BILL GARRETT, Davidson County
Trans:T20160074758 AFFIDAVITH
Recvd: 08/26/16 12:44 6 pgs
Fees:32.00 Taxes:0.00
20160826-0089640

AFFIDAVIT
OF DEATH AND HEIRSHIP

Teresa Mckee (the "Affiant"), being duly sworn upon oath, deposes and states that the Affiant resides at 8914 Sunnyfield Way, Nashville, Tennessee 37212 located in the County of Davidson. The Affiant is the daughter to Mr. Edward D. Ivy (the "Decedent").

The Decedent died on 09/10/2010 in the County of Davidson in the State of Tennessee. A copy of the Official Death Certificate is attached.

When the Decedent passed he or she owned an interest in the property legally described below:

Property Owned:	Being Lot No. 116 on the map of Raymond Heights, as of record in Book 1424, page 141, Register's Office for said County. Said Lot No. 116 fronts 100 feet on north side of Lyle Lane and runs back between lines, 151.8 feet on the west line and 146.2 feet on the east line to a dead line in the rear on which it measures 100 feet. Being part of the property conveyed to Herschel Greer, Trustee, with full power to execute the proposed conveyance by deed from H. Raymond Ligon and wife, of record in Book 1808, page 141, said Register's Office.
Address:	94 Lyle Lane Nashville , Tennessee 37210
County:	Davidson

In the event that the Decedent passed leaving a Last Will and Testament, a copy of said Last Will and Testament shall be attached. If there is no Last Will and Testament attached hereto, then the Decedent passed intestate.

In the event that the Decedent was married, listed below will be the name of the spouse and current status of said marriage.

Name of Spouse	Status
Katherine M. Ivy	Deceased

The following children were born to or adopted by the Decedent:

Name of Child	Birth Date	Status
Judith I. Massey	O8/30/1946	Living
Teresa I. McKee	12/03/1953	Living

The estimated approximate total value of the estate of the Decedent, including the taxable interest in the aforesaid property, is $60,000.00.

No claims have been filed against the Decedent and all expenses related to medical and/or funeral expenses

have been paid in full.

The Affiant will ensure that the Federal Estate Tax shall be prepared and pay in full any said amount which may be due and payable.

I declare that the information contained herein is true and correct to the best of my knowledge.

Teresa Mckee
(AFFIANT SIGNATURE)

8/25/2016
(DATE SIGNED)

Teresa Mckee
(AFFIANT NAME)

State of Tennessee

ss.

County of Davidson

This instrument was subscribed and sworn to before me on 08/~~26~~25/2016 by Teresa Mckee.

(NOTARY PUBLIC SIGNATURE)

Bevar Haji

(NOTARY PRINTED NAME)

My Commission Expires: 9-11-2017

BEVAR HAJI
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

Prepared by:

Teresa Duy mckee
8914 Sunnyfield Way
Nashville, TN 37211

STATE OF TENNESSEE
Office of Vital Records

1005316

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last)	2. SEX	3. DATE OF DEATH (Month, Day, Year)
Edward Dewitt Ivy	Male	September 10, 2010

4. SOCIAL SECURITY NUMBER (of Decedent)	5a. AGE-LAST BIRTHDAY (Years)	5b. UNDER 1 YEAR MOS. / DAYS	5c. UNDER 1 DAY HOURS / MIN.	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)
[redacted]-8274	86			June 15, 1924	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)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
Southern Hills Medical Center	Nashville	Davidson

10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify)	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.)	12b. KIND OF BUSINESS/INDUSTRY
Married	Katherine Maynard	Machine Operator	Paper Company

13a. RESIDENCE-STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER OR RURAL LOCATION
Tennessee	Davidson	Nashville	94 Lyle Lane

CENSUS TRACT 213.04

NAME OF DECEDENT: For use by physician or institution

13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Specify, if yes: [ ] Yes [X] No	15. RACE-American Indian, Black, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+)
	37210		White	12

PARENTS

17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden Surname)
Edward Carroll Ivy	Molly Hopkins

INFORMANT

19a. INFORMANT'S NAME (Type/Print)	19b. RELATIONSHIP TO DECEASED	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
Teresa McKee	Daughter	616 Oak Forest Lane, Antioch, Tennessee 37013

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)	20c. LOCATION-City or Town, State
	Middle Tennessee Veterans Cemetery	Nashville, Tennessee

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER OF FUNERAL DIRECTOR	21c. SIGNATURE OF EMBALMER	21d. LICENSE NUMBER OF EMBALMER
▶ Wendell L Byrd	2556	▶ Richard Morrison	3137

22a. NAME AND ADDRESS OF FUNERAL HOME	22b. LICENSE NUMBER OF FUNERAL HOME
Woodbine Funeral Home, Inc. 3620 Nolensville Rd., Nashville, Tennessee 37211-	396

REGISTRAR

23. REGISTRAR'S SIGNATURE	24. DATE FILED (Month, Day, Year)
▶ Linda L Bowers, OR	September 14, 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 [X] SIGNATURE AND TITLE OF PHYSICIAN	25b. LICENSE NUMBER	25c. DATE SIGNED (Month, Day, Year)
▶ George L Holmes III MD	TN7779	September 14, 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)
George L. Holmes, III, M.D.
397 Wallace Road, Suite C-100, Nashville, TN 37211

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. PNEUMONIA	
	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.
Atherosclerotic Heart Disease

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

30. MANNER OF DEATH	31a. DATE OF INJURY (Month, Day, Year)	31b. TIME OF INJURY	31c. INJURY AT WORK?	31d. DESCRIBE HOW INJURY OCCURRED
1 [X] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined		M	1 [ ] Yes 2 [ ] No	

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

4367373

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.

