THIS INSTRUMENT PREPARED BY:
PRISCILLA E. EATON
1007 MAXWELL AVE
NASHVILLE, TN 37206

BILL GARRETT, Davidson County
Trans:T20150076124 AFFIDAVITH
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Affidavit of Heirship

Affidavit of facts concerning the identity of Heirs for the Estate of: **Larry David Eaton**

before me, the undersigned authority, on this day personally appeared: **Priscilla Elaine Eaton**

("Affiant") who, being first duly sworn, upon her oath states:

1. My name is: **Priscilla Elaine Eaton**

I live at: **1007 Maxwell Avenue, Nashville, Tennessee 37206-3519**

I am personally familiar with the family and marital history of: **Larry David Eaton**
(Decedent), and I have personal knowledge of the facts stated in this Affidavit.

2. I knew the decedent from September 04, 1981 until Death Decedent died on **25 August 2015**.

Decedent's place of death:

Nashville, Tennessee (Davidson) CITY STATE COUNTY

At the time of decedent's death, decedent's residence was:

Nashville, Tennessee (Davidson) CITY STATE COUNTY

3. Provide the following information on the deceased's marital history:
(If never married, please state that below.)

NAME OF SPOUSE / DATE OF MARRIAGE / DATE OF DIVORCE / DATE OF SPOUSE'S DEATH

Priscilla Elaine Eaton 4 September 1981 8/25/2015

4. Provide the following information on the deceased's natural born and adopted children:
(If there are none, please state that below. If additional space is needed, please provide information as an attachment.)

NAME OF CHILD / ADDRESS / DATE OF BIRTH / NAME OF CHILD'S OTHER PARENT / DATE OF CHILD'S DEATH **None**

5. Provide the following information on the deceased's grandchildren, born only to the deceased children in Item 4, above:
(If there are none, please state that below.) **None**

NAME OF CHILD / ADDRESS / DATE OF BIRTH / NAME OF GRANDCHILD'S DECEASED PARENT

6. If the decedent never married and did not have any children, provide the following information on the deceased's parents: DECEASED'S PARENT'S NAMES / PARENT'S CURRENT ADDRESS / PARENT'S DATE OF DEATH
Lee Kip Eaton deceased 2 October 1970, buried in Holder Cemetery, Tishomingo County , Mississippi
Ida Frances Eaton deceased 18 May 1996 buried in Holder Cemetery, Tishomingo County, Mississippi

7. Provide the following information on the deceased's brothers and/or sisters: (If there are none, please state that below.)

NAME OF BROTHER'S / CURRENT ADDRESS / DATE OF BIRTH /

Jimmie Lee Eaton, 543 County 8021 Road, Rienzi, Mississippi , 38865

Signed this third day of September, 2015.

(SIGNATURE OF AFFIANT)

State of Tennessee

County of Davidson

Sworn to and subscribed to before me

on 3rd September, 2015
(DATE)

by **Priscilla E. Eaton**
(NAME OF AFFIANT)

(NOTARY SIGNATURE)
(Notary Seal)
My commission expires: 7 day of March 2015

GLORIA M. JACKSON
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON
My Commission Expires March 07, 2017

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Larry David Eaton
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): August 25, 2015
4. TIME OF DEATH (Approx.):
5a. AGE-Last Birthday (Years): 67
5b. UNDER 1 YEAR: Months / Days
5e. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): July 30, 1948
7. BIRTHPLACE (City and State or Foreign Country): Red Bay, Alabama

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): Skyline Medical Center
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): Priscilla E. Harrell
11a. DECEDENT'S USUAL OCCUPATION: E-7 Retired
11b. KIND OF BUSINESS/INDUSTRY: United States Army

12. SOCIAL SECURITY NUMBER: [redacted]-1318
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 1007 Maxwell Avenue
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37206
14. WAS DECEDENT EVER IN US ARMED FORCES? ☒ Yes ☐ No

NAME OF DECEDENT (For use by Physician or Institution)

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): Lee Kip Eaton
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Ida Frances Holder

DISPOSITION

20a. INFORMANT'S NAME: Priscilla Eaton
20b. RELATIONSHIP TO DECEDENT: Spouse
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1007 Maxwell Ave. Nashville, TN 37206

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Spring Hill Cemetery
21c. LOCATION - City or Town and State: Nashville, Tennessee

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Thomas W. Bowers
22b. LICENSE NUMBER: 3049
22c. SIGNATURE OF EMBALMER: ▶ Trudy Riggs
22d. LICENSE NUMBER: 6874

23a. NAME AND ADDRESS OF FUNERAL HOME: Spring Hill Funeral Home & Cemetery 5110 Gallatin Road Nashville, TN 37216
23b. LICENSE NUMBER OF FUNERAL HOME: 1046

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Deneith Rhodes (COM)
25. DATE FILED (Month, Day, Year): September 2, 2015

CERTIFIER

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.

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

27a. SIGNATURE OF CERTIFIER: ▶
27b. LICENSE NUMBER: 53023
27c. DATE SIGNED (Month, Day, Year): 9/2/15
27d. NAME AND ADDRESS: 3993 Dickerson Pike

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.

		Approximate interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	Cardiac Arrest	
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.		

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 ☐ 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

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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

8242609
Date Issued SEP 02 2015

CERTIFICATION OF VITAL RECORD