BILL GARRETT, Davidson County
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20160512-0047514

This instrument prepared by:
Glenn S. Macbeth, Attorney
1639 Medical Center Parkway, Suite 102
Murfreesboro, TN 37129

AFFIDAVIT OF HEIRSHIP

RE: ESTATE OF JAMES JACKSON HALL

STATE OF TENNESSEE)
COUNTY OF Madison)

The undersigned, LISA J. CREWS, being first duly sworn according to the laws of the State of Tennessee, deposes and says:

1. I am of legal age and sound and disposing mind and memory, and a citizen and resident of Gibson County, Tennessee, and was well acquainted with James Jackson Hall, now deceased, and his family.
2. The Decedent, James Jackson Hall, was a resident of Madison County, Tennessee, residing at 33 Ridgewood Cove, Jackson, TN 38305.
3. The Decedent died intestate in Jackson, Madison County, Tennessee on November 02, 2011. **(A copy of the death certificate is attached hereto as Exhibit "A".**
4. At the time of his death, James Jackson Hall was survived by the following persons being his wife and only children (there are no other children of his either living or dead), and they are his only heirs-at-law:

Name	Relationship
Dorthy Jeanne Hall a/k/a Dotty Weaver Hall	Wife
Amanda Hall Dowdy	Daughter
Melanie Hall Kelly	Daughter

WITNESS MY HAND AND SIGNATURE on this the 25 day of April, 2016.

Lisa J Crews

LISA J. CREWS

Sworn to and subscribed before me this 25 day of April, 2016.

NOTARY PUBLIC

My Commission Expires: 10/23/19



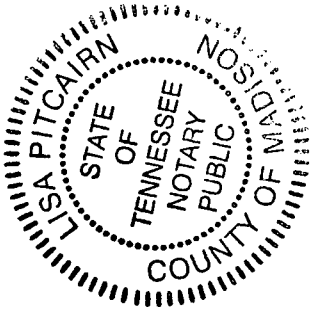
STATE OF TENNESSEE)
COUNTY OF Madison)

Personally appeared before me, the undersigned authority, a Notary Public in and for said county and state, Lisa J. Crews, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), who did say upon oath that the facts recited in this instrument are true, and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at office this 25 day of April, 2016.

NOTARY PUBLIC

My commission expires: 10/23/19



Ex "A"

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): James Jackson Hall
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): November 02, 2011
4. SOCIAL SECURITY NUMBER: [redacted]046
5. AGE-LAST BIRTHDAY (Years): 66
6. UNDER 1 YEAR (Months, Days, Hours, Min.)
7. UNDER 1 DAY (Hours, Min.)
8. DATE OF BIRTH (Month, Day, Year): January 21, 1945
9. BIRTHPLACE (City and State or Foreign Country): Gibson County TN
10. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 No
11. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
12. SURVIVING SPOUSE (If wife, give maiden name): Dorothy Jeanne Weaver
13. PLACE OF DEATH (Check only one): 1 Hospital (Inpatient) 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
14a. FACILITY NAME (If not institution, give street and number): Jackson Madison County General Hospital
14b. CITY, TOWN, OR LOCATION OF DEATH: Jackson
14c. COUNTY OF DEATH: Madison
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Madison Co. Building Commissioner
12b. KIND OF BUSINESS/INDUSTRY: Building Inspections
13a. RESIDENCE-STATE: TN
13b. COUNTY: Madison
13c. CITY, TOWN OR LOCATION: Jackson
13d. STREET AND NUMBER OR RURAL LOCATION: 33 Ridgewood Cove
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 Yes 2 No
13f. ZIP CODE: 38305
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No; if yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes 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+): 2

PARENTS

17. FATHER'S NAME (First, Middle, Last): James Perish Hall
18. MOTHER'S NAME (First, Middle, Maiden Surname): Margaret Jackson

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Dorothy Jeanne "Dotty" Hall
19b. RELATIONSHIP TO DECEDENT: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 33 Ridgewood Cv, Jackson, TN 38305

DISPOSITION

20a. METHOD OF DISPOSITION: 1 Burial 2 Cremated 3 Removal from State 4 Donation 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Ridgecrest Cemetery
20c. LOCATION-City or Town, State: Jackson, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Joshua James Englert
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5571
21c. SIGNATURE OF EMBALMER: Michael Smith
21d. LICENSE NUMBER OF EMBALMER: 5747
22a. NAME AND ADDRESS OF FUNERAL HOME: George A. Smith & Sons Funeral Home, 2812 North Highland, Jackson, TN 38305
22b. LICENSE NUMBER OF FUNERAL HOME: 1026

REGISTRAR

23. REGISTRAR'S SIGNATURE: Dottie Lee D.R
24. DATE FILED (Month, Day, Year): 11-14-2011

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 SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER: 28190
25c. DATE SIGNED (Month, Day, Year): 11-9-11
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 CERTIFICATION COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)

CAUSE OF DEATH

28. PART I. Enter the disease, 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. Sepsis
DUE TO (OR AS A CONSEQUENCE OF): b. Pneumonia
Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: DUE TO (OR AS A CONSEQUENCE OF): c. Immunocompromised state
DUE TO (OR AS A CONSEQUENCE OF): d. Mantle cell lymphoma
Approximate Interval Between Onset and Death
SEE INSTRUCTIONS FOR OTHER CAUSE
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 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation 6 Could not be Determined
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)

(TN-1659 (REV. 8-08))

BIRTH NO. [redacted] RDA 1858

5002848

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 Department of Health. Alteration or erasure voids this certification.
Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Teresa S. Hendricks
STATE REGISTRAR

Tony H. Emison, MD
Local Registrar
Jackson-Madison County

NOV 14 2011
Date Issued

CERTIFICATION OF VITAL RECORD