SEP 14 2010

Teresa S. Hendricks
STATE REGISTRAR

Deputy for Local Registrar
Davidson County, Tennessee

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

ANTI-FRAUD PROTECTION PATENTED ELECTRA, EMBOSSED

STATE OF TENNESSEE
Office of Vital Records

13 06436

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Katherine Irene Ivy
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): October 18, 2013
4. TIME OF DEATH (Hour): 11:00 am
5a. AGE-Last Birthday (Years): 86
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): October 27, 1926
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN

TYPE OR PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: ☐ 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): Bethany Health Care Center
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: ☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: Sales
11b. KIND OF BUSINESS/INDUSTRY: Department Store
12. SOCIAL SECURITY NUMBER: [redacted]5048
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. WITHIN CITY LIMITS? ☒ Yes ☐ No
13e. STREET AND NUMBER: 84 Lyle Lane
13f. ZIP CODE: 37210
14. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ 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
☒ 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, LLD, 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)
☒ 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
☐ 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): Barlow W. Maynard
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Johnnie Simpson

INFORMANT

20a. INFORMANT'S NAME: Teresa McKee
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 616 Oak Forest Lane, Antioch, TN 37013

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Middle TN Veterans Cemetery
21c. LOCATION - City or Town, and State: Nsahville, Tennessee

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Wendell L. Byrd
22b. LICENSE NUMBER: 2556
22c. SIGNATURE OF EMBALMER: ▶ William R. Appleton
22d. LICENSE NUMBER: 3310
23a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Hickory Chapel, 5852 Nolensville Rd, Nashville, TN 37211
23b. LICENSE NUMBER OF FUNERAL HOME: 760

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Delwin Phelps
25. DATE FILED (Month, Day, Year): October 24 2013

CERTIFIER

26. CERTIFIER (Check only one)
26a. ☒ 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 RECEIVING CAUSE OF DEATH MUST COMPLETE ENTIRE CERTIFICATION WITHIN 48 HOURS

27a. SIGNATURE OF CERTIFIER: ▶ Ralf Hahermann MD
27b. LICENSE NUMBER: 27476
27c. DATE SIGNED (Month, Day, Year): 10/21/13
27d. NAME AND ADDRESS: Ralf Hahermann MD, Vanderbilt MOE 7 Fl Ste 4, Nashville, TN 37232

MEDICAL CERTIFICATION

27f. 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. 580
Due to (or as a consequence of)
b. Severe Cachexia
Due to (or as a consequence of)
c.
Due to (or as a consequence of)
d.

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

27g. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I
CAD, CHF, HTN
27h. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
27i. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No

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

RDA 1300

TH 1159 (Rev. 10/2011)

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.

6306108

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

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

6306108

Date Issued: OCT 24 2013

CERTIFICATION OF VITAL RECORD

Last Will and Testament

Wife

I Katherine Ivey presently residing at
94 Lyle Lane Nashville Tn. 37210
do hereby make, publish and declare this to be my Last Will and Testament and do hereby revoke any and all other Wills and Codicils heretofore made by me.

First. I am married to Edward Ivey

Second. I order and direct that my just debts and funeral expenses, expenses for administration of my estate and any inheritance and succession taxes, state or federal, upon my estate shall be paid as soon after my death as may be practical.

Third. I give all my estate to my husband. In the event that my said husband shall predecease me or fails to survive me for sixty (60) days, I give all my estate to my children, if any, who survive me in equal shares, per stirpes. If I am survived by neither my husband, nor children, then I give my estate to:

Grandchildren Tracy, Jennifer, Jamie + Jessica McKee
Bill Gilbert to be J.
to be his/her/theirs in equal shares or their survivor.

Fourth. I nominate and appoint my husband as Executor of this Will. In the event that my husband shall predecease me or fails to survive me or fails to serve as such Executor then in such event, I nominate and appoint

Randall Massey Executor/Executrix of this my Last Will and Testament. I further direct that no appointee hereunder shall be required to give any bond for the faithful performance of his/her duties.

Fifth. I hereby authorize my Executor/Executrix to exercise all the powers, rights, discretions, duties and immunities conferred upon fiduciaries to the extent permitted by law with full power to sell, lease, mortgage, invest, reinvest or otherwise dispose of the assets of my estate.

I subscribe my name to this Will this _____ Day of _____, 19 ____

at _____

Katherine Ivey
(Sign here)

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