Box 13

Prepared by:
Advantage Title and Escrow
3325 Aspen Grove Drive, Ste. 104
Franklin, TN 37067
#9924

BILL GARRETT, Davidson County
Trans:T20150072803 AFFIDAVITH
Recvd: 08/27/15 10:06 9 pgs
Fees:47.00 Taxes:0.00
20150827-0086801

AFFIDAVIT OF HEIRSHIP

Address of New Owner:
BRENDA J. WINTERS
SANDRA R. BOOKER
WILMA A. CROW
LOIS J. BUTTERY
JACKIE L. JACKSON
JOHNNY V. JACKSON
STANLEY E. JACKSON
LEWIS L. BOZARTH
STACY B. MANNING
SHANE A. BOZARTH
6413 Robertson Pike
Nashville, TN 37209

Send Tax Bills To:
NEW OWNER

Map & Parcel:
90-8-181

STATE OF TENNESSEE
COUNTY OF DAVIDSON

RE: 6413 Robertson Ave
Nashville, TN 37209
Reference Instrument No. 20080925-0097591

I, MARY INMAN, being first duly sworn on oath, state that I am of lawful age and that based upon my personal knowledge further depose and state:

1. NORNIA WILLIARD a.k.a. NORNIA V. WILLIARD a.k.a. NORNIA VICTORIA WILLIARD died on JUNE 7, 2014.
2. The decedent was widowed at the time of HER death.
3. The estate of the decedent is solvent and that any and all debts and inheritance taxes, if any, against the estate of the decedent have been paid, or will be paid.
4. There was 8 children born (or legally adopted) by NORNIA WILLIARD.
5. The decedent died testate and leaving as her sole heirs at law the following:

    1. **BRENDA WINTERS, DAUGHTER**
    2. **SANDRA R. BOOKER, DAUGHTER**
    3. **WILMA A. CROW, DAUGHTER**
    4. **LOIS J. BUTTERY, DAUGHTER**
    5. **JACKIE L. JACKSON, DAUGHTER**
    6. **JOHNNY V. JACKSON, SON**
    7. **STANLEY E. JACKSON, SON**
    8. **JO ANN BOZARTH, DAUGHTER**
        - **A. JO ANN BOZARTH HAVING SINCE DIED ON 09-05-1994.**
        - **B. JO ANN BOZARTH WAS MARRIED TO LEWIS L. BOZARTH AT THE TIME OF HER DEATH**
        - **C. THERE WAS 2 CHILDREN BORN(OR LEGALLY ADOPTED)BY JO ANN BOZARTH**
        - **D. JO ANN BOZARTH DIED INTESTATE AND LEAVING AS HER SOLE HEIRS AT LAW THE FOLLOWING:**
            1. **LEWIS L. BOZARTH, HUSBAND**
            2. **STACY B. MANNING, DAUGHTER**
            3. **SHANE A. BOZARTH, SON**

6. TennCare Release recorded herewith as Exhibit A
7. Reference the herewith attached unprobated Will of NORNIA V. WILLIARD recorded as Exhibit B
8. A Life Estate was given to **BRENDA WINTERS** in the hereinabove referenced unprobated Will of NORNIA V. WILLIARD
9. The Death Certificate for NORNIA VICTORIA WILLIARD is herewith recorded as Exhibit C
10. The Death Certificate for JO ANN BOZATH is herewith recorded as Exhibit D

This affidavit is given as an inducement for Fidelity National Title, Westcor Title, First American Title Insurance, to insure the title to the above described property without taking any exception as to any and all matters set out herein above; and further the undersigned agrees to Fidelity National Title, Westcor Title, First American Title Insurance, and Advantage Title & Escrow, Inc. for any loss caused by a misstatement of fact.

TCA 30-2-712 provides that whomever shall willfully, corruptly and falsely swear to any statement in an affidavit of heirship known by him to be false or about which he does not have sufficient

knowledge to justify his making such a sworn statement on conviction shall be imprisoned in the penitentiary for not less than one, nor more than five years.

Witness my hand this the 20 day of August, 2015.

Mary Inman
MARY INMAN

State of Tennessee
County of Davidson

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named MARY INMAN with whom I am personally acquainted or proved to me on the basis of satisfactory evidence, and who acknowledged that she executed the within instrument for the purposes therein contained.

Sworn to and subscribed before me this 20 day of August, 2015.

Clarinda Bowman
Notary Public
Commission Expires: 07-03-2017

CLARINDA BOWMAN
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

EXHIBIT A

State of Tennessee
Department of Finance and Administration
Bureau of TennCare
Third Party Liability Division
310 Great Circle Road, 4th Floor
Nashville, Tennessee 37243
Toll Free: 866-389-8444 • FAX: 615-413-1941

Bill Haslam
Governor

Mark A. Emkes
Commissioner

5/20/2015

BRENDA WINTERS
EXECUTOR
6413 ROBERTSON AVE
NASHVILLE, TN 37209

RE: NORNIA WILLARD
Last Four Of SSN 4950

Dear BRENDA WINTERS:

This letter constitutes notification of the release of the State of Tennessee's Bureau of TennCare against the above estate for the marked reason:

X ___ This serves as a release of the Bureau of TennCare's interest in recovery from the above referenced estate as required by T.C.A. §71-5-116(c) (2). Based on a review of the information provided on the Request for Release of Estate Recovery Cost Claim form, we do not find long term TennCare benefits paid by the State of Tennessee on behalf of this individual.

___ This release is based upon the surviving spouse deferral, which meets the criteria defined in T.C.A. §71-5-116(c). The State of Tennessee does reserve the right to file a claim for long term care/nursing home services against the estate of the surviving spouse upon the death of the surviving spouse.

___ This release is based upon the decedents age exception, which meets the criteria defined in T.C.A. §71-5-116(c). The State of Tennessee recovers payments made only on behalf of individuals fifty-five years of age or older.

If there are questions, you may contact the Estate Recovery Unit at (866) 389-8444.

Sincerely,

Angela J. Howard

EXHIBIT B

LAST WILL AND TESTAMENT
OF
NORNIA V. WILLARD

COPY

I, **Nornia V. Willard,** a citizen and resident of Davidson County, Tennessee, being of sound mind and disposing memory, do hereby make, publish and declare this to be my Last Will and Testament, hereby revoking any and all former Wills and Codicils to Wills heretofore made by me.

FIRST: I direct that those in charge of my estate pay my funeral and burial expenses from the first money coming into their hands, and I direct that they not be required to file with the Court an inventory of the assets of my probate estate, nor be required to file a final accounting of the receipts and disbursements. I direct and authorize that my real estate, wherever located, be subject to the administration of my Estate and may be sold and/or mortgaged by my Executor without petitioning the Court for approval.

SECOND: I hereby give and grant to my daughter, Brenda Winters, a life estate in and to my home at 6413 Robertson Avenue, Nashville, Tennessee 37209 for so long as she may wish to reside there, pay the taxes and insurance, is willing to provide minor maintenance and is able to physically and mentally take care of herself.

THIRD: I hereby give, will, devise and bequeath the following items of personal property to the persons named, to wit:

(a) My china and family placate to Johnny Jackson

(b) My tool box and all hand tools to Stanley Jackson

(c) My household personal property to Brenda Winters

(d) My album of Joann Bozarth to Stacy Manning

(e) All other remaining family keepsakes are to be given to my birth daughters who are living at the time of my death.

FOURTH: All the rest, residue and remainder of my estate, real, personal or mixed, of every name, nature, kind and description whatsoever and wherever the same may

be situated at the time of my death, I give to my children who are living at the time of my death.

FIFTH: My husband had a daughter, Lajenna Holmes, who is not related to me by blood and did not become related to me by marriage nor have I adopted her. It is not by accident or oversight that she has not been mentioned in this my Last Will and Testament but by design. I never knew her until he died. We have never had any relationship whatsoever and I have no reason or obligation to leave her anything and I do not choose to leave her anything now.

SIXTH: I hereby nominate, designate and appoint my daughter, Brenda Winters as the Executrix of this my Last Will and Testament and direct that she not be required to make bond. In the event my daughter, Brenda Winters, should not survive me, die, resign, be unable to act or fail to act for any reason, then and in that event I name, designate and appoint my son, Stanley Jackson to serve in her place without bond. I hereby give and grant to my Executor the fullest powers afforded under Tennessee law to do all things necessary for the proper settlement of my estate including full right and authority to sell, bargain, barter, assign, swap, pledge or hypothecate the assets of my estate as they may deem best for the proper settlement of my estate and without the further order of any court or tribunal.

IN WITNESS WHEREOF, I have hereunto set my hand and signed each of the three pages of this my Last Will and Testament, this 7th day of May, 2009 at Nashville, Tennessee.

Nornia V. Willard

NORNIA V. WILLARD – Testatrix

ATTESTATION CLAUSE

Signed, signified, published and declared by the Testatrix as and for her Last Will and Testament, in the presence of us, the undersigned attesting witnesses, who at her request and direction, and in her sight and presence and in the sight and presence of each other, have hereunto set our hands as such witnesses the day and date above written.

WITNESSES

((Signature) Robert B Young
(
((Address) 4800 Charlotte Ave.
(
(Nashville, TN 37209
(
((Signature) Becki George
(
((Address) 4800 Charlotte Ave.
(
(Nashville, TN 37209

THIS INSTRUMENT PREPARED BY:

Robert B. Young, Attorney
4800 Charlotte Ave.
Nashville, TN 37209

AFFIDAVIT OF WITNESS TO PROVE WILL

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Robert B. [illegible] and Becki D. George, of legal age and after being duly sworn and according to law, depose and say:

1. That they witnessed the execution of the Last Will and Testament of **NORNIA V. WILLARD** dated this 7th day of May, 2009, to which this affidavit is attached, and that this affidavit is being made at the request of the Testatrix, and in accordance with Tennessee Code Annotated 32-2-110.

2. That their signatures are affixed to said Last Will and Testament, that they signed or affixed the same at the instance and at the request of the Testatrix and in her sight and presence, and in the sight and presence of each other, at the place and on the date recited in said Last Will and Testament.

3. That the Testatrix signed said paper writing as and for her Last Will and Testament in their sight and presence.

4. That at the time they witnessed said Last Will and Testament, the Testatrix was, in their opinion, of sound mind and disposing memory.

Witness

Witness

Sworn to and subscribed before me this 7th day of May, 2009, at Nashville, Tennessee.

NOTARY PUBLIC

My commission expires: Jan 03 2011

LAWRENCE A. BALLEW
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

EXHIBIT C

STATE OF TENNESSEE
Office of Vital Records

1403763 — STATE FILE NUMBER

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Normia Victoria Willard
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): June 7, 2014
4. TIME OF DEATH (Approx.): 4:10 AM
5a. AGE-Last Birthday (Years): 89
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): June 17, 1924
7. BIRTHPLACE (City and State or Foreign Country): Woodbury, Tennessee

TYPE/PRINT IN PERMANENT BLACK INK — NAME OF DECEDENT (Forms by Physician or Institution)

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): 6413 Robertson Avenue
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: Furniture Destressor
11b. KIND OF BUSINESS/INDUSTRY: Davis Cabinet Company

12. SOCIAL SECURITY NUMBER: [redacted]-4950
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 6413 Robertson Avenue
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37209
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

5

PARENTS

18. FATHER'S NAME (First, Middle, Last): Sam Gunter
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Bertha Osament

DISPOSITION

20a. INFORMANT'S NAME: Stanley E. Jackson
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 6340 Alamo Place, Nashville, TN 37209
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 Memory Gardens
21c. LOCATION - City or Town and State: Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Michael P. Illobre
22b. LICENSE NUMBER: 5352
22c. SIGNATURE OF EMBALMER: ▶ Michael P. Illobre
22d. LICENSE NUMBER: 5353
23a. NAME AND ADDRESS OF FUNERAL HOME: West Harpeth Funeral Home, 6962 Charlotte Pike, Nashville, TN 37209
23b. LICENSE NUMBER OF FUNERAL HOME: 1016

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Michael Edwards DR
25. DATE FILED (Month, Day, Year): June 17, 2014

CERTIFIER

28. CERTIFIER (Check only one)
28a. ☑ PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.
28b. ☐ 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.

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS

27a. SIGNATURE OF CERTIFIER: ▶ [signature]
27b. LICENSE NUMBER: 6465
27c. DATE SIGNED (Month, Day, Year): 6/13/14
27d. NAME AND ADDRESS: John B. Bassel, 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. Encephalopathy
Due to (or as a consequence of):
b. Normia
Due to (or as a consequence of):
c.
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
a.
b. Years
c.
d.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
osteoporosis, vertibral compression fractures

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

PH-1659 (Rev. 9/2011) — RDA 1399

COPY/FAX/CA/URE ANTI-FRAUD PROTECTION

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.

6737602

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

6737602

Date Issued: JUN 17 2014

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

EXHIBIT D

Bass Funeral Homes

SINCE 1916

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER:

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): JO ANN BOZARTH
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): Sept. 5, 1994
4. SOCIAL SECURITY NUMBER: [redacted]-5370
5a. AGE—LAST BIRTHDAY (Years): 46
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): June 10,1948
7. BIRTHPLACE (City and State or Foreign Country): Clairfield, Tn.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ Yes 2 ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 ☐ 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): 13 East Maple
9c. CITY, TOWN, OR LOCATION OF DEATH: Lancaster
9d. COUNTY OF DEATH: Smith
10. MARITAL STATUS—Married; Never Married; Widowed; Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Lewis L. Bozarth
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: Tenn.
13b. COUNTY: Smith
13c. CITY, TOWN OR LOCATION: Lancaster
13d. STREET AND NUMBER OR RURAL LOCATION: 13 East Maple
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 ☐ Yes 2 ☒ No
13f. ZIP CODE: 38569
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes ☒ 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): 11th; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): John Andrew Jackson
18. MOTHER'S NAME (First, Middle, Maiden Surname): Nornia Victoria Gunter

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Lewis L. Bozarth
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): P.O. Box 14 Lancaster, Tn. 38569

DISPOSITION

20a. METHOD OF DISPOSITION: 1 ☒ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Harpeth Hills Mem. Gdns
20c. LOCATION—City or Town, State: Nashville, Tn.
21a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3156
21c. SIGNATURE OF EMBALMER: Kenyon B. Gibbs
21d. LICENSE NUMBER OF EMBALMER: 3247
22a. NAME AND ADDRESS OF FUNERAL HOME: Bass Funeral Chapel, Inc. 184 Main St. Gordonsville, Tn. 38563
22b. LICENSE NUMBER OF FUNERAL HOME: 726

REGISTRAR

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

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 ☐ SIGNATURE AND TITLE OF PHYSICIAN: [signature]
25b. LICENSE NUMBER: 19078
25c. DATE SIGNED (Month, Day, Year): 9-9-94
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):
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): JOHN A. STRUPP M.D 4330 HARDING ROAD # 400 NASHVILLE TN

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.	Malignant Glioma	3 years
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.		
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.

29a. WAS AN AUTOPSY PERFORMED? 1 ☐ Yes 2 ☐ 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: M
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)

BIRTH NO.

RDA 1329

IN ACCORDANCE WITH TCA 56-7-206 BASS FUNERAL CHAPEL INC. IS ISSUING THIS CERTIFICATE OF DEATH. THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE RECORD FILED WITH THE DIVISION OF VITAL STATISTICS, TENNESSEE DEPT. OF PUBLIC HEALTH BY BASS FUNERAL CHAPEL INC. THIS IS VALID ONLY WHEN THE CORPORATE SEAL OF THE ISSUING TENNESSEE FUNERAL DIRECTOR IS AFFIXED

TENNESSEE FUNERAL DIRECTORS # 3156 BY [signature]

TENNESSEE FUNERAL ESTABLISHMENT # 726