BILL GARRETT, Davidson County
Trans:T20160070411 AFFIDAVITH
Recvd: 08/15/16 09:31 5 pgs
Fees:27.00 Taxes:0.00
20160815-0084568

This instrument was prepared by:
NICHOLAS JASON STEMBRIDGE [name]
1301 LYNDSEY RIDGE DR. [street or postal address]
LAVERGNE, TN 37086 [city, state, zip code]
615-900-8446 - cell #

GRANTEE(S): Donald Werner Dupwe Jr. [names]

SEND TAX NOTICES TO: 1400 Winthorne Drive, Nashville, TN 37217
[postal address, city, state, zip code]

MAP PARCEL NUMBER: 12009012000

AFFIDAVIT OF HEIRSHIP

Tennessee Code Annotated § 30-2-712.

STATE OF TENNESSEE
COUNTY OF Davidson

The undersigned, being duly sworn, deposes and says:

1. My full name is NICHOLAS JASON STEMBRIDGE. I will refer to myself in this Affidavit as the Affiant.

2. I reside at 1301 LYNDSEY RIDGE DR LAVERGNE TN 37086. [*street address, city, state, zip code*]

3. I have personal knowledge of the matters stated in this Affidavit.

4. On Jan. 29, 2010 [*date of death*], Donald Werner Dupwe Sr. [*full name of decedent*] died at residence/1400 Winthorne Dr. [*place of death*]. I will refer to this person as the Decedent.

5. The real property to which this Affidavit applies is located at 1400 Winthorne Dr. Nashville TN 37217 [*address*] in Davidson County, Tennessee, more fully described as: [*complete legal description*] Map Parcel # 12009012000 ; LOT 5A73 SEC 5A GLENGARRY PARK

   For prior title, see Book _____ [*number*], Page _____ [*number*] in the Register's Office of _____ County, Tennessee.

6. At the time of the Decedent's death, the Decedent resided at 1400 Winthorne Drive Nashville, TN 37217. [*street address, city, state, zip code*]

7. The estate of the Decedent ..... [*select one*]
   ☑ Was not administered in a proceeding supervised by a court.
   ☐ Was administered in a proceeding supervised by a court in _____ [*county and state*] in the _____ [*court*] in case no. _____.

8. Facts concerning my relationship to the Decedent are: Family friend, 20 yrs

9. Additional facts pertinent to determine who is legally entitled to the estate of the Decedent at the time of the Decedent's death are: Decedent had no will, Spouse passed away June 30, 2011. Only 1 heir Donald Werner Dupwe Jr. Seeking to transfer title deed to only heir.

Affiant

Sworn to and subscribed before me this 2nd day of Aug, 2016.

My Commission expires: 8.10.16

Notary Public

GLORIA VICTORY
STATE OF TENNESSEE
NOTARY PUBLIC
RUTHERFORD COUNTY

STATE OF TENNESSEE
Office of Vital Records

100643

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE NUMBER: 2010 004140

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First Middle Last): Donald Werner Dupwe, Sr
2. SEX: Male
3. DATE OF DEATH (Month Day Year): January 29, 2010
4. SOCIAL SECURITY NUMBER: [redacted]-2118
5a. AGE LAST BIRTHDAY (Yrs.): 79
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month Day Year): Sept 07,1930
7. BIRTHPLACE (City and State or Foreign Country): Jonesboro, Arkansas
8. WAS DECEDENT 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 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution give street and number): 1400 Winthorne Drive
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): Jeanne Coe
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Roesch-Patton Funeral Director
12b. KIND OF BUSINESS/INDUSTRY: Funeral
13a. RESIDENCE STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1400 Winthorne Drive
CENSUS TRACT: 094 / 19
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37217
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [XX] 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 (To be completed by physician or institution)

PARENTS

17. FATHER'S NAME (First Middle Last): David Raymond Dupwe
18. MOTHER'S NAME (First Middle Maiden Surname): Frances Ann Schratz

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Jeanne Dupwe
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1400 Winthorne Drive, Nashville, TN 37217

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): Woodlawn Memorial Park
20c. LOCATION City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Rodney Wells
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3883
21c. SIGNATURE OF EMBALMER: Mary Katherine Moore
21d. LICENSE NUMBER OF EMBALMER: 5995
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn-Roesch-Patton Funeral Home and Memorial Park, 660 Thompson Lane, Nashville, TN 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda K. Bowers, DC
24. DATE FILED (Month Day Year): February 5, 2010

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: MD 016016
25c. DATE SIGNED (Month Day Year): 2 5 2010
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 Bryce Dixon, 300 20th Ave North, 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. (Approximate Interval Between Onset and Death)

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. COPD
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.
b. Clostridium difficile colitis — 1 week
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:
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):

BIRTH NO:

PH 1659 (REV 6/99) RDA 1398

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.

7320809

Teresa S. Hendricks
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

7320809

Date Issued: Jul-25-2014

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CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

STATE FILE NUMBER: 110380-1

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): Jeanne C. Dupwe
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): June 30, 2011
4. SOCIAL SECURITY NUMBER: [redacted]-0019
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): Jan. 8, 1932
7. BIRTHPLACE (City and State or Foreign Country): Little Rock, Arkansas
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 1400 Winthorne Drive
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name): N/A
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Technician
12b. KIND OF BUSINESS/INDUSTRY: Medical
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1400 Winthorne Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37217
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): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): ; College (1-4 or 5+): 4

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Joseph Robert Coe
18. MOTHER'S NAME (First, Middle, Maiden Surname): Karleen Gentry

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Donald W. Dupwe, Jr.
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1400 Winthorne Drive Nashville, Tennessee 37217

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): Woodlawn Memorial Park
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Robert E. Fuqua
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 6060
21c. SIGNATURE OF EMBALMER: Jeff Plunk
21d. LICENSE NUMBER OF EMBALMER: 4353
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn-Roesch-Patton Funeral and Memorial Park 660 Thompson Lane Nashville, Tennessee 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

23. REGISTRAR'S SIGNATURE: Claudia Curtis DR
24. DATE FILED (Month, Day, Year): July 6, 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 [X] SIGNATURE AND TITLE OF PHYSICIAN: David Stuart
25b. LICENSE NUMBER: 44186
25c. DATE SIGNED (Month, Day, Year): 7-05-2011
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): David B. Tribble MD 1718 Patterson St. Nashville, TN 37203

SEE INSTRUCTIONS ON OTHER SIDE

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
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	Peripheral Vascular Disease following Amputation	
DUE TO (OR AS A CONSEQUENCE OF):		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: 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.: Crohn's Artery Disease, Sjogren's Syndrome, Renal Insufficiency

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 [X] 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):

PH-1659 (REV. 6/99)

BIRTH NO.

RDA 1399

4622293

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

Tonya Y. Foreman
Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

JUL 06 2011
Date Issued

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

Charlie Cardwell, Metropolitan Trustee
700 Second Avenue South, Suite 220
P.O. Box 196358
Nashville, TN 37219-6358

Map/Parcel Account Number: 12009012000
Bill Number: 2014 110981.0000
Tax District: USD

2014 Real Property Tax Statement

Description: LOT 5A73 SEC 5A GLENGARRY PARK

Location: 1400 WINTHORNE DR

Current Owner and Mailing Address:
DUPWE, DONALD WERNER ETUX
1400 WINTHORNE DR
NASHVILLE, TN 37217

Make checks payable to:
Metropolitan Trustee

Appraised Value: $108,100.00
Class & Rate Residential 25%
Assessed Value: $27,025.00

Your taxes are distributed as follows:

Fund Description	Rate	GSD Tax	USD Tax	Amount
GSD General Fund	1.82500	493.21		493.21
GSD Debt Service	0.42300	114.32		114.32
GSD School Debt Service	0.18000	48.65		48.65
GSD School General Purpose	1.41600	382.67		382.67
USD General Fund	0.48000		129.72	129.72
USD Debt Service	0.11200		30.27	30.27
USD Fire Protection	0.08000	21.62		21.62
Total Taxes	4.51600	$1,060.47	$159.99	$1,220.46

Balance Due: $1,220.46
Minimum Due: $244.09

♿ - ADA - (615) 862-6330

Payment History