BILL GARRETT, Davidson County
Trans:T20160081444 AFFIDAVITH
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Fees:17.00 Taxes:0.00
20160916-0097674

This instrument was prepared by:
G. Alan Brown, Esq.
PO Box 1
Pleasant View, TN 37146

Grantee(s):	**Micheal Upshaw:**	**20%**
	Sharon Upshaw:	**20%**
	Pamela Kellum:	**20%**
	Dianne Jordan:	**20%**
	Eric Upshaw (through John Upshaw, Jr.):	**10%**
	Chasity Upshaw Baskett (through John Upshaw, Jr.):	**10%**

Send tax notices to: Micheal Upshaw, 6729 Autumn Oaks Drive, Brentwood, Tennessee 37027

MAP PARCEL NUMBER: 149-09-172

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 Kevin Dean Compton. I will refer to myself in this Affidavit as the Affiant.

2. I reside at 4825 Barclay Square Dr Antioch TN 37013 [*street address, city, state, zip code*]

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

4. On 29 March 2016 [*date of death*], John A. Upshaw [*full name of decedent*] died at 4829 Barclay Square 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 4829 Barclay Square Dr., Antioch, TN 37013 in Davidson County, Tennessee, more fully described as:

   Land in Davidson County, Tennessee, being Lot No. 69 on the Plan of Barclay Square, Section 3, of record in Plat Book 4675, Page 154, Register's Office for said County, to which reference is made for a more complete description.

   Being the same property acquired by the party of the first part pursuant to the provisions of the National Housing Act, as amended (12 U.S.C. 1701 et seq.) and the Department of Housing and Urban Development Act (79 Stat. 667), by deed dated October 19, 1993 and recorded in Book 9183 page 675, office of the Register, county of Davidson, State of Tennessee.

Being the same property acquired by John A. Upshaw, the party of the second part, from Henry G. Cisneros, Secretary of Housing and Urban Development, of Washington, D.C., by deed dated March 18, 1994, and recorded in Book 9285, Page 186, office of the Register, county of Davidson, State of Tennessee.

Being the same property acquired by John A. Upshaw, subject to all covenants, easements, restrictions, reservations, conditions and rights appearing of record against the above described property; also subject to any state of facts which an accurate survey of said property would show.

For prior title, see Book 9285, Page 186 in the Register's Office of Davidson County, Tennessee.

6. At the time of the Decedent's death, the Decedent resided at 4829 Barclay Square Dr., Antioch, TN 37013.

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: Neighbor for 12 years.

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: _____ *.

Kevin Dean Compton

KEVIN DEAN COMPTON

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

My Commission expires: September 11, 2017

Notary Public

KATICA ZECEVIC
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

*children of the decedent: Micheal Upshaw, Sharon Upshaw, Pamela Kellum, Dianne Jordan, & John A. Upshaw Jr. (deceased).
Eric Upshaw, Chasity Upshaw Baskett, children of John A. Upshaw Jr.

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): John Alton Upshaw, Sr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): March 29, 2016
4. TIME OF DEATH (Approx.): 5:16 am
5a. AGE-Last Birthday (Years): 76
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): April 23, 1939
7. BIRTHPLACE (City and State or Foreign Country): Pulaski, 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)

NAME OF DECEDENT (For use by Physician or Institution)

8b. FACILITY NAME (If not institution, give street and number): VA Hosptial
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

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

12. SOCIAL SECURITY NUMBER: [redacted]-9620
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Antioch
13d. STREET AND NUMBER: 4829 Barclay Square Drive
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37013
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
[ ] 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): Charlie Upshaw
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Vera Westmorland

DISPOSITION

20a. INFORMANT'S NAME: Micheal Upshaw, Sr.
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 6729 Autumn Oaks Drive, Brentwood, TN 37027
21a. METHOD OF DISPOSITION: [X] 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: Pegram, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Tonya Scales Haynes
22b. LICENSE NUMBER: 5681
22c. SIGNATURE OF EMBALMER: ▶ Tonya Scales Haynes
22d. LICENSE NUMBER: 5682
37JUA
23a. NAME AND ADDRESS OF FUNERAL HOME: New Generation Funeral Home, 2930 Murfreesboro Pike, Antioch, TN 37013
23b. LICENSE NUMBER OF FUNERAL HOME: 1217

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Kristi Paint DR
25. DATE FILED (Month, Day, Year): 4/14/16

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: ▶ [signature]
27b. LICENSE NUMBER: 34591
27c. DATE SIGNED (Month, Day, Year): 4-2-16
27d. NAME AND ADDRESS: Pierre Massion, M.D. 1310 24th Ave. South, Nashville, TN 372121

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. ACUTE HYPOXIC RESPIRATORY FAILURE	4 HOURS
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. HEMORRHAGE / ELEVATED INR	5 HOURS
Due to (or as a consequence of):		
	c. SQUAMOUS CELL CANCER LUNG	
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.
ATERIAL FIBRILLATION

29a. 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 [ ] 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

8423182

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.

APR - 5 2016

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

8423182

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued

CERTIFICATION OF VITAL RECORD

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