STATE OF TENNESSEE

COUNTY OF DAVIDSON

AFFIDAVIT OF DEATH

BEFORE ME, the undersigned, a notary public in and for said County and State, personally appeared Ruby Reeves, whose name is signed to this Affidavit and who is known to me and who being by me first duly sworn, does depose and say as follows:

My name is Ruby Reeves, My late husband, James H. Reeves and I were the owners of the following described property:

Being Lot No. 7a of the Zone Lot Subdivision of Lot Nos. 4 through 17, of Meadows of Tulip Grove, Section One, of record in Plat Book 6250, Page 363, amending Plat Book 5200, Page 612, Registers Office for Davidson County, Tennessee, to which plat reference is hereby made for a more complete description.

BEING the same property conveyed to James H. Reeves and wife, Ruby Reeves from B & D Investment Builders, Inc., by Special Warranty Deed dated November 15, 1985, and recorded on November 19, 1985, in Book 6712, Page 602.

My late husband, James H. Reeves left this life on or about December 29, 2015. A true and correct copy of the Death Certificate is attached hereto.

I make this affidavit for the purpose of clearing title and intend for it to be relied upon for the same.

IN WITNESS WHEREOF, I have hereto set my hand and seal on this 16th day of August, 2016.

Ruby Reeves (SEAL)

STATE OF ALABAMA
COUNTY OF MADISON

I, the undersigned Notary Public in and for said County and State, hereby certify that Ruby Reeves whose name is signed to the foregoing Affidavit and who is known to me, acknowledged before me on this day that, being informed of the contents of this affidavit, she executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this 16th day of August, 2016.

Notary Public
My commission expires: 3/29/17

THIS INSTRUMENT PREPARED BY:
Todd R. Howard
Attorney-at-Law
415-H Church Street, Suite 201A
Huntsville, Alabama 35801

EMILY SANTIAGO NOTARY PUBLIC ALABAMA STATE AT LARGE

BILL GARRETT, Davidson County
Trans: T20160072853 AFFIDAVIT
Recvd: 08/22/16 08:52 2 pgs
Fees: 12.00 Taxes: 0.00
20160822-0087281

STATE OF TENNESSEE
Office of Vital Records

15 0 6 6 9 5

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): James Hamilton Reeves
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): December 29, 2015
4. TIME OF DEATH (Approx.): 8:44
5a. AGE-Last Birthday (Years): 88
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): September 02, 1927
7. BIRTHPLACE (City and State or Foreign Country): Chicago,IL

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 [X] Decedent's home [ ] Other residence [ ] Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): 686 Mercer Dr
8c. CITY OR TOWN: Hermitage
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: [X] Married [ ] Married, but separated [ ] Widowed [X] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Ruby Featherstone
11a. DECEDENT'S USUAL OCCUPATION: Custodian
11b. KIND OF BUSINESS/INDUSTRY: Metro Nashville & Davidson Cou

12. SOCIAL SECURITY NUMBER: [redacted]3777
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Hermitage
13d. STREET AND NUMBER: 686 Mercer Dr
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37076-2335
14. WAS DECEDENT EVER IN US ARMED FORCES? [X] Yes [ ] 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
[X] Some college credit, but no degree
[X] Associate degree (e.g., AA, AS)
[X] 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)
[X] 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
[X] American Indian or Alaska Native (Name of the enrolled or principal tribe)
[ ] Asian Indian
[ ] Chinese
[ ] Filipino
[ ] Japanese
[ ] Korean
[ ] Vietnamese
[ ] Other Asian (Specify)
[ ] Native Hawaiian
[X] Guamanian or Chamorro
[ ] Samoan
[X] Other Pacific Islander (Specify)
[ ] Other (Specify)
[ ] Unknown

IP
3VA

PARENTS

18. FATHER'S NAME (First, Middle, Last): Wade Hamilton Reeves
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Mary Link

DISPOSITION

20a. INFORMANT'S NAME: Ruby Reeves
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 686 Mercer Dr, Hermitage, TN 37076-2335
21a. METHOD OF DISPOSITION: [ ] Donation [ ] Entombment [X] Burial [X] Cremation [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Nashville Cremation Service
21c. LOCATION - City or Town and State: Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: Mary Katherine Moore
22b. LICENSE NUMBER: 5994
22c. SIGNATURE OF EMBALMER:
22d. LICENSE NUMBER:
23a. NAME AND ADDRESS OF FUNERAL HOME: Hermitage Funeral Home 535 Shute Ln, Old Hickory, TN 37138
23b. LICENSE NUMBER OF FUNERAL HOME: 540

REGISTRAR

24. REGISTRAR'S SIGNATURE: Patti Pelt DR
25. DATE FILED (Month, Day, Year): Jan 6, 2016

CERTIFIER

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.

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

27a. SIGNATURE OF CERTIFIER: Robert Berkompas MD
27b. LICENSE NUMBER: 17891
27c. DATE SIGNED (Month, Day, Year): 1/5/16
27d. NAME AND ADDRESS: Robert Berkompas, M.D. 1718 Patterson Street, Nashville, TN 37203

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. Cancer of unknown origin	
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.	
	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.

28a. WAS AN AUTOPSY PERFORMED? [ ] Yes [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [X] No

30. MANNER OF DEATH: [X] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [X] 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. 10/2011) RDA 1399

MARRIED

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

8245684

R. Benton McDonough, JD, STATE REGISTRAR
John J. Dreyzehner, MD, MPH, FACOEM, COMMISSIONER
Date Issued: JAN 7 2016

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD