BILL GARRETT, Davidson County
Trans:T20160056589 AFFIDAVITH
Recvd: 07/01/16 14:29 4 pgs
Fees:22.00 Taxes:0.00
20160701-0067932

This Instrument Prepared by:
Midtown Title, LLC
1704 Charlotte Avenue #105
Nashville, TN 37203

# AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE
COUNTY OF DAVIDSON

I, LaToria Wilson, of Davidson County, Tennessee, being first duly sworn on oath, state that I am of lawful age and that based upon my personal knowledge, and pursuant to Tennessee Code Annotated §§ 30-2-712, *et seq.*, I hereby affirm the following:

1. To my knowledge, the unimproved property known as 820 24th Avenue North, Nashville, Tennessee 37208 (the "Property") was acquired by the Decedent by that certain Quitclaim Deed dated May 16, 1996, of record in Book 10052, page 323, Register's Office for Williamson County, Tennessee.

2. That the Decedent died intestate in Davidson County, Tennessee on January 9, 2002.

3. A copy of the Decedents Death Certificate if attached as Exhibit "B".

4. On the date of his death, the Decedent was unmarried.

5. To the best of my knowledge, the Decedent did not have any unpaid debts.

6. Affiant was a resident of Davidson County, in the State of Tennessee.

7. Affiant is familiar with the family history of the Decedent.

8. Said Decedent was, at the time of his death, without a surviving spouse.

9. Affiant further states that Decedent was survived by the following heir-at law:

| **Name:** | **Date of Birth:** | **Relationship:** |
|---|---|---|
| Esther F. Brown | 08/09/1947 | (Daughter) |

10. Affiant is aware of these facts because she is a disinterested acquaintance, neighbor and/or friend of George T. Fishback for more than 25 years.

11. The Decedent had no children which predeceased her or adopted children, or descendants of deceased children or adopted children.

The Affidavit of Heirship was freely given pursuant to Section 30-2-712, et seq., Tenn. Code Ann., to help establish and reflect the Heirship with respects to any real or personal property owned by George T. Fishback in Davidson County, Tennessee.

Tennessee Code Annotated § 30-2-712(f) provides that "Whoever willfully, corruptly and falsely swears to any statement in any such affidavit known by the person to be false, or about which the person does not have sufficiently definite knowledge to justify the making of such a sworn statement, and the statement is false, commits a Class E crime."

Further Affiant saith not.

Signed this the 28 day of June, 2016.

LaToria Wilson

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public, LaToria Wilson, the within named bargainor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that she executed the within instrument for the purposes therein contained.

WITNESS my hand, at office, this 28 day of June, 2016.

Notary Public
My Commission Expires: _____

C. M. COPPINEAU
NOTARY PUBLIC
DAVIDSON COUNTY, TENN.
My Commission Expires 7, 2017

## EXHIBIT A
## LEGAL DESCRIPTION

Land in Davidson County, Tennessee, being the southerly part of Lot No. 49 on the Map of J.B. David Subdivision as of record in Book 161, page 123, Register's Office for Davidson County, Tennessee.

Beginning at an iron pin located 107 feet South from the southeast intersection of the margins of Herman Street and 24th Avenue North, running thence South 84 deg. 18' E 102.5 feet to an iron pin, thence South 11 deg. 49' E 44 feet to a point located in the north margin of an alley, thence with the north margin of said alley South 78 deg. 8' W 117 feet to an iron pin; thence along the east margin of 24th Avenue North, North 2 deg. 45' E 55 feet to an iron pin, the point of beginning.

Being the same property conveyed to George T. Fishback, by Quitclaim Deed from Esther F. Brown, dated May 16, 1996, of record in Book 10052, page 323, Register's Office for Davidson County, Tennessee.

# STATE OF TENNESSEE
## Office of Vital Records

020149

TENNESSEE DEPARTMENT OF HEALTH
## CERTIFICATE OF DEATH

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

**DECEDENT**

1. DECEDENT'S NAME (First, Middle, Last): GEORGE THURMAN FISHBACK
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): JANUARY 9, 2002
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE-LAST BIRTHDAY (Years): 79
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): 7-17-22
7. BIRTHPLACE (City and State or Foreign Country): NASHVILLE, TENNESSEE
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): VA TN VALLEY HEALTHCARE SYSTEM
9c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): DIVORCED
11. SURVIVING SPOUSE (If wife, give maiden name):
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): LABORER
12b. KIND OF BUSINESS/INDUSTRY:
13a. RESIDENCE-STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 820 24TH AVE NORTH
CENSUS TRACT:
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37208
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
Specify, if yes:
15. RACE-American Indian, Black, White, etc. (Specify): BLACK
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 11; College (1-4 or 5+):

NAME OF DECEDENT: To be typed by preparer or institution

**PARENTS**

17. FATHER'S NAME (First, Middle, Last): HOLT FISHBACK
18. MOTHER'S NAME (First, Middle, Maiden Surname): GLENNORA WHITWORTH

**INFORMANT**

19a. INFORMANT'S NAME (Type/Print): VA FILE
19b. RELATIONSHIP TO DECEASED: NONE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1310 24TH AVE SOUTH, NASHVILLE, TN 37212

**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): MIDDLE TN VETERANS CEMETERY
20c. LOCATION-City or Town, State: NASHVILLE, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ► LINDA JOHNSON
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4063
21c. SIGNATURE OF EMBALMER: ► N/A
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: JOHNSON'S HOUSE OF ATENA FUNERAL HOME, 1107 BUCHANAN ST NASHVILLE, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 704

**REGISTRAR**

23. REGISTRAR'S SIGNATURE: ► [signature]
24. DATE FILED (Month, Day, Year): January 18, 2002

**CERTIFIER**

25a. PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 [ ] SIGNATURE AND TITLE OF PHYSICIAN ► [signature] MD
25b. LICENSE NUMBER: 7175
25c. DATE SIGNED (Month, Day, Year): 1/16 2002
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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): DAVID GREGORY, M.D. 1310 24TH AVE SOUTH, NASHVILLE, TN 37212

**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. (Approximate Interval Between Onset and Death)

SEE INSTRUCTIONS ON OTHER SIDE

(IMMEDIATE CAUSE (Final disease or condition resulting in death)) → a. REPIRATORY FAILURE
DUE TO (OR AS A CONSEQUENCE OF):
b. SEPSIS, PNEUMONIA
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

(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.: PSYCHOSIS, ANEMIA

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

30. MANNER OF DEATH: 1 [X] 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: M
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):

BIRTH NO.

PH-1659 REV. 2-93

RDA 1389

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8519379

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

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

8519379
Date Issued 6/30/2016

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

## CERTIFICATION OF VITAL RECORD