AFFIDAVIT
OF DEATH AND HEIRSHIP

BILL GARRETT, Davidson County
Trans:T20160039770 AFFIDAVITH
Recvd: 05/12/16 12:32 5 pgs
Fees:27.00 Taxes:0.00
20160512-0047464

Debbie Jean Garrison (the "Affiant"), being duly sworn upon oath, deposes and states that the Affiant resides at 219 East Burkitt St. Apt. 8, Sheridan , Wyoming 82801 located in the County of Sheridan. The Affiant is the daughter to Ms. Bernice Ruth Walls (the "Decedent").

The Decedent died on 06/20/2015 in the County of Davidson in the State of Tennessee. A copy of the Official Death Certificate is attached.

When the Decedent passed he or she owned an interest in the property legally described below:

Property Owned:	
Address:	125 Queen Anne Drive Madison, Tennessee 37115
County:	Davidson
Personal Property Owned:	Mobile Home
Location:	On The Real Estate Property In Mention
Personal Property Owned:	
Location:	
Personal Property Owned:	
Location:	

In the event that the Decedent passed leaving a Last Will and Testament, a copy of said Last Will and Testament shall be attached. If there is no Last Will and Testament attached hereto, then the Decedent passed intestate.

In the event that the Decedent was married, listed below will be the name of the spouse and current status of said marriage.

Name of Spouse	Status
Emmet Elsen	Divorced From Decedent
Kurt Ruppert	Divorced From Decedent
Oscar Way	Deceased

The following children were born to or adopted by the Decedent:

Name of Child	Birth Date	Status
Debbie Jean Garrison	02/02/1960	Living
Laurie Ruth Dial	07/06/1962	Living
Robert Aerlow Wood	03/21/1964	Deceased

The estimated approximate total value of the estate of the Decedent, including the taxable interest in the aforesaid property, is $20,000.00.

No claims have been filed against the Decedent and all expenses related to medical and/or funeral expenses have been paid in full.

The Affiant will ensure that the Federal Estate Tax shall be prepared and pay in full any said amount which may be due and payable.

I declare that the information contained herein is true and correct to the best of my knowledge.

Prepared by:

Debbie Jean Garrison
(AFFIANT SIGNATURE)

11/19/2015
(DATE SIGNED)

Debbie Jean Garrison
(AFFIANT NAME)

State of Wyoming

ss.

County of Sheridan

This instrument was subscribed and sworn to before me on 11/18/2015 by Debbie Jean Garrison.

(NOTARY PUBLIC SIGNATURE)

Ronald W. Banks
(NOTARY PRINTED NAME)

My Commission Expires: August 19, 2017

RONALD W. BANKS - NOTARY PUBLIC
COUNTY OF SHERIDAN STATE OF WYOMING
My Commission Expires August 19, 2017

STATE OF TENNESSEE
Office of Vital Records

151872

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE 2015 037527

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Bernice Ruth Walls
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): June 20, 2015
4. TIME OF DEATH (Actual): 12:45 AM
5a. AGE-Last Birthday (Years): 71
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): October 12, 1943
7. BIRTHPLACE (City and State or Foreign Country): Somerville, AL

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): 1540 Ocoee Trail
8c. CITY OR TOWN: Madison 094
8d. COUNTY OF DEATH: Davidson 19

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: Owner
11b. KIND OF BUSINESS/INDUSTRY: Transportation/Trucking

12. SOCIAL SECURITY NUMBER: [redacted]-7933
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Madison
13d. STREET AND NUMBER: 1540 Ocoee Trail
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37115
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

Walls, Bernice
NAME OF DECEDENT (To be completed 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): John Robert Walls
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Elsie Lee Collins

DISPOSITION

20a. INFORMANT'S NAME: Debbie Garrison
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 219 E.Burkitt St, Apt A, Sheridan, WY 82801

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

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Geoff Halbrooks
22b. LICENSE NUMBER: 04946
22c. SIGNATURE OF EMBALMER: ▶ Tracey Bond
22d. LICENSE NUMBER: 4072
23a. NAME AND ADDRESS OF FUNERAL HOME: Peck Funeral Home - 1600 Hwy 31 S, PO Box 427, Hartselle, AL 35640
23b. LICENSE NUMBER OF FUNERAL HOME: 206 9997

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Kristi Parnell DR
25. DATE FILED (Month, Day, Year): 8/13/15

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: ▶ Feng Li
27b. LICENSE NUMBER: 34173 MS
27c. DATE SIGNED (Month, Day, Year): June 20, 2015
27d. NAME AND ADDRESS: Feng Li M.D., J.D., Ph.D; 650 R.S. Gass Boulevard Nashville, TN 37216; MEC15-1479

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. Pending
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. _____ 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.

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 1308

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

8308534

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued: Nov 12 2015

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
DELAYED REPORT OF DIAGNOSIS - DEATH

STATE FILE NUMBER 2015 037527

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 SHIFTED SO THAT NUMBERS ARE THE SAME AS ON CERTIFICATE OF DEATH.

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Bernice Ruth Walls		2. SEX: Female	3. DATE OF DEATH (Month, Day, Year): June 20, 2015
5a. AGE-Last Birthday (Years): 71	5b. UNDER 1 YEAR: Months / Days	5c. UNDER 1 DAY: Hours / Minutes	6. DATE OF BIRTH (Month, Day, Year): October 12, 1943
8b. FACILITY NAME (If not institution, give street and number): 1540 Ocoee Trail	8c. CITY OR TOWN: Madison		8d. COUNTY OF DEATH: Davidson
24. REGISTRAR'S SIGNATURE: Deah Rhodes (DR)		25. DATE FILED (Month, Day, Year): July 24, 2015	

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: Feng Li, M.D., J.D., Ph.D.	27b. LICENSE NUMBER: 34173	27c. DATE SIGNED (Month, Day, Year): July 17, 2015
	27d. NAME AND ADDRESS: 850 R.S. Gass Boulevard, Nashville, TN 37216; MEC15-1479	

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 heroin intoxication	
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.

28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No

28b. 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): Unknown	34b. TIME OF INJURY: UNK	34c. INJURY AT WORK? ☐ Yes ☒ No
34d. PLACE OF INJURY - (e.g. home, farm, street, factory, office, building, etc.) (Specify): Residence			
34e. DESCRIBE HOW INJURY OCCURRED: Took drug(s)			34f. LOCATION OF INJURY (Street and Number, City or Town, State): 1540 Ocoee Trail, Madison, TN

PH-1665 (Rev. 9/2011)

RDA 1399

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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

8308533

Date Issued Nov-12-2015

CERTIFICATION OF VITAL RECORD