BILL GARRETT, Davidson County
Trans:T20150103258 AFFIDAVITH
Recvd: 12/07/15 12:33 3 pgs
Fees:17.00 Taxes:0.00
20151207-0123045

This instrument was prepared by:
Greg Brandon [name]
110 Neal Ave [street or postal address]
Smyrna, TN 37167 [city, state, zip code]

GRANTEE(S):

_____ [names]

SEND TAX NOTICES TO:

_____
[postal address, city, state, zip code]

MAP PARCEL NUMBER: _____

AFFIDAVIT OF HEIRSHIP

Tennessee Code Annotated § 30-2-712.

STATE OF TENNESSEE
COUNTY OF Davidson

The undersigned, being duly sworn, deposes and says:

My full name is Gregory Alan Brandon, Keith Morgan Brandon. I will refer to myself in this Affidavit as the Affiant.

2. I reside at 110 Neal Ave Smyrna, TN 37167, 397 Yanntown Rd. Flintvill Tn. 37335 [street address, city, state, zip code]

3. I have personal knowledge of the matters stated in this Affidavit.

4. On 3/9/15 [date of death], Judy Darlene Westerman [full name of decedent] died at Southern Hills Medical Center [place of death]. I will refer to this person as the Decedent.

5. The real property to which this Affidavit applies is located at 4062 Calumet Dr Antioch, TN 37013 [address] in Davidson County, Tennessee, more fully described as: [complete legal description] Lot 5 Calumet - Phase 1

For prior title, see Book ~~4100~~ 8510 [number], Page ~~649~~ 637 [number] in the Register's

Office of Davidson County, Tennessee.

6. At the time of the Decedent's death, the Decedent resided at 4052 Columerb Dr Antioch, TN 37013. [*street address, city, state, zip code*]

7. The estate of the Decedent ..... [*select one*]

☒ Was not administered in a proceeding supervised by a court.

☐ Was administered in a proceeding supervised by a court in

_____

[*county and state*] in the _____ [*court*] in case no.

_____.

8. Facts concerning my relationship to the Decedent are:

Son Keith Morgan Brandon

Son Gregory Alan Brandon

____.

9. Additional facts pertinent to determine who is legally entitled to the estate of the Decedent at the time of the Decedent's death are:

Keith Morgan Brandon Keith Morgan Brandon

Gregory Alan Brandon

____.

Gregory Alan Brandon Keith Morgan Brandon

Affiant

Sworn to and subscribed before me this 3rd day of October, 2015.

My Commission expires: 5/8/17

Andrea F. Kaminski

Notary Public

ANDREA F. KAMINSKI
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON

My Comm. Exp. May 8, 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): Judy Darlene Westerman
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): March 09, 2015
4. TIME OF DEATH (Approx.): 7:30 AM
5a. AGE-Last Birthday (Years): 66
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): November 15, 1948
7. BIRTHPLACE (City and State or Foreign Country): Buffalo Valley, Tennessee

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: [x] 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): Southern Hills Medical Center
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS: [ ] Married [ ] Married, but separated [x] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: Optometrists
11b. KIND OF BUSINESS/INDUSTRY: Eye Care
12. SOCIAL SECURITY NUMBER: [redacted]2467
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Antioch
13d. STREET AND NUMBER: 4052 Calumet Dr
13e. INSIDE CITY LIMITS: [x] Yes [ ] No
13f. ZIP CODE: 37013-5448
14. WAS DECEDENT EVER IN US ARMED FORCES? [ ] Yes [x] 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
[x] 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)
[x] 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)
[x] 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): Baskel Carr
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Kathleen Uhles

DISPOSITION

20a. INFORMANT'S NAME: Greg Brandon
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 110 Neal Ave, Smyrna, TN 37167-5445
21a. METHOD OF DISPOSITION: [x] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Hermitage Memorial Gardens
21c. LOCATION - City or Town and State: Old Hickory, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Michael Lee Frazer
22b. LICENSE NUMBER: 6079
22c. SIGNATURE OF EMBALMER: ▶ Ryan Padgett
22d. LICENSE NUMBER: 5535
23a. NAME AND ADDRESS OF FUNERAL HOME: Hermitage Funeral Home - 535 Shute Ln, Old Hickory, TN 37138
23b. LICENSE NUMBER OF FUNERAL HOME: 540

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Deborah Rhodes (COJ)
25. DATE FILED (Month, Day, Year): March 18, 2015

CERTIFIER

26. CERTIFIER (Check only one):
26a. [x] 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: MD020616
27c. DATE SIGNED (Month, Day, Year): 03/17/2015
27d. NAME AND ADDRESS: 397 Wallace Rd Ste 415 Nashville, TN 37211

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.	COPD	15 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. Due to (or as a consequence of):	
	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.

29a. WAS AN AUTOPSY PERFORMED? [ ] Yes [x] No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [ ] No

30. MANNER OF DEATH: [x] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [x] 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

7696138

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

7696138

Date Issued: MAR 18 2015

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD