AFFIDAVIT OF HEIRSHIP

INFORMATION CONCERNING Dorothy Gray Vernon DECEDENT.

I, Wendell Keith Wheeler (affiant) being of lawful age, being first duly sworn, upon oath deposes and says:

That I was personally well acquainted with the above named decedent, during his/her lifetime, having known him (or her) for 31 years, and that affiant bears the following relationship to said decedent, to-wit: former Son In Law

1. Said decedent departed this life at Summit Medical in Davidson County/Parish, State of Tennessee, on or about January 25th day, being 92 years old at the date of his (or her) death.

2. Said Decedent owned, at the time of his (or her) death, the land situated in Davidson County/Parish, State of Tennessee

3. The land described above was / (was not) occupied as the hometead of the deceased.
(circle one)

4. The land described above is / (is not) now occupied as homstead of deceased's surviving husband / wife.
(circle one) (circle one)

5. The land described above is / (is not) community property
(circle one)

Affiant further states that affiant was well acquainted with the family and near relatives of the said decedent, and the following statements and the answers to the following questions are based upon the personal knowledge of affiant and are true and correct:

1. Did decedent leave a Will? Yes (If so, attach a certified copy thereof.)

2. Where was Will first admitted to probate? Give name of court, and also of the city, county, and state in which court is located:

No

3. Has Will been probated or admitted to record in the state where the above described land is situated? No If so, give date, name of court and county

4. Is administration pending on the estate of decedent? No If so, in what court, county/parish and state?

5. Has an executor or administrator been appointed for the estate of the decedent? No If so, give his/her name and address

6. What is the present condition of the administration? (Answer this question regardless of whether or not decedent left a Will.)

Good All Debts have been paid including funeral expenses and taxes.

Has administration been completed? Yes If so, has final order or decree of distribution been rendered by the Court?

7. Were you acquainted with decedent's business affairs? Yes Did decedent leave any debts or obligations unpaid? No

Have all such debts or obligations been paid? Yes

If not, how much remains unpaid? What is reason these debts have not been paid?

Note: If decedent left a Will, but said Will was NOT probated, the laws of Intestate Descent and Distribution will apply, and NOT the terms of the Will.

Prepared by
Wendell Keith Wheeler
1628 Stokley Ln
Old Hickory, TN 37138

BILL GARRETT, Davidson County
Trans:T20160011713 AFFIDAVITH
Recvd: 02/11/16 13:25 10 pgs
Fees:52.00 Taxes:0.00
20160211-0013326

INFORMATION CONCERNING HEIRS OF DECEDENT

8. Did decedent leave a surviving wife or husband ? No If so, give name & address _____ Date of marriage: 12-20-1947 . If not living, give date of death. 12-11-2005

9. If the decedent was married more than once, give name or names of former spouse or spouses, and state whether any such former spouse is dead or divorced, together with the date of death or divorce: N/A

10. Give following information concerning all children born to decedent, or legally adopted children of decedent, who were living at the time of decedent's death.

Name		Address		Date of Birth

11. Give below the names of any deceased children of decedent:

Name		Date of Birth & Date of Death	Surviving Spouse		Surviving Spouse Address
Carol Ann Vernon Creek		11/16/1954 5/9/2012	Roger Creek		Unknown

12. Give below the names of the living children of any deceased son or daughter (those listed above in Item #11) of the decedent:

Name		Date of Birth	Name of Mother or Father from Item #11 above		Address
Jason Allen Wheeler		10-15-1984	Carol Vernon Creek		4903 Nevada Ave

IF DECEDENT LEFT SURVIVING SPOUSE OR CHILDREN, THEN ITEM #13 BELOW MAY BE DISREGARDED –

PROCEED TO ITEM #14

13. If decedent left no surviving spouse or children, give the following information in the following order:

1) List parents, if living. If parents not living,

2) List all brothers and sisters;

3) If any brother or sister died before decedent, also list his or her children.

4) If no parent, brother or sister survived decedent, list following if any surviving: grandparents, nephews and nieces; uncles and aunts; cousins; if none of foregoing survived, list nearest of kin surviving.

Name		Address		Date of Birth		Date of Death / Relationship to Decedent

ATTACH ADDITIONAL PAPER IF NEEDED TO COMPLETE SECTION ABOVE

14. (If land is in Oklahoma) Did decedent file in County Clerk's office election to come under the Community Property Act? No

Wesley Keith Wheeler

Signature of Affiant

SUBSCRIBED AND SWORN to before me this 10th day of FEB., 20 16.

My commission expires:

My Commission Expires MAR. 8, 2016

Notary Public

MELISSA ANN McBRIDE
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.

Last Will and Testament

OF

Dorothy Gray Vernon

I, **DOROTHY GRAY VERNON**, a resident of Davidson County, Tennessee, being of sound and disposing memory, do hereby make, publish and declare this to be MY LAST WILL AND TESTAMENT, hereby revoking all other Wills and Codicils heretofore made by me.

ARTICLE I.

I nominate and appoint my grandson, **JASON ALLEN WHEELER**, if he shall survive me, as Executor of this my LAST WILL AND TESTAMENT, and I direct that no further inventory be required and that no bond be required for the faithful performance of his duties as such Executor in any jurisdiction whatsoever. In the event my said grandson, **JASON ALLEN WHEELER**, shall predecease me or for any reason shall fail to qualify as Executor hereunder, or having qualified, shall resign or die, then in such event I hereby nominate **WENDELL KEITH WHEELER** as successor Executor, and I direct that said successor Executor shall possess and exercise all powers and authority hereinabove conferred upon my Executor.

ARTICLE II.

I will and direct that all of my just debts (except debts secured by mortgages or other security instruments, which may be paid off or retained in the discretion of my Executor), including funeral expenses and testamentary expenses and expenses of my last illness, be paid as soon as may be convenient after my death. I further will and direct that all estate, inheritance, succession, legacy, transfer and other taxes of the same nature which are payable because of my death, including any interest or penalties thereon, with respect to the property comprising my estate for such tax purposes, whether or not such property passes under this Will or whether such taxes are payable by my estate or by any recipient or beneficiary of any such property, shall be paid entirely out of my residuary estate as an expense of administration without apportionment, and with no right of reimbursement from any recipient or beneficiary of any such property.

Dorothy Gray Vernon

My Executor is specifically authorized, in my Executor's sole discretion, to apply the proceeds from any insurance policies on my life which are payable to my estate in paying debts, expenses of administration and taxes, notwithstanding the provisions of any state law to the contrary; provided, however, that this provision shall not be construed so as to make the proceeds of any insurance subject to debts, taxes or expenses, or to waive the exemption as provided in Tennessee Code Annotated § 56-7-201, or successor provisions.

ARTICLE III.

I authorize my Executor (including any substitute or successor personal representative or Trustee) in the exercise of a reasonable discretion with respect to all property, real or personal, at any time forming part of my estate or Trust, to exercise any and all powers set forth in Section 3 of Chapter 110 of the Tennessee General Assembly of 1963, Tenn. Code Ann. § 35-50-110, to the extent applicable, all of which powers and provisions are incorporated herein by reference as fully and completely as if copied herein verbatim.

ARTICLE IV.

All of my insurance policies which provide indemnity for the loss of any of my personal or real property by fire, windstorm or other similar casualty (including any claim for the loss of or damage to any such property which I might have at the time of my death against any insurance company), I give and bequeath, respectively, to those persons, as the case may be, who shall become the owner of such properties by reason of my death, whether such ownership be acquired under the provisions of this Will, by survivorship or by other means. Any life insurance which I may own on the lives of others, I hereby give to the respective insureds.

ARTICLE V.

After payment of all debts, taxes and costs of administration of my estate, and after satisfaction of the foregoing devises and bequests; all the rest, residue and remainder of the property which I own at the time of my death, real, personal and mixed, tangible and intangible, of whatsoever nature and wheresoever situate; including all property which I may acquire or become entitled to after the execution of this Will, and all lapsed legacies and devises, all life insurance payable to my estate, I hereby will, bequeath and devise unto my grandson, **JASON ALLEN WHEELER**; provided, that if my said grandson predeceases me, then I hereby leave my residuary

Dorothy Gray Vernon

estate to **WENDELL KEITH WHEELER.**

ARTICLE VI.

In the event and Beneficiary named herein and I die simultaneously, or under such circumstances which make it difficult to determine which of us died first, I direct that I shall be deemed to have survived for the purposes of this Will, and I direct further that the provisions of this Will shall be construed upon that assumption, irrespective of any provision of law establishing a contrary presumption or requiring survivorship for a fixed period as a condition of taking property by inheritance. I hereby waive the one hundred twenty (120) survivorship hours as stipulated in Tenn. Code Ann. § 31-3-120.

ARTICLE VII.

I expressly authorize and empower my said Executor to sell at public or private sale, at such time or times and for such price or prices that he deems fit, all or any part of my estate without joinder of beneficiary(ies) and to execute, acknowledge and deliver any and all deeds or other instruments of writing that may be necessary to consummate said sale or sales. I further direct that my Executor be allowed a reasonable fee as the Executor of this my Last Will and Testament.

