Prepared By: Veronica Williamson

↓

When recorded mail document to:
Veronica Williamson
4308 Princess Lane – New Owner
Nashville, TN 37218 & Tax Bills

BILL GARRETT, Davidson County
Trans: T20170017863 DEEDQC
Recvd: 03/01/17 15:21 2 pgs
Fees: 12.00 Taxes: 0.00
20170301-0020445

State of Tennessee

County of Davidson } ss.

Veronica Williamson, of legal age, being first duly sworn, deposes and says: That James O Williamson III, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as James O Williamson III named as one of the parties in that certain Quit Claim Deed dated June 25th, 2010, executed by James O Williamson III to ~~James O Williamson III~~ and Veronica Williamson* ~~,as joint tenants with right of survivorship~~, recorded as Instrument No. 20100915-0073372, in the Register's Office of Davidson County, State of Tennessee, a certain tract or parcel of land described as Follows, to-wit:

* a single person

LAND in Davidson County, Tennessee, being Lot No. 11, on the Plan of Gold Key Subdivision, as shown on plat of record in Plat Book 6250, page 595 in the Register's Office for Davidson County, Tennessee, to which plat reference is hereby made for a more complete and accurate description.
current source of title #20100915-0073372
MAP & Parcel: 058-14-0-118.00

Dated 3/1/17

Veronica Williamson
Veronica Williamson

State of Tennessee
County of Davidson } ss.

Personally appeared before me, the undersigned a Notary Public, in and for said County and State, the within named Veronica Williamson with whom I am personally acquainted or who proved to me on the basis of satisfactory evidence, and who acknowledged that she executed the within instrument for the purposes contained.

Witness my hand and seal at Nashville, Tennessee on this 1ST, March 2017.

My Commission Expires: 7/2/2018
Notary Signature

RYAN K. MEYERS
~~STATE~~ OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

STATE OF TENNESSEE
COUNTY OF DAVIDSON
The actual consideration or true value, whichever is greater for this transfer is
Affiant
Subscribed and sworn before me this the 1 Day of March, 2017.
Deputy Register

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): James Oscar Williamson, III
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): October 30, 2016
4. TIME OF DEATH (Approx.):
5a. AGE-Last Birthday (Years): 57
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): February 10, 1959
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tenneesse

TYPEPRINT 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)

NAME OF DECEDENT (For use by Physician or Institution)

8b. FACILITY NAME (If not institution, give street and number): 3024 Bromley Way
8c. CITY OR TOWN: Antioch
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): Veronica Hardin
11a. DECEDENT'S USUAL OCCUPATION: Police Officer
11b. KIND OF BUSINESS/INDUSTRY: Police Department
12. SOCIAL SECURITY NUMBER: [redacted]-8856
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 3024 Bromley Way
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37013
14. WAS DECEDENT EVER IN US 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, 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): James Oscar Williamson, Sr.
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Mattie Williamson

DISPOSITION

20a. INFORMANT'S NAME: Veronica Williamson
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 3024 Bromley Way, Antioch, Tn. 37013
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, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Byrettia L. Broady
22b. LICENSE NUMBER: 5130
22c. SIGNATURE OF EMBALMER: ▶ Terrell Broady
22d. LICENSE NUMBER: 4117
23a. NAME AND ADDRESS OF FUNERAL HOME: Terrell Broady Funeral Home, 3855 Clarksville Pike, Nashville, Tennessee 37218
23b. LICENSE NUMBER OF FUNERAL HOME: 1137

REGISTRAR

34. REGISTRAR'S SIGNATURE: ▶ William R. Harvey Jr. DR
25. DATE FILED (Month, Day, Year): 11/17/2016

CERTIFIER

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

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.
27a. SIGNATURE OF CERTIFIER: ▶ Harvey W. Bowles MD
27b. LICENSE NUMBER: MD18704
27c. DATE SIGNED (Month, Day, Year): Nov 20 16
27d. NAME AND ADDRESS: Harvey W. Bowles 2201 Murphy Ave Ste 204 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Acute Myocardial Infarction — Approximate Interval: Onset to death: 1 hr
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. Atherosclerotic Coronary Vascular Disease — 10 year
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.
Type II Diabetes Mellitus / Hypertension
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-1858 (Rev. 10/2011)

RDA 1388

08917139

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.

NOV 17 2016

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

Lori B. Ferranti, PhD, MSN, MBA, RN
State Registrar/Asst. Commissioner

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

0 8 9 1 7 1 3 9
Date Issued

CERTIFICATION OF VITAL RECORD