Affidavit of Heirship- State of Tennessee

This Affidavit of Heirship must be completed by a third disinterested party (Affiant) who will not benefit from the decedent's estate. Do not complete this form if the decedent left a will that was probated in court or there has been some other type of court determination to the estate.

Affidavit of facts concerning the identity of Heirs for the Estate of:

BILL GARRETT, Davidson County
Trans:T20160079476 AFFIDAVITH
Recvd: 09/12/16 09:16 4 pgs
Fees:22.00 Taxes:0.00
20160912-0095357

Gus L. Church and Elouise Church

Before me, the undersigned authority, on this day personally appeared:

Augustus L. Church

("Affiant") who, being first duly sworn, upon his/her oath states:

1. My name is: **Augustus ~~Liddleton~~ Littleton Church**

I live at: **917 Youngs Lane – Nashville Tennessee 37207**

I am personally familiar with the family and marital history of: **Gus L. Church & Eloise Church** (Decedent), and I have personal knowledge of the facts stated in this Affidavit.

2. I knew the decedent from **12-4-19-57** until **Dates of Death** Both Decedents died on **11-5-2011 and 8-16-2016**

Decedent's place of death: **917 Youngs Lane - Nashville, Tennessee 37207 - Davidson County**

At the time of decedent's death, decedent's residence was:
917 Youngs Lane - Nashville, Tennessee 37207 - Davidson County
ADDRESS CITY STATE COUNTY

3. Provide the following information on the deceased's marital history:
NAME OF SPOUSE / DATE OF MARRIAGE / DATE OF DIVORCE / DATE OF SPOUSE'S DEATH:

Both Parties Gus L. Church and Elouise Church were married in Nashville, Tennessee-Davidson County. They were married until death of wife Elouise Church on date 11-5-2011. Both parties resided at residence of 917 Youngs Lane – Nashville Tennessee 37207. Both parties died in or at residence from heart complications. The parties were married for 50 years. With only 1 male heir child conceived and presently living. (Augustus L Church)

Prepared by Henry Smith (Notary)
2203 Buchanan Street
Nashville, TN 37208

4. Provide the following information on the deceased's natural born and adopted children: (If there are none, please state that below. If additional space is needed, please provide information as an attachment.) **Augustus Liddleton Church is sole survivor, heir and only natural born child of the deceased parties (Gus L. Church and Elouise Church) Augustus Church was born On December 4, 1957 and has resided at the same exact residence of (his parents) the deceased.**

NAME OF CHILD / ADDRESS / DATE OF BIRTH / NAME OF CHILD'S OTHER PARENT / DATE OF CHILD'S DEATH IF DECEASED

Augustus ~~Liddleton~~ Littleton Church
917 Youngs Lane Nashville, Tennessee 37207 – December 4, 1957
Presently Living/Not Deceased

5. Provide the following information on the deceased's grandchildren, born only to the deceased children in Item 4, above: (If there are none, please state that below.)
N//A Child of deceased parties still living

NAME OF CHILD / ADDRESS / DATE OF BIRTH / NAME OF GRANDCHILD'S DECEASED PARENT - **N/A**

6. If the decedent never married and did not have any children, provide the following information on the deceased's parents: **N/A - Deceased parties were married till death**

7. Provide the following information on the deceased's brothers and/or sisters: (If there are none, please state that below.) **N/A**

8. Provide the following information on the deceased's nieces and/or nephews born only to the deceased brothers/sisters in Item 7, above: (If there are none, please state that below. If additional space is needed, please provide information as an attachment.) **N/A**

Signed this 27 day of [illegible], 2017

X [signature]
(SIGNATURE OF AFFIANT)
State of Tenn County of Davi

Sworn to and subscribed to before me on (date) 12-16
By (Affiant) [signature]
(NOTARY SIGNATURE) [signature]
(Notary Seal)

My commission expires: 18 day of [illegible] 2016

NOTARY PUBLIC DAVIDSON COUNTY TENNESSEE
MY COMMISSION EXPIRES MARCH 18, 2016

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: 11-00362

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Eloise T. Church
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): January 5, 2011
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]4150
5a. AGE-LAST BIRTHDAY (Years): 75
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Nov. 13, 1935
7. BIRTHPLACE (City and State or Foreign Country): Kelso, TN
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 [X] ER/Outpatient 3 DOA; OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Baptist Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: TN
10. MARITAL STATUS-Married, Never Married, Widowed Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Gus Church
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Housekeeping
12b. KIND OF BUSINESS/INDUSTRY:
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Madison
13d. STREET AND NUMBER OR RURAL LOCATION: 917 Youngs Lane
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37207
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes O [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): 9; College (1-4 or 5+):

NAME OF DECEDENT For use by physician or medical examiner

PARENTS

17. FATHER'S NAME (First, Middle, Last): Ula Tate
18. MOTHER'S NAME (First, Middle, Maiden Surname): Mary Morrow

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Gus Church
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 917 Youngs Lane

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): Greenwood Cemetery
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Henry L. Smith
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3167
21c. SIGNATURE OF EMBALMER: Richard L. Smith
21d. LICENSE NUMBER OF EMBALMER: 5194
22a. NAME AND ADDRESS OF FUNERAL HOME: Henry Louis Smith Funeral Directors, 1503 Buchanan St., Nashville, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 02-254879

REGISTRAR

23. REGISTRAR'S SIGNATURE: Pamela D. Stanley DE
24. DATE FILED (Month, Day, Year): February 16, 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 SIGNATURE AND TITLE OF PHYSICIAN:
25b. LICENSE NUMBER: MD083572
25c. DATE SIGNED (Month, Day, Year): 2/15/2011
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):

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.

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Atherosclerotic Coronary Vascular disease — 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.

Approximate Interval Between Onset and Death:

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 [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. 6/99) RDA 1309

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.

8523634

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

8523634 9/8/2016
Date Issued

CERTIFICATION OF VITAL RECORD

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): Gus Littleton Church
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): August 16, 2016
4. TIME OF DEATH (Approx.):
5a. AGE-Last Birthday (Years): 85
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): April 15, 1931
7. BIRTHPLACE (City and State or Foreign Country): Hickman County, TN

TYPE/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): 917 Youngs Lane
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: Self-employed
11b. KIND OF BUSINESS/INDUSTRY: Grocery Store Owner
12. SOCIAL SECURITY NUMBER: [redacted]999
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TN
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 917 Youngs Lane
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37207
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

NAME OF DECEDENT (For use by Physician or Institution)

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, 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)
☒ 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): Walter Church
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Lula Webster

DISPOSITION

20a. INFORMANT'S NAME: Augustus Church
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 2139 15th Ave., N., Nashville, TN 37208
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Greenwood Cemetery
21c. LOCATION - City or Town and State: Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Arthur L. Jackson
22b. LICENSE NUMBER: 6497
22c. SIGNATURE OF EMBALMER: ▶ Arthur Jackson
22d. LICENSE NUMBER: 4967
23a. NAME AND ADDRESS OF FUNERAL HOME: S A G Funeral Home, 1503 Buchanan St., Nashville, TN 37208
23b. LICENSE NUMBER OF FUNERAL HOME: 1206

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Willissia R Hood for DR
25. DATE FILED (Month, Day, Year): 8/23/2016

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 EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS

27a. SIGNATURE OF CERTIFIER: ▶
27b. LICENSE NUMBER: MD 33572
27c. DATE SIGNED (Month, Day, Year): 8/23/16
27d. NAME AND ADDRESS: D John A. Williams 3003 8th Ave N. 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. Syphilis Convulsion heart Failure	
	Due to (or as a consequence of):	
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	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.

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

30. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ 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

8513418

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.

8513418 9/6/2016

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued

CERTIFICATION OF VITAL RECORD