This instrument was prepared by:
David B. LaRoche, #025516
320 E. Main St., Ste. 204
Murfreesboro, TN 37130

GRANTEE(S): Crystal A. Johnson & Francis Janc Tisdale

SEND TAX NOTICES TO: Crystal Johnson & Francis Tisdale
C/O Angela Tisdale
1508 Trails End Lane
Boilingbrook, IL 60440

MAP PARCEL NUMBER: 082 12 0 175.00

BILL GARRETT, Davidson County
Trans:T20150093175 AFFIDAVITH
Recvd: 11/02/15 13:27 9 pgs
Fees:47.00 Taxes:0.00
20151102-0111276

AFFIDAVIT OF HEIRSHIP
Tennessee Code Annotated § 30-2-712.

STATE OF Illinois)
COUNTY OF DuPage)

The undersigned, being duly sworn, deposes and says:

1. My name is ANGELA TISDALE. I will refer to myself in this Affidavit as the Affiant.

2. My mailing address is 1508 Trails End Lane, Boilingbrook, IL 60440.

3. I have personal knowledge of the matters stated in this Affidavit. I have no creditor or beneficiary interest in the estate of any of the deceased persons referred to in this instrument. I have no ownership interest in any real property referred to in this instrument.

4. LOUIS WILLIAM WELLS died on 06/06/1986. Attached hereon as "Exhibit A", with social security number redacted, is an otherwise true and correct copy of Mr. Wells' death certificate.

5. MARY B. WELLS died, testate, on 07/19/2012. Attached hereon as "Exhibit B", with social security number redacted, is an otherwise true and correct copy of Ms. Wells' death certificate.

6. A "Last Will and Testament" for MARY B. WELLS, dated 06/04/1987, was admitted to probate by the Davidson County Circuity Court, Probate Division, on 03/21/2013. It is of record in said probate court under case number 13P129.

7. I, Mary Wells' granddaughter, ANGELA TISDALE, was appointed Executrix of the estate by Order of the Davidson County Circuit Court, Probate Division.

Return to:

MAGNOLIA
TITLE & ESCROW

1104 Fatherland Street
NASHVILLE, TN 37206

8. The Estate of Mary B. Wells is solvent, and releases from both the Tennessee Bureau of TennCare, as well as Department of Revenue, showing no inheritance taxes or Medicaid reclamation owed, are on file with the clerk of the Davidson County Circuit Court, Probate Division. Attached hereon as "Exhibit C" and "Exhibit D" are copies of said tax and TennCare releases.

9. In her said "Last Will and Testament," Mary B. Wells devised her estate residue (including all real property) to her daughters FRANCIS JANE TISDALE and MARGARET ANN JOHNSON. In the event one of her daughters predeceased (as did Margaret Johnson) Mary B. Wells "bequeath[ed] the [residue] to my grandchildren equally, share and share alike."

10. MARGARET ANN JOHNSON died, intestate, on 01/22/2002. She was a resident of the state of Wisconsin. Ms. Johnson was not married at the time of her death. Her sole heirs at law are her only issue, CRYSTAL JOHNSON (daughter) and BENE' NICOLE JOHNSON (daughter). Attached hereon as "Exhibit E", with social security number redacted, is an otherwise true and correct copy of Ms. Johnson's death certificate.

11. BENE' NICOLE JOHNSON died, intestate, on November 3rd, 2015. She was a resident of the state of Wisconsin. Ms. Bene' Nicole Johnson was not married at the time of her death, and had no children or issue. Her parents pre-deceased her. Her sole heir-at-law is her sister, CRYSTAL JOHNSON. Attached hereon as "Exhibit F", with social security number redacted, is an otherwise true and correct copy of Ms. Johnson's death certificate.

12. The real property to which this Affidavit applies is identified as lot 56 of the Neill S. Brown's Addition to East Nashville, Tennessee, more fully described as:

> **Being Lot No. 56 on the Plan of Neill S. Brown's Addition to East Nashville, as of record in Book 57, Page 50, Register's Office for said County.**
>
> **Said Lot No. 56 fronts 50 feet on the southerly side of Marina Street and runs back between parallel lines, 170 feet to an alley.**
>
> **Being the same lot conveyed to Louis W. Wells and Wife, Mary B. Wells of record in Record Book 5457, Page 39, of the Davidson County, Tennessee, Register's Office.**

13. The following are the legal heirs of the Tennessee real property owned by MARY B. WELLS. The new owners' information is as follows:

    A. (Daughter- 50%) Francis Jane Tisdale, 1508 Trails End Lane, Boilingbrook, IL 60490-3291
    B. (Granddaughter- 50%) Crystal A. Johnson, 8061 West Manor Circle,

Milwaukee, WI 53223-6229

FURTHER AFFIANT SAYETH NAUGHT

Angela Tisdale

Angela Tisdale
"Affiant"

Sworn to and subscribed before me this 28th day of Sept, 2015.

My Commission expires: 5/30/18

OFFICIAL SEAL
LISA JARVIS
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:05/30/18

Lisa Jarvis

Notary Public

Tennessee Code Annotated §67-4-409(a)(3)(D) exempts this instrument from tax and §67-4-409(a)(5) further provides the valuation oath is unnecessary.

STATE OF TENNESSEE
Office of Vital Records

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

19094
10
19094 BIRTH NO.

86-018600 STATE FILE NO.

8602739
THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT BLACK INK.

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PERMIT TRANSIT REMOVAL

DISPOSITION

CERTIFIER

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE; ANY PHYSICIAN OR MEDICAL EX-

1. DECEASED—NAME	Louis W. Wells	2. DATE OF DEATH (MONTH, DAY, YEAR)	June 16, 1986
3a. AGE—LAST BIRTHDAY (YEARS)	59	3b. UNDER 1 DAY	
3c. DATE OF BIRTH (MONTH, DAY, YEAR)	9-13-1926	4. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. SPECIFY)	Black
5. ORIGIN OR DESCENT (HISPANIC, MEXICAN, CUBAN, ETC. IF APPL.)	American 06	6. SEX	Male
7a. COUNTY OF DEATH	Davidson	7b. CITY, TOWN OR LOCATION	Nashville
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO)	yes	7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.)	926 Marina Street
7e. IF HOSP. OR INST. (SPECIFY)	Resident 6	8a. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	Mississippi 25
8b. CITIZEN OF WHAT COUNTRY	U.S.A.	9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	Married
10. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	Mary Bostic	11a. SOCIAL SECURITY NUMBER	[redacted]
11b. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE)	1942-1944	12a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	Masonry 563
12b. KIND OF BUSINESS OR INDUSTRY	Self-Employed B	13a. RESIDENCE—STATE	Tennessee
13b. COUNTY	Davidson	13c. CITY, TOWN, OR LOCATION	Nashville
13d. STREET AND NUMBER	926 Marina St.	13e. INSIDE CITY LIMITS (SPECIFY YES OR NO)	yes
13f. CENSUS TRACT NO.		14. FATHER—NAME	Emmanuel Wells
15. MOTHER—MAIDEN NAME	Gracie Murphy	16. INFORMANT—NAME	Mary Wells; 926 Marina Street
16a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY)	Burial	16b. DATE (MONTH, DAY, YEAR)	6-21-86
16c. CEMETERY OR CREMATORY—NAME	National	16d. LOCATION—CITY OR TOWN, STATE	Madison, Tennessee
17a. FUNERAL DIRECTOR (SIGNATURE)	Annie H. Johnson	17b. LICENSE NO.	2752
17c. EMBALMER (SIGNATURE)	Ronald T. Brown	17d. LICENSE NO.	2754
17e. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	Johnson's House of Atena; Nashville TN	17f. REGISTRAR—SIGNATURE	Esther D. Gish
17g. DATE ACCEPTED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	June 25, 1986	18a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED. SIGNATURE	
18b. DEGREE		18c. DATE SIGNED (MONTH, DAY, YEAR)	
19a. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSES STATED. SIGNATURE	T.E. Simpkins M.D.	19b. TITLE	3
19c. DATE SIGNED (MONTH, DAY, YEAR)	6-23-86	20a. CERTIFIER—NAME (TYPE OR PRINT)	T.E. SIMPKINS M.D.
20b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	1120 Dickerson Rd 37207		

8265618

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.

8265618

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued Sep-17-2015

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

132 011350

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Mary B. Wells
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): July 19, 2012
4. TIME OF DEATH (24hr): 12:00 pm
5a. AGE-Last Birthday (Years): 92
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): August 11, 1919
7. BIRTHPLACE (City and State or Foreign Country): Gurley, AL

Transient or Resident of Institutional Place (Yes/No)

8a. PLACE OF DEATH (Check only one)
If death occurred in a hospital: ☐ Inpatient ☐ ER/Outpatient ☒ DOA ☐ Hospice facility
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): 926 Marina Street
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: Writer
11b. KIND OF BUSINESS/INDUSTRY: Polk Printing Co.

