# Affidavit of Heirship

I Charles W Young, Sr. ("Affiant"), residing at 106 Royal Oaks Blvd, Franklin Tennessee 37067, duly sworn, and state:

1. I am over the age of eighteen years and have personal knowledge of the following facts.

2. I knew the decedent, Edna Julia Young, who died on January 29, 2016, from September 05, 1946 to January 29, 2016. Edna Julia Young was my Mother. Edna Julia Young's place of death was Franklin, Tennessee.

3. Edna Julia Young left the following items of real property and did not leave a Last Will and Testament:

> 111 Donald Street, Nashville, Tennessee, 37207, located in Davidson County and legally described as House and lot; Map/Parcel 07103008500

4. At the time of death, Edna Julia Young's marital history was as follows:

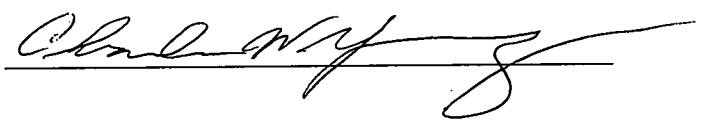
Charles Louis Young, who Edna Julia Mundy married on April 7, 1945, and who died on October 16, 1998.

5. At the time of death, Edna Julia Young's sole surviving heirs were as follows:

Charles Wayne Young, Sr., 106 Royal Oaks Blvd, Franklin, Tennessee 37067, a Son, born September 05, 1946.

Ronnie Louis Young, 2210 Alydar Run, Murfreesboro, Tennessee 37127, a Son, born April 08, 1949.

I declare that, to the best of my knowledge and belief, the information herein is true, correct and complete as of 2/12/16, the date I affixed my signature to this Affidavit.



BILL GARRETT, Davidson County
Trans:T20160016711 AFFIDAVITH
Recvd: 03/01/16 10:46 3 pgs
Fees:17.00 Taxes:0.00
20160301-0019380

STATE OF TENNESSEE, COUNTY OF DAVIDSON, ss:

On this 12th day of February, 2016 before me personally appeared Charles. W Young Sr to me known to be the person described in and who executed the foregoing Affidavit, and, being first duly sworn on oath according to law, deposes and says that he/she has read the foregoing Affidavit subscribed by him/her, and that the matters stated herein are true to the best of his/her information, knowledge and belief.

CAROLYN S. SWEARINGEN
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

Carolyn S Swearingen
Notary Public

Title (and Rank)

My Commission Expires May 6, 2019

My commission expires _____

Prepared By: David Pitzer
118 Two Mile Pike
Goodlettsville, TN 37072

# 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): Edna Julia Young
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): January 29, 2016
4. TIME OF DEATH (Approx.):
5a. AGE-Last Birthday (Years): 91
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): May 29, 1924
7. BIRTHPLACE (City and State or Foreign Country): Davidson County

TYPE/PRINT IN PERMANENT BLACK INK

6a. 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)

6b. FACILITY NAME (If not institution, give street and number): NHC Cool Springs
6c. CITY OR TOWN: Franklin
6d. COUNTY OF DEATH: Williamson

NAME OF DECEDENT (For use by Physician or Institution)

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: Housewife
11b. KIND OF BUSINESS/INDUSTRY: Own Home

12. SOCIAL SECURITY NUMBER: [redacted]-7584
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville

13d. STREET AND NUMBER: 111 Donald Street
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37207
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**

18. FATHER'S NAME (First, Middle, Last): John Mundy
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Etta Carter

20a. INFORMANT'S NAME: Charles Young
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 106 Royal Oaks Blvd., Franklin, TN 37067

**DISPOSITION**

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

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Tara M. Bessling
22b. LICENSE NUMBER: 5007
22c. SIGNATURE OF EMBALMER: ▶
22d. LICENSE NUMBER:

23a. NAME AND ADDRESS OF FUNERAL HOME: Spring Hill Funeral Home & Cemetery 5110 Gallatin Road Nashville, TN 37216
23b. LICENSE NUMBER OF FUNERAL HOME: 1046

**REGISTRAR**

24. REGISTRAR'S SIGNATURE: ▶ Angela Clay D.R.
25. DATE FILED (Month, Day, Year): February 26, 2016

**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: 34753
27c. DATE SIGNED (Month, Day, Year): 2/22/16
27d. NAME AND ADDRESS: Heather D Rowe MD 397 Wallace Rd 300 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. End stage renal disease | |
| Due to (or as a consequence of) | b. Hypertensive Heart Disease | |
| Due to (or as a consequence of) | c. | |
| Due to (or as a consequence of) | d. | |

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

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. 9/2011) RDA 1399

7941974

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

7941974

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued: FEB 26 2016

## CERTIFICATION OF VITAL RECORD