THIS INSTRUMENT PREPARED BY: LARRY D. CRAIG, Attorney at Law, P. O. Box 774, Kingston Springs, TN 37082

BILL GARRETT, Davidson County
Trans:T20170023454 AFFIDAVITH
Recvd: 03/20/17 13:07 6 pgs
Fees:32.00 Taxes:0.00
20170320-0026918

Applicable to Current Record Improved Real Property Title Owners:

Charles Washington Harrison, a/k/a Charlie W. Harrison,

and

Bonnie Maybelle Stinson Harrison, a/k/a Bonnie M. Harrison and Bonnie Maybelle Harrison

(Both Deceased)

Property Address: **6113 Henry Ford Drive, Nashville, Davison County, TN 37209**

Assessor's Map: 090-16-0
Parcel Number: 209.00
Lot No. 392, Charlotte Park, Section 5 (Recorded Deed /References: Book 7232, Page 741; and in Instrument Number 20170315-0025282, RODC, TN)

Affiant: **Franklin D. Palmer**

AFFIDAVIT OF HEIRSHIP/INHERITANCE

Comes the Affiant, **Franklin D. Palmer**, first being duly sworn according to law, and being of lawful age, whose mailing address is 438 West Bend Drive, Nashville, Tennessee 37209 residing in Davidson County, Tennessee, pursuant to Section 30-2-712, Tennessee Code Annotated, as amended, and does hereby give under oath the following statement of facts as his own free will, as a disinterested person, and based upon my personal knowledge and familiarity with the hereafter named individuals and family in excess of Fifty (50) years, to wit:

1. I am aware that Charles Washington Harrison, who was also known as Charlie W. Harrison, and Bonnie Maybelle