This instrument was prepared by:
Johnny Ellis, Attorney
3844 Old Hickory Blvd
Old Hickory, TN 37138
(615) 847-2000
www.ljelaw.com

Send Tax Bills to:
Raymond A. Dawson, Jr.
209 26th Street
Old Hickory, TN 37138

AFFIDAVIT OF HEIRSHIP

Davidson County AFFIDAVITH
Recvd: 10/31/16 12:54 4 pgs
Fees:22.00 Taxes:0.00
20161031-0114823

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Affiant, EARLINE SHANNON, after first being duly sworn, states that:

1. I am an adult citizen and resident of Davidson County, Tennessee and have knowledge of the facts stated herein and am otherwise competent to make this affidavit.

2. MARTHA LOUISE HOOSIER DAWSON was my sister. She died on August 22, 2016, in Davidson County, Tennessee, leaving RAYMOND A. DAWSON, JR. as her only child, sole heir at law and beneficiary. Martha Louise Hoosier Dawson had no other children, natural or adopted.

3. The Attached Exhibit "A" is a true and certified copy of her Death Certificate.

4. This Affidavit of Heirship is freely given pursuant to Section 30-2-712, *et seq.*, Tenn. Code Ann., to help establish and reflect the heirship with respect to any real or personal property owned by MARTHA LOUISE HOOSIER DAWSON in Davidson County, Tennessee, or elsewhere, and particularly to confirm the vesting of title to certain real property being:

A Certain tract or parcel of land in Davidson County, Tennessee, being Lot No. 13, Block 10 on the Map of Dabbs and Elliott Subdivision No. I, Old Hickory Tennessee, as shown of record in Book 547, page 97, Register's Office for said County.

Said Lot fronts 50 feet on the northwesterly side of 26th Street and runs back between parallel lines, 144 feet to an alley.

Being the same property conveyed to Raymond A. Dawson and wife, Martha H. Dawson, by deed from Ida Brown Jordan, Katherine Haynes Lucas, Laura Haynes Leaver, Geraldine Haynes Curran, Howard Haynes and Robert E. Curtis, the heirs at law of Laura P. Brown, recorded August 20, 1970 in Book 4439, Page 950, Register's Office for Davidson County, Tennessee. Raymond A. Dawson having died on July 17, 2004, leaving his widow, Martha H. Dawson as surviving tenant by entirety.

Property Address: 209 26th Street, Old Hickory, TN. 37138
Map #053 08 0 / 062.00

Earline Shannon
EARLINE SHANNON, Affiant

STATE OF TENNESSEE }
COUNTY OF DAVIDSON }

Before me, Leroy Johnston Ellis, IV, the undersigned, a notary public in the state of Tennessee, personally appeared EARLINE SHANNON, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who acknowledged that he executed the foregoing instrument for the purposes therein contained, and expressed and acknowledged that she executed the same as their free act and deed.

Subscribed and sworn to before me, this the 21 day of Oct, 2016.

NOTARY PUBLIC

My Commission Expires: 03/03/2020

LEROY JOHNSTON ELLIS IV NOTARY PUBLIC AT LARGE 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): Martha Louise Dawson
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): August 22, 2016
4. TIME OF DEATH (Approx.): 2:32 pm
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): June 21, 1930
7. BIRTHPLACE (City and State or Foreign Country): Anderson, Tennessee

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): Alive Hospice
8c. CITY OR TOWN: Madison
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: Cafeteria Worker
11b. KIND OF BUSINESS/INDUSTRY: School

12. SOCIAL SECURITY NUMBER
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Old Hickory

13d. STREET AND NUMBER: 209 26th Street
13e. INSIDE CITY LIMITS: ☐ Yes ☒ No
13f. ZIP CODE: 37138
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

Louise H. Dawson
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): Clarence G.
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Mildred Lo

DISPOSITION

20a. INFORMANT'S NAME: Raymond Alexander Dawson, Jr.
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 209 26th Street, Old Hickory, TN 37138

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Mt. Carmel Cemetery
21c. LOCATION - City or Town and State: Bridgeport, Alabama

7dc

22a. SIGNATURE OF FUNERAL DIRECTOR: W. E. Rudder
22b. LICENSE NUMBER: 1925
22c. SIGNATURE OF EMBALMER:
22d. LICENSE NUMBER: AL01317

23a. NAME AND ADDRESS OF FUNERAL HOME: Rudder Funeral Home, 45015 Alabama Highway 277, Stevenson, Alabama 35772
23b. LICENSE NUMBER OF FUNERAL HOME: 0242

REGISTRAR

24. REGISTRAR'S SIGNATURE: William R Thomas for DR
25. DATE FILED (Month, Day, Year): 9/8/2016

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: Robert Berkompas MD
27b. LICENSE NUMBER: 17891
27c. DATE SIGNED (Month, Day, Year): 8/29/16
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. Healthcare-associated pneumonia	
	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

8522653

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.

8522653

SEP 08 2016

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

CERTIFICATE of AUTHENTICITY

I, **Leroy Johnston Ellis, IV** do hereby make oath that I am an Attorney licensed in the State of Tennessee, Bar # 017968, and custodian of the Electronic version of the attached document tendered for registration herewith and that this is a True and Correct copy of the original Document executed and authenticated according to Law.

Leroy Johnston Ellis, IV,
Attorney at Law, BPR #17968

STATE OF TENNESSEE }
COUNTY OF DAVIDSON }

Before me, Janet A. Pool the undersigned, a notary public in the state of Tennessee, personally appeared Leroy Johnston Ellis, IV, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who acknowledged that this certification of an electronic document is true and correct and whose signature I have witnessed.

Janet A. Pool
NOTARY PUBLIC

JANET A. POOL STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

My Commission Expires: 7-2-2018

This Certificate Prepared by:
Johnny Ellis, Attorney at Law
3844 Old Hickory Blvd.
Old Hickory, TN. 37138
(615) 847-2000
Johnny@LjeLaw.com