BILL GARRETT, Davidson County
Trans:T20160072095 AFFIDAVITH
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Fees:17.00 Taxes:0.00
20160818-0086452

This instrument was prepared by:
Albert Hatcher [name]
300 Jeri Ct [street or postal address]
Antioch TN 37013 [city, state, zip code]

GRANTEE(S): John Bob Hubbert [names]

SEND TAX NOTICES TO: 223 Bill Stewart Blvd, LaVergne TN 37086 [postal address, city, state, zip code]

MAP PARCEL NUMBER: 162 070 178.00

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 Albert Hatcher. I will refer to myself in this Affidavit as the Affiant.

2. I reside at 300 Jeri Ct, Antioch, TN, 37013. [*street address, city, state, zip code*]

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

4. On May 5, 2016 [*date of death*], Linda Hubbert Hatcher [*full name of decedent*] died at Vanderbilt Hospital / Nashville [*place of death*]. I will refer to this person as the Decedent.

5. The real property to which this Affidavit applies is located at 300 Jeri Ct, Antioch TN 37013 [*address*] in Davidson County, Tennessee, more fully described as: [*complete legal description*] ~~Residential Home~~ Lot 14 Whittemore Valley Sec 1 065X115XIRR

For prior title, see Book 6250 [*number*], Page 39 [*number*] in the Register's Office of Davidson County, Tennessee. OR Book 7427 Pg. 997

6. At the time of the Decedent's death, the Decedent resided at 300 Jeri Ct, Antioch TN 37013. [*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. _____.

[*county and state*] in the _____ [*court*] in case no. _____.

8. Facts concerning my relationship to the Decedent are:

I am the husband, Albert Hatcher.

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: She wanted the home left to herson John Bob Hubbert address of property is 300 Jeri Ct, Antioch TN. I agree to him having it.

Albert Hatcher
Affiant

Sworn to and subscribed before me this 18th day of August, 2016.

My Commission expires: MARCH 7, 2017

Kevin C Towns
Notary Public

KEVIN C. TOWNS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.

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)	2. SEX	3. DATE OF DEATH (Month, Day, Year)
Linda Louise Hubbert Hatcher	Female	May 5, 2016

4. TIME OF DEATH (Approx.)	5a. AGE-Last Birthday (Years)	5b. UNDER 1 YEAR: Months / Days	5c. UNDER 1 DAY: Hours / Minutes	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)
2:50 pm	63			February 7, 1953	Nashville, Tennessee

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)

IF DEATH OCCURRED IN A HOSPITAL: [X] 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)	8c. CITY OR TOWN	8d. COUNTY OF DEATH
Vanderbilt Medical Center	Nashville	Davidson

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS	10. SURVIVING SPOUSE (If wife, give name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION	11b. KIND OF BUSINESS/INDUSTRY
[X] Married [ ] Married, but separated [ ] Widowed [ ] Divorced [ ] Never married [ ] Unknown	Albert Hatcher	Cosmetologist	Self-Employed

12. SOCIAL SECURITY NUMBER	13a. RESIDENCE-STATE OR FOREIGN COUNTRY	13b. COUNTY	13c. CITY OR TOWN
[redacted]-2192	Tennessee	Davidson	Antioch

13d. STREET AND NUMBER	13e. INSIDE CITY LIMITS	13f. ZIP CODE	14. WAS DECEDENT EVER IN US ARMED FORCES?
300 Jeri Court	[X] Yes [ ] No	37013	[ ] Yes [X] 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
[X] 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)
[X] 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
[X] 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)	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)
John Bob Hubbert	Willie Sawyers

DISPOSITION

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
John Hubbert	Son	223 Bill Stewart Blvd, Lavergne, Tennessee 37086

21a. METHOD OF DISPOSITION	21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	21c. LOCATION - City or Town and State
[ ] Donation [ ] Entombment [ ] Removal from State [ ] Burial [X] Cremation [ ] Other (Specify) _____	Middle TN Cremation Center	Mt. Juliet, Tennessee

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
▶ Jo Anna White Kelly	4823	▶ Tonya Scales Haynes	5682

2418

23a. NAME AND ADDRESS OF FUNERAL HOME	23b. LICENSE NUMBER OF FUNERAL HOME
New Generation Funeral Home, 2930 Murfreesboro Pike, Antioch Tennessee 37013	1217

REGISTRAR

24. REGISTRAR'S SIGNATURE	25. DATE FILED (Month, Day, Year)
▶ DR	5/10/16

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

26. CERTIFIER (Check only one):
26a. [X] 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	27b. LICENSE NUMBER	27c. DATE SIGNED (Month, Day, Year)
▶ Meredith E Pugh	MD44871	May 9, 2016
	27d. NAME AND ADDRESS: Meredith Pugh, MD - T1218 MCN, 1161 21st Ave S, Nashville 37232	

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. Multiorgan failure	
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	Due to (or as a consequence of): b. Polymicrobial sepsis	
	Due to (or as a consequence of): c. Infected skin ulcers	
	Due to (or as a consequence of): d. Morbid obesity	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
Obesity hypoventilation, diastolic heart failure

29a. WAS AN AUTOPSY PERFORMED? [ ] Yes [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [ ] No

30. MANNER OF DEATH	31. DID TOBACCO USE CONTRIBUTE TO DEATH?	32. IF FEMALE:
[X] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined	[ ] Yes [ ] Probably [ ] No [X] Unknown	[X] 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:	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK?	34d. PLACE OF INJURY – at home, farm, street, factory, office, building, etc. (Specify)
[ ] Driver/Operator [ ] Passenger [ ] Pedestrian [ ] Other (Specify) _____			[ ] Yes [ ] No	
	34e. DESCRIBE HOW INJURY OCCURRED			34f. LOCATION OF INJURY (Street and Number, City or Town, State)

PH-1859 (Rev. 10/2011) RDA 1399

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8504156

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.

MAY 10 2016

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

8504156

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

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