12. SOCIAL SECURITY NUMBER: [redacted]
12a. RESIDENCE-STATE OR FOREIGN COUNTRY: TN
13a. COUNTY: Davidson
13b. CITY OR TOWN: Nashville
13c. STREET AND NUMBER: 926 Marina St.
13d. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 37206
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

19. FATHER'S NAME (First, Middle, Last): Elemo Bostic
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Ella Sharp

DISPOSITION

20a. INFORMANT'S NAME: Frances P. Tisdale
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1508 Trails End Lane, Bolingbrook, IL 60490

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

22a. SIGNATURE OF FUNERAL DIRECTOR: ► Melvin J. Smith
22b. LICENSE NUMBER: 4602
22c. SIGNATURE OF EMBALMER: ► Ron Stewart
22d. LICENSE NUMBER: 3732
23a. NAME AND ADDRESS OF FUNERAL HOME: Smith Brothers Funeral Directors, Inc., 708 Monroe St., Nashville, TN 37208
23b. LICENSE NUMBER OF FUNERAL HOME: 809

REGISTRAR

24. REGISTRAR'S SIGNATURE: ► Teresa S. Hendricks
25. DATE FILED (Month, Day, Year): July 26, 2012

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.

MEDICAL CERTIFICATION

27a. SIGNATURE OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH UNLESS COMPLETE AND DUE WITHIN 48 HOURS): ► Robert P. Burham Jr. M.D.
27b. LICENSE NUMBER: MD 13568
27c. DATE SIGNED (Month, Day, Year): 7/24/2012
27d. NAME AND ADDRESS: 312 500 300 20th Ave No. Nashville TN 37203

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. COPD	Years
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. Cor Pulmonale Due to (or as a consequence of):	Years
	c. Due to (or as a consequence of):	
	d. Due to (or as a consequence of):	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
Coronary Artery Disease

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)

TN-1559 (Rev. 10/2011)
VDA 1309

5280777

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 securily 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

Tonya Y. Forloman
Tonya Y. Forloman, Local Registrar
Davidson County, Tennessee

Teresa S. Hendricks
Teresa S. Hendricks
STATE REGISTRAR

8/2/2012
Date Issued

CERTIFICATION OF VITAL RECORD

N0019001 7688355150730

COPY

TENNESSEE DEPARTMENT OF REVENUE

FILED

2015 AUG 13 PM 2:58

RICHARD R. ROOKER

Inheritance Tax Closing Letter (This is not a bill for tax due)

August 2, 2015

ESTATE OF MARY B WELLS
ATTN: DAVID B LAROCHE
320 E MAIN ST STE 204
MURFREESBORO TN 37130-3890

D.C.

Account Type:	INHERIT TX
Account No.:	442072393
Date of Death:	September 19, 2012
County:	DAVIDSON
SSN:	XXX-XX-7568

A sworn return for inheritance tax has been filed with this department by the representative of the above estate.

As provided in Section 67-8-420, Tennessee Code Annotated, this receipt or certificate authorizes the court of the county in which such estate was administered to permit a final settlement or accounting by the estate representative.

The liability, as denoted in this closure letter, has been paid to the State of Tennessee. This is not a bill:

Inheritance Tax:	$0.00
Estate Tax:	$0.00
Interest:	$0.00
Penalty:	$0.00
Total:	$0.00

DETACH BELOW AND RETAIN FOR YOUR RECORDS

TENNESSEE DEPARTMENT OF REVENUE

ESTATE OF MARY B WELLS
ATTN: DAVID B LAROCHE
320 E MAIN ST STE 204
MURFREESBORO, TN 37130-3890

August 2, 2015

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Estate Tax:	$0.00
Interest:	$0.00
Penalty:	$0.00
Total:	$0.00

COPY

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: 615-313-1941

FILED
2013 FEB 27 PM 1:50
CLERK
U.S. BANKRUPTCY COURT
M.D. TN

Bill Haslam
Governor

Mark A. Emkes
Commissioner

2/20/2013

DAVID B. LAROCHE
320 E. MAIN ST.
SUITE 204
MURFREESBORO, TN 37130

RE: MARY B. WELLS
Last Four Of SSN 7568

DEAR DAVID B. LAROCHE:

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,

Jamecla J. Howard

WARNING: IT IS ILLEGAL TO REPRODUCE THIS CERTIFICATE ACCORDING TO STATE STATUTE 69.24

STATE OF WISCONSIN
DEPARTMENT OF HEALTH AND FAMILY SERVICES
Certification of Vital Record

DOH 5040 (Rev 9/96)
Chap. 69, Wis. Stats.

0365

STATE OF WISCONSIN
DEPARTMENT OF HEALTH AND FAMILY SERVICES
ORIGINAL CERTIFICATE OF DEATH

STATE FILING DATE

STATE DEATH NO.

Type or Print Use Permanent Black Ink No Whiteout or Erasures

Reserved for Corrections & Amendments

LOCAL FILE NUMBER

1. DECEDENT'S NAME (First / Full Middle / Last)	2. SEX	3. SOC. SEC. NUMBER OF DECEDENT	4a. PRONOUNCED DEAD DATE: (Mo / Day / Yr.)	4b. HOUR	5. BODY FOUND (24+ hours after death)
Margaret Ann JOHNSON	M [ ] F [X]	[redacted]	January 22, 2002	12:35 P M	Y [ ] N [X]

6a. AGE (Years) (Last Birthday)	6b. Under 1 yr: Mos. / Days	6c. Under 1 day: Hours / Min.	7. DATE OF BIRTH (Mo. Day Yr.)	8a. COUNTY OF DEATH	8b. DEATH OCCURRED INSIDE CITY, VILL. TOWNSHIP	8c. (CHECK ONE) City [X] Vill [ ] Township [ ]
59			July 6, 1942	Milwaukee	Milwaukee	

9. DEATH AT HOSPITAL	10. OTHER PLACE	11a. HOSPITAL (AND CAMPUS) OR NURSING HOME (If not in Hospital or Nursing Home give street address.)	11b. NURSING HOME LICENSE NO.	12. MARITAL STATUS
1. [ ] Inpat. 3. [ ] DOA-From Nur. Hm. 5. [ ] DOA-From Other 2. [ ] Outpat 4. [ ] ER-From Nur. Hm. 6. [ ] ER-From Other	[ ] N.H. [ ] Other [X] Res. of deceased	8417 N. Servite Dr. #202		[ ] Married [ ] Never Married, [ ] Divorced [X] Widowed

13a. RESIDENCE - STATE	13b. RESIDENCE - COUNTY	13c. RESIDENCE - INSIDE CITY, VILLAGE, TOWNSHIP	13d. (CHECK ONE) City [X] Vill [ ] Township [ ]	14a. NUMBER, STREET	14b. ZIP CODE
Wisconsin	Milwaukee	Milwaukee		8417 N. Servite Dr. #202	53223

15. STATE OF BIRTH (Country if not in U.S.)	16. FATHER'S NAME: First / Middle / Last	17. MOTHER'S NAME: First / Middle / Birth Surname
Alabama	William C. Patton	Mary Bostic

18. RACE (e.g. White, Black, Am. Indian, etc.)	19. HISPANIC ORIGIN? Specify Cuban, Mexican, etc.	20a. USUAL OCCUPATION (Do not enter "Retired")	20b. KIND OF BUSINESS / INDUSTRY
Black	[X] No	Elementary School Teacher	Public School

21. EDUCATION Highest grade completed: Elementary (0-12) / College (1-8+)	22. DECEDENT EVER IN U.S. ARMED FORCES?	23. SURVIVING SPOUSE (If wife, give birth surname, not married surname) (First, Middle, Last)
4	[ ] YES [X] NO	

24a. INFORMANT'S NAME	24b. MAILING ADDRESS (Street / City/Village / State / ZIP)
Frances Tisdale	8459 N. Servite Dr. #202 Milwaukee, WI 53223

25. METHOD OF DISPOSITION: Entombment / Burial / Cremation / Donation	26. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	27. LOCATION City/Village/Township State	28. DATE SIGNED BY FUNERAL SERVICE LICENSEE (Mo., Day, Yr.)	29. DATE RECEIVED FROM MED. CERT. (Mo., Day, Yr.)
[ ] [X] [ ] [ ]	Wisconsin Memorial Park	Brookfield, WI	January 24, 2002	January 28, 2002

30a. FUNERAL SERVICE LICENSEE (or person acting as such.)	30b. WI LICENSE NO	31. NAME AND MAILING ADDRESS OF FACILITY (Street and number, City, State, Zip)
Signature: Loretta V. Kingsby	5129	Northwest Funeral Chapel 6630 W. Hampton Ave., Milwaukee, WI 53218

32. MEDICAL CERTIFIER (Check One)	33. DATE OF DEATH (Mo., Day, Yr.)	38. MANNER OF DEATH	39. DATE OF INJURY (Mo., Day, Yr.)	40. HOUR OF INJURY
[ ] CERTIFYING PHYSICIAN - To the best of my knowledge death was pronounced and occurred at the time(s) and due to the causes stated. [X] CORONER/M.E. - On the basis of examination and/or investigation, in my opinion, death was pronounced and occurred at the time(s) and due to the causes and manner stated.	January 22, 2002	1. [X] Natural 4. [ ] Homicide 2. [ ] Accident 5. [ ] Undet. 3. [ ] Suicide 6. [ ] Pending		M

34. AUTOPSY PERFORMED?	41. PLACE OF INJURY (Home, Street, Farm, etc.) Specify	42. INJURY AT WORK?
[X] YES [ ] NO		[ ] YES [ ] NO

35a. MEDICAL CERTIFIER SIGNATURE & TITLE (Black Ink)	35b. DATE SIGNED (Mo., Day, Yr.)	43a. LOCATION (Street or RFD, City or Vill., and State in which injury occurred)	43b. COUNTY
	January 28, 2002		

36a. MEDICAL CERTIFIER'S NAME	36b. WI. PHYSICIAN LICENSE NO / CME Code	44. REGISTRAR SIGNATURE
John R. Teggatz, M.D., Dep Chief. Med Exam.	40	

37. CERTIFIER'S MAILING ADDRESS (Street, & Number, City, State, ZIP)	45. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)
933 W. Highland Ave, Milwaukee, Wisconsin 53233	JAN 30 2002

46. **PART I.** Enter the diseases, injuries or complications that caused the death. Do not list old age or senility as sole cause.

		Interval between onset and death
IMMEDIATE CAUSE (Final disease or condition resulting in death.)	(a) ACUTE MYOCARDIAL INFARCT	
	(DUE TO OR AS A CONSEQUENCE OF):	
	(b) CORONARY ARTERY THROMBUS	
	(DUE TO OR AS A CONSEQUENCE OF):	
Sequentially list conditions if any, leading to immediate cause. ENTER **UNDERLYING CAUSE LAST.** (Disease or injury that initiated events resulting in death)	(c) ATHEROSCLEROTIC HEART DISEASE	
	(DUE TO OR AS A CONSEQUENCE OF):	
	(d)	

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

SYSTEMIC HYPERTENSION, CHRONIC RENAL FAILURE, DIFFUSE SKIN RASH DUE TO DRUG REACTION

47. IF INJURY, DESCRIBE HOW INJURY OCCURRED.

This is to certify that this document, which has a raised seal, contains a true and correct reproduction of facts on file with the Wisconsin Vital Records Office.

Gloria K. Ward
GLORIA K. WARD
CITY OF MILWAUKEE VITAL STATISTICS

1440181

JAN 30 2002
Date Issued:

DEPARTMENT OF HEALTH AND FAMILY SERVICES * WISCONSIN *

THE FACE OF THIS CERTIFICATE HAS A BLUE/PINK/BLUE BACKGROUND ON WHITE PAPER - THE PAPER CONTAINS A VISIBLE CHAIN LINK WATERMARK - HOLD TO LIGHT TO VERIFY PRESENCE

WISCONSIN CERTIFICATE OF VITAL RECORD

STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES
ORIGINAL CERTIFICATE OF DEATH
FACT OF DEATH

STATE FILE DATE: NOVEMBER 07, 2013
STATE FILE NUMBER: 2013041495

1. DECEDENT'S NAME First	Middle	Last	2. SOCIAL SECURITY NUMBER	3. DATE PRONOUNCED DEAD
BENE	NICOLE	JOHNSON	[redacted]	NOVEMBER 03, 2013

4. TIME PRONOUNCED DEAD (24hr)	5. AGE	6. DATE OF BIRTH	7. SEX	8. CITY, VILLAGE, OR TOWNSHIP OF DEATH	9. COUNTY OF DEATH
10:55	38 YEARS	JANUARY 28, 1975	FEMALE	WAUWATOSA (CITY)	MILWAUKEE

10. PLACE OF DEATH	11. FACILITY NAME AND ADDRESS OF DEATH
HOSPITAL-INPATIENT	FROEDTERT MEMORIAL LUTHERAN HOSPITAL, 9200 W WISCONSIN AVE , WAUWATOSA, WI 53226

12. RESIDENCE ADDRESS	13. RESIDENCE CITY, VILLAGE, OR TOWNSHIP	14. RESIDENCE COUNTY	15. RESIDENCE STATE	16. RESIDENCE ZIP CODE
8061 W MANOR CIRCLE	MILWAUKEE (CITY)	MILWAUKEE	WISCONSIN	53223

17. MARITAL STATUS	18. WI DOMESTIC PARTNERSHIP	19. SURVIVING SPOUSE'S BIRTH NAME
NEVER MARRIED	NO	NOT APPLICABLE

20. STATE OF BIRTH	21. DECEDENT'S BIRTH LAST NAME	22. FATHER'S BIRTH NAME
WISCONSIN	JOHNSON	DENNIE JOHNSON JR

23. MOTHER'S BIRTH NAME			24. INFORMANT'S NAME		
MARGARET	ANN	PATTON	CRYSTAL		JOHNSON

25. NAME AND ADDRESS OF FUNERAL FACILITY	26. FUNERAL DIRECTOR'S NAME	27. DATE SIGNED
REIDS NEW GOLDEN GATE FUNERAL HOME INC, 5665 N TEUTONIA AVE, MILWAUKEE, WI 53209	WILLIS, QUANEKA	NOVEMBER 07, 2013

28. MANNER OF DEATH	29. TYPE OF MEDICAL CERTIFIER	30. MEDICAL CERTIFIER'S NAME AND TITLE	31. DATE SIGNED
NATURAL	PHYSICIAN	CHRISTOPHER JOHNSON, MD	NOVEMBER 05, 2013

32. DATE OF DEATH	33. TIME OF DEATH (24hr)	34. MEDICAL CERTIFIER'S MAILING ADDRESS
NOVEMBER 03, 2013	10:50	9200 W WISCONSIN AVENUE, MILWAUKEE, WI 53226

EXTENDED FACT OF DEATH

35. USUAL OCCUPATION	36. KIND OF BUSINESS/INDUSTRY	37. EVER IN US ARMED FORCES	38. DECEDENT TRIBAL MEMBER
RECEPTIONIST/INFO CLERK	URBAN UNDERGROUND	NO	NO TRIBE NAME(S):

39. METHOD OF DISPOSITION	40. PLACE AND LOCATION OF DISPOSITION
BURIAL	WISCONSIN MEMORIAL PARK, BROOKFIELD, WISCONSIN

41. PART I. The conditions listed are the diseases, injuries, or complications that caused death. Conditions leading to the immediate cause are listed sequentially and the underlying cause is listed last.

		Interval Between Onset and Death
Immediate Cause: (a)	END STAGE RENAL DISEASE	
Due to or as a consequence of: (b)	DIABETES	
Due to or as a consequence of: (c)		
Due to or as a consequence of: (d)		

41. PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I: CORONARY ARTERY DISEASE

42. AUTOPSY PERFORMED	43. DATE OF INJURY	44. TIME OF INJURY (24hr)	45. INJURY AT WORK	46. PLACE OF INJURY
NO				

47. LOCATION OF INJURY	48. COUNTY OF INJURY

49. IF INJURY STATED ANYWHERE IN CAUSE OF DEATH (Part I or Part II), DESCRIBE HOW IT OCCURRED.

WARNING: IT IS A FELONY TO COPY OR REPRODUCE THIS CERTIFICATE - STATE STATUTE 69.24(1)

935953

NO AMENDMENTS PRESENT

I certify that this document contains a true and correct reproduction of facts on file with the Wisconsin Vital Records Office.

LOCAL REGISTRAR WISCONSIN

John La Fave
JOHN LA FAVE
MILWAUKEE COUNTY REGISTER OF DEEDS

12556877 Date Issued: NOVEMBER 07, 2013

STATE OF WISCONSIN

THIS CERTIFICATE HAS A BLUE/PINK/BLUE BACKGROUND ON THE FACE AND TWO RAISED SEALS - THE PAPER CONTAINS A VISIBLE CHAIN LINK WATERMARK - HOLD TO LIGHT TO VERIFY PRESENCE