IN WITNESS WHEREOF, I have hereunto set my hand on this the 22 day of May, 2012, to this my LAST WILL AND TESTAMENT, and have also subscribed each of the preceding two (2) pages at the bottom thereof for the purpose of identification.

Dorothy Gray Vernon
DOROTHY GRAY VERNON

THE foregoing instrument (LAST WILL AND TESTAMENT), consisting of this and two (2) preceding typewritten pages, was signed, sealed and published and declared by **DOROTHY GRAY VERNON** to be her LAST WILL AND TESTAMENT, in our presence and we, at her request, and in her presence, and in the presence of each other, have hereunto subscribed our names as witnesses, this the 22nd day of May, 2012.

Amy M. Smith
Amy M. Smith
residing at 700 Moore Ave
Smyrna, TN 37167

Ingrid Klose
Ingrid Klose
residing at 905 Thomastown Dr.
Smyrna, TN 37167

Dorothy Gray Vernon

AFFIDAVIT OF WITNESSES

STATE OF TENNESSEE)
)
COUNTY OF RUTHERFORD)

For the purposes expressed in Chapter No. 560 of the Public Acts, 1972, General Assembly of the State of Tennessee, Tennessee Code Annotated, Section 32-211, the undersigned individuals, first being duly sworn, depose and say:

1. That **DOROTHY GRAY VERNON** signified and declared to us that the foregoing instrument was her LAST WILL AND TESTAMENT and signed and published the same as such in our presence and sight; and we, the undersigned, at her request and in her presence and sight, and in the sight of each other, subscribed our names thereto as attesting witnesses.

2. That at the time of the execution of the aforesaid instrument by **DOROTHY GRAY VERNON**, she was of sound and disposing mind and memory and was more than 18 years old.

Amy M. Smith

Ingrid K. Lose

SWORN to and subscribed to before me on this the 22nd day of May, 2012.

Robert S. Stevens
Notary Public

My commission expires: 06/21/2015

ROBERT S. STEVENS
STATE OF TENNESSEE NOTARY PUBLIC
RUTHERFORD COUNTY, TN

Dorothy Gray Vernon

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0506872

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): James Thomas Vernon
2. SEX: male
3. DATE OF DEATH (Month, Day, Year): December 11, 2005
4. SOCIAL SECURITY NUMBER: [redacted]5259
5a. AGE LAST BIRTHDAY (Years): 80
5b. UNDER 1 YEAR MOS / DAYS
5c. UNDER 1 DAY HOURS / MIN
6. DATE OF BIRTH (Mo, Day, Year): December 26, 1924
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8. EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [X] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Bordeaux Long Term Care
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): Dorothy E. Gray
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Distribution Clerk
12b. KIND OF BUSINESS/INDUSTRY: U.S. Postal Service
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 4024 Devonshire Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37207
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

NAME OF DECEDENT (If other than person in item 1)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Waller A. Vernon
18. MOTHER'S NAME (First, Middle, Maiden Surname): Clara Barnes

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Dorothy E. Gray
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4024 Devonshire Drive Nashville, Tennessee 37207

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): Forest Lawn Memorial Gardens
20c. LOCATION-City or Town, State: Goodlettsville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Marylou Morgan
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3839
21c. SIGNATURE OF EMBALMER:
21d. LICENSE NUMBER OF EMBALMER: 4622
22a. NAME AND ADDRESS OF FUNERAL HOME: Forest Lawn Funeral Home 1150 Dickerson Rd. Goodlettsville, Tennessee
22b. LICENSE NUMBER OF FUNERAL HOME: 927

REGISTRAR

23. REGISTRAR'S SIGNATURE:
24. DATE FILED (Month, Day, Year): December 14, 2005

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.
1 [X] SIGNATURE AND TITLE OF PHYSICIAN: William Bounds III MD
25b. LICENSE NUMBER: TN15389
25c. DATE SIGNED (Month, Day, Year): 12/14/05
26a. 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 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): Dr. William Bounds 300 20th Ave. N. 9th Fl. Nashville, TN 37203

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. Cardiopulmonary arrest
DUE TO (OR AS A CONSEQUENCE OF): b. CVA
DUE TO (OR AS A CONSEQUENCE OF): c. HTN
DUE TO (OR AS A CONSEQUENCE OF): d. Coronary Artery Disease
Approximate Interval Between Onset and Death: 20 hr

SEE INSTRUCTIONS ON OTHER SIDE

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.

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

29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [ ] Natural 5 [ ] Pending Investigation; 2 [ ] Accident; 3 [ ] Suicide 6 [ ] Could not be Determined; 4 [ ] Homicide
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY
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)

PH-1659 (REV 6/99)

BIRTH NO

RDA 1399

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 security paper showing the red embossed seal of the Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

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

Tonya Y. Ruttlen
Tonya Y. Ruttlen
Local Registrar

DEC 14 2005
Date Issued

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

CERTIFICATION OF VITAL RECORD

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): Dorothy Gray Vernon
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): January 25, 2016
4. TIME OF DEATH (Approx.):
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): January 22, 1924
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN

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): Summit Medical Center
8c. CITY OR TOWN: Hermitage
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: Clerk
11b. KIND OF BUSINESS/INDUSTRY: Department Store

12. SOCIAL SECURITY NUMBER: [redacted]5009
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 4024 Devonshire Dr
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): William Franklin Gray
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Ruth Immel

DISPOSITION

20a. INFORMANT'S NAME: Jason Wheeler
20b. RELATIONSHIP TO DECEDENT: Grandson
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1628 Stokley Ln. Old Hickory, TN 37138

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

5

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Robert E. Fuqua
22b. LICENSE NUMBER: 6060
22c. SIGNATURE OF EMBALMER: ▶ James R. Padgett
22d. LICENSE NUMBER: 5535

23a. NAME AND ADDRESS OF FUNERAL HOME: Forest Lawn Funeral Home 1150 S. Dickerson Rd Goodlettsville, TN 37072
23b. LICENSE NUMBER OF FUNERAL HOME: 927

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Kristi Parrish DR
25. DATE FILED (Month, Day, Year): 2/5/16

CERTIFIER

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

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.

27a. SIGNATURE OF CERTIFIER: ▶ [signature]
27b. LICENSE NUMBER: 15792 TN
27c. DATE SIGNED (Month, Day, Year): 2/4/2016
27d. NAME AND ADDRESS: C. Shearer, MD

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. Vfib arrest
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. CAD — Due to (or as a consequence of)
c. — Due to (or as a consequence of):
d. — Due to (or as a consequence of):

Approximate Interval: Onset to death

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-1559 (Rev. 10/2011)

RDA 1399

8352258

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

8352258

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH

DELAYED REPORT OF DIAGNOSIS - DEATH

STATE FILE NUMBER: 12-02804

TYPE/ PRINT IN PERMANENT BLACK INK.

A DELAYED REPORT OF DIAGNOSIS MAY BE FILED IF THE CAUSE OF DEATH CANNOT BE DETERMINED WITHIN 48 HOURS.

ALL ITEMS ARE TO BE COMPLETE AND ACCURATE. ITEM NUMBERS ARE SKIPPED SO THAT NUMBERS ARE THE SAME AS ON CERTIFICATE OF DEATH.

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Carol Ann Creek		2. SEX: Female	3. DATE OF DEATH (Month, Day, Year): May 09, 2012
5a. AGE-Last Birthday (Years): 57	5b. UNDER 1 YEAR: Months / Days	5c. UNDER 1 DAY: Hours / Minutes	6. DATE OF BIRTH (Month, Day, Year): November 16, 1954
6b. FACILITY NAME (If not institution, give street and number): 807 Windsor Green Boulevard Apt. 807		6c. CITY OR TOWN: Goodlettsville	6d. COUNTY OF DEATH: Davidson
24. REGISTRAR'S SIGNATURE: Linda L. Bowers, RA		25. DATE FILED (Month, Day, Year): July 26, 2012	

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.

27a. SIGNATURE OF CERTIFIER: Adele Lewis, M.D.	27b. LICENSE NUMBER: 34634	27c. DATE SIGNED (Month, Day, Year): July 24, 2012
	27d. NAME AND ADDRESS: 850 R.S. Gass Boulevard, Nashville, TN 37216; MEC12-0944	

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. Acute combined drug toxicity (oxymorphone, oxycodone, hydrocodone, alprazolam, escitalopram)	
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.

28a. 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): May 09, 2012	34b. TIME OF INJURY: UNK	34c. INJURY AT WORK? ☐ Yes ☒ No
34d. PLACE OF INJURY - at home, farm, street, factory, office, building, etc. (Specify): Residence			
34e. DESCRIBE HOW INJURY OCCURRED: Took too many drugs			34f. LOCATION OF INJURY (Street and Number, City or Town, State): 807 Windsor Green Blvd., #807, Goodlettsville, TN

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8351697

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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

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Date Issued

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DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD