Prepared By
Dannette Gaines
729 Troy Drive
Nashville, Tenn.
37207

AFFIDAVIT OF HEIRSHIP

INSTRUCTIONS

An affidavit of heirship can be used to establish the heirs of a deceased person when there is no probated will or estate. To use an affidavit of heirship for this purpose please follow the instructions below:

The person signing the affidavit of heirship **cannot be a person listed as an heir**. Typically the person signing the affidavit is a friend of the family.

The signature of the person signing the affidavit of heirship must be notarized.

List all of the heirs at the time of the decadent's death. For example list the spouse and all children. If any of these persons are now deceased please label the person as "deceased."

Provide a copy of the **death certificate** along with the affidavit of heirship.

Use additional pages if necessary when listing the heirs.

Mary C. Lay

STATE OF Tennessee COUNTY OF Davidson

BILL GARRETT, Davidson County
Trans:T20160003286 AFFIDAVITH
Recvd: 01/13/16 12:27 3 pgs
Fees:17.00 Taxes:0.00
20160113-0003594

I Winford E. Nance swear under oath that I am familiar with _____ (decedent/deceased), who died on Oct. 8, 2013. Also, to the best of my knowledge and belief, I swear that **all the heirs,** at the time of the deceased's death, are listed below and are entitled to inherit:

	Name	Address City & State	Relationship	
1.	Dannette Gaines	729 Troy Drive Nashville Tenn 37207	Daughter	Living
2.	Ervin C. LAY	1517 79th St. University City, Missouri 63134	Son	Living
3.	Linda Hudson	275 Sunset Blvd. Gallatin Tenn. 37066	Daughter	Living
4.	Ronnie LAY	2610 Oakwood Ave. Nashville Tenn. 37207	Son	Living
5.	Cassandra Justice	2608 Oakwood Ave Nashville Tenn. 37207	Daughter	Living
6.	Deborah V. Davis	PO Box 13082 Sacramento CA. 95813	Daughter	Living

7. Valerie F. Booker 2128 Quail Ridge Dr. Daughter Living
Nashville, TN. 37207

And, further declare that I am NOT AN HEIR TO THE DECEASED PERSON.

Winford E. Nance 1-13-16 Winford E. Nance
(615) 419-5280
Signature Date Printed name
Telephone Number

Notary Certificate

STATE OF Tennessee COUNTY OF Davidson

SUBSCRIBED AND SWORN TO before the undersigned Notary Public on this 13 **day** of January, 2016

Leon Fluker
Notary Public

LEON FLUKER
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

Expires: October 7th, 2019

STATE OF TENNESSEE
Office of Vital Records

13 016205

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Mary Carolyn Lay
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): October 8, 2013
4. TIME OF DEATH (Approx.): 1:25 am
5a. AGE-Last Birthday (Years): 95
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): December 10, 1917
7. BIRTHPLACE (City and State or Foreign Country): Fayetteville Tennessee

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): 2608 Oakwood 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: Lab Technician
11b. KIND OF BUSINESS/INDUSTRY: Vanderbilt Medical Center

12. SOCIAL SECURITY NUMBER: [redacted]0014
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 2608 Oakwood Avenue
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37207
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): Willie Shull
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Callie Drake

DISPOSITION

20a. INFORMANT'S NAME: Dannette Lay - Gaines
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 729 Troy Drive, Nashville, Tennessee 37207
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Middle TN Veterans Cemetery
21c. LOCATION - City or Town and State: Pegram, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Jo Anna White Kelly
22b. LICENSE NUMBER: 4823
22c. SIGNATURE OF EMBALMER: ▶ Patrick Lamont Tucker
22d. LICENSE NUMBER: 5072
23a. NAME AND ADDRESS OF FUNERAL HOME: New Generation Funeral Home, 2930 Murfreesboro Pike, Antioch, Tennessee 37013
23b. LICENSE NUMBER OF FUNERAL HOME: 1217

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Larry B. Keely, Jr. OK
25. DATE FILED (Month, Day, Year): Oct 15, 2013

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: ▶ Steven H. Tan MD
27b. LICENSE NUMBER: MD035765
27c. DATE SIGNED (Month, Day, Year): Oct 11, 2013
27d. NAME AND ADDRESS: Steven H. Tan MD 222 22nd Ave N Nashville TN

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. Pancreatic Cancer	6 weeks
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	Due to (or as a consequence of): 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. 10/2011) RDA 1399

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6141410

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

6141410

Date Issued OCT 15 2013

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD