THIS INSTRUMENT PREPARED BY: LARRY D. CRAIG, Attorney at Law, 305 Fourteenth Avenue, North, Nashville, Tennessee 37203

Current Record Owners: Larry D. Bates, et al (Book 11214, Page 790, RODC, TN)
Property Address: 1059 Antioch Pike
Nashville, Davidson County, Tennessee 37211

Map: 133-08-0
Parcel: 035.00

Affiant: William H. Sharpe

BILL GARRETT, Davidson County
Trans:T20150098092 AFFIDAVITH
Recvd: 11/18/15 12:04 4 pgs
Fees:22.00 Taxes:0.00
20151118-0116984

AFFIDAVIT OF HEIRSHIP

Comes the Affiant, William H. Sharpe, being first duly sworn according to law, being of lawful age, residing at 1034 Battery Lane, Nashville, Davidson County, Tennessee 37220, pursuant to Section 30-2-712, Tennessee Code Annotated, as amended, hereby giving under oath the following of his own free will as a disinterested person and based upon his personal knowledge and familiarity with the hereafter named individuals and family in excess of thirty (30) years, and as a family friend, to wit:

1. I am aware that Howard Bates, aka Howard C. Bates and Howard Cullen Bates, and wife, Martha G. Bates, aka Martha M. Bates and Martha Gray Bates, owned property commonly known as 1059 Antioch Pike, Nashville, Davidson County , Tennessee 37211, their marital residence address. I am aware that Howard Bates died on December 17, 1994, survived by his wife, Martha G. Bates. Further, that Martha G. Bates did die on September 3, 2015, as a widow and unmarried person. I am aware that Howard Bates and Martha G. Bates had eight (8)children born to them, namely: Larry D. Bates, S. Cooper Bates, Rodney L. Bates, Sarah A. Bates Allen, Leota G. Bates Sullivan, Rebecca S. Bates Armstrong, Mark W. Bates and Timothy N. Bates, all of which survived the death of their mother. I am unaware of any other children born to or adopted by Howard Bates and wife, Martha G. Bates. Copies of the death certificates of Howard Bates and Martha G. Bates are attached hereto.

2. I am aware that the parcels of land at 1059 Antioch Pike, Nashville, Tennessee 37211, had upon said land(s) an improved residential structure(s) and was the principal place of residence of the said Howard Bates and wife, Martha G. Bates, during their respective lifetimes.

3. Based upon my familiarity with the family and having been a family friend of the entire family in excess of thirty (30) years, the eight (8) named children set out above were all of the children of Howard Bates and wife, Martha G. Bates, both now deceased, and the same named individuals would be the closest relatives of the decedents, and as such would be their heirs at law.

I make this affidavit of statement of facts being personally known to me so as to ascertain their heirs at law of the decedents and so that the same can be recorded in the Register of Deeds Office for Davidson County, Tennessee, pursuant to the stated law.

FURTHER, Affiant saith not.

WITNESS my hand this 16 day of November, 2015.

William D Sharpe
WILLIAM H. SHARPE

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, a Notary Public in and for said County and State, the within named William H. Sharpe with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence) and who acknowledged that he executed the within instrument for the purpose therein contained.

Witness my hand and official seal at Nashville, Tennessee, this 16th day of November, 2015.

NOTARY PUBLIC

My Commission Expires: 7-24-2019

LARRY D. CRAIG
NOTARY PUBLIC AT LARGE
CHEATHAM COUNTY, TENN.

# Metropolitan Government of Nashville and Davidson County

**Philip Bredesen, Mayor**


**METROPOLITAN HEALTH DEPARTMENT**
**311 23RD AVENUE, NORTH**
**NASHVILLE, TENNESSEE 37203**
**(615) 862-5900**


*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

## CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER 706581

**DECEDENT**

1. DECEDENT'S NAME (First, Middle, Last): HOWARD CULLEN BATES
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): DECEMBER 17, 1994
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]4697
5a. AGE – LAST BIRTHDAY (Years): 80
5b. UNDER 1 YEAR – MOS. / DAYS
5c. UNDER 1 DAY – HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): APRIL 15, 1914
7. BIRTHPLACE (City and State or Foreign Country): LEFORE COUNTY, MISS.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 1059 ANTIOCH PIKE
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): MARTHA MAYBERRY
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): INSPECTOR
12b. KIND OF BUSINESS/INDUSTRY: AVCO AEROSTRUCTURES
13a. RESIDENCE – STATE: TENN.
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 1059 ANTIOCH PIKE
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.) 1 [ ] 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): 9; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or institution

**PARENTS**

17. FATHER'S NAME (First, Middle, Last): JOHN H. BATES
18. MOTHER'S NAME (First, Middle, Maiden Surname): LAURA ELKINS

**INFORMANT**

18a. INFORMANT'S NAME (Type/Print): MARTHA BATES
19b. RELATIONSHIP TO DECEASED: WIFE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1059 ANTIOCH PK., 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 CEMETERY
20c. LOCATION – City or Town, State: NASHVILLE, TENN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Wendell L Byrd
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2556
21c. SIGNATURE OF EMBALMER: ▶ William R. Appleton
21d. LICENSE NUMBER OF EMBALMER: 3310
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODBINE FUNERAL HOME, INC. 5852 NOLENSVILLE ROAD, NASHVILLE, TENN. 37211
22b. LICENSE NUMBER OF FUNERAL HOME: 760

**REGISTRAR**

23. REGISTRAR'S SIGNATURE: ▶ Patricia Dawn
24. DATE FILED (Month, Day, Year): December 28, 1994

**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: ▶ George L. Holmes III M.D
25b. LICENSE NUMBER: 7779
25c. DATE SIGNED (Month, Day, Year): 12-22-94
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):

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): George L. Holmes III 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Lung Cancer, Large Cell
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.

Approximate Interval Between Onset and Death:

SEE INSTRUCTIONS ON OTHER SIDE

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Cerebral Vascular Thrombosis; Diabetes Mellitus
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 [X] 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

PH-1659
REV. 2-93

ROA 1399

# 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): Martha Gray Bates
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): September 3, 2015
4. TIME OF DEATH (Approx.): 2:41 am
5a. AGE-Last Birthday (Years): 94
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): May 9, 1921
7. BIRTHPLACE (City and State or Foreign Country): Hickman Co., TN

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ OOA
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): 1059 Antioch Pike
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: Homemaker
11b. KIND OF BUSINESS/INDUSTRY: Own Home

12. SOCIAL SECURITY NUMBER: [redacted]5181
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 1059 Antioch Pike
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37211
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

2

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): Emmitt Mayberry
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Dixie Wade

**DISPOSITION**

20a. INFORMANT'S NAME: Rodney Bates
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 6504 Whittemore Lane, Cane Ridge, TN 37013
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, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Wendell L. Byrd
22b. LICENSE NUMBER: 2556
22c. SIGNATURE OF EMBALMER: ▶ Ricky D. Chester
22d. LICENSE NUMBER: 3418
23a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Hickory Chapel, 5852 Nolensville Road, Nashville, TN 37211
23b. LICENSE NUMBER OF FUNERAL HOME: 760

**REGISTRAR**

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

**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: ▶ [signature]
27b. LICENSE NUMBER: 46413
27c. DATE SIGNED (Month, Day, Year): 9/4/15
27d. NAME AND ADDRESS: Laura Tharpe, M.D. 1718 Patterson St., 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. Congestive Heart Failure
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. Atherosclerotic Coronary Vascular Disease
Due to (or as a consequence of):
c. _____
Due to (or as a consequence of):
d. _____

Approximate Interval: Onset to death

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

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. 10/2011) RDA 1399

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.

8242913

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

8242913

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM.
COMMISSIONER

Date Issued: SEP 04 2015

CERTIFICATION OF VITAL RECORD