public

Notary - SunTrust Bank
Title (and Rank)

My commission expires 07/03/2017

Prepared By:
MANDEE WELLS
3017 SILVER SPRINGS CT
MURFREESBORO, TN 37128

Eastland
Funeral Home

I hereby certify the below to be an authentic copy of the Death Certificate as filed with the Tennessee Department of Health.

Charles E. Worrell, Sr. Funeral Director

CHARLES E. WORRELL SR. NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TENN.

Sworn and subscribed before me this 2 **day of** Jan ,2004

My Commission expires 11/27/2004

Jane M. Worrell, Notary Public At Large

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Sherron Denice Prince
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): December 20, 2003
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-2957
5a. AGE-LAST BIRTHDAY (Years): 48
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): 6/10/1955
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Skyline Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. 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.): Food Service
12b. KIND OF BUSINESS/INDUSTRY: Skyline Medical Cent
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1121 No. 6th Street
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37206
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No — Specify, if yes.
15. RACE-American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 c

NAME OF DECEDENT For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Thornton Prince
18. MOTHER'S NAME (First, Middle, Maiden Surname): Katie Dobson

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Katie Perkins
19b. RELATIONSHIP TO DECEASED: Mother
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1121 No. 6th Street Nashville, TN. 37206

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 Cemetery
20c. LOCATION-City or Town, State: Nashville, TN.
21a. SIGNATURE OF FUNERAL DIRECTOR: Charles Worrell
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 120
21c. SIGNATURE OF EMBALMER: Jeff Plunk
21d. LICENSE NUMBER OF EMBALMER: 4353
22a. NAME AND ADDRESS OF FUNERAL HOME: Eastland Funeral Home 904 Gallatin Road Nashville, TN. 37206-3230
22b. LICENSE NUMBER OF FUNERAL HOME: 120

REGISTRAR

23. REGISTRAR'S SIGNATURE
24. DATE FILED (Month, Day, Year)

CERTIFIER

25a. 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 [✓] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER: MD 25644
25c. DATE SIGNED (Month, Day, Yea): 29 Dec 03

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
error
26b. LICENSE NUMBER: ~~MD 25644~~ error
26c. DATE SIGNED (Month, Day, Yea): ~~29 Dec 03~~ error

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): Richard S. Smith, M.D. 3443 Dickerson Pike Nashville, TN. 37207

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	Pneumonia d/t Pneumonia	6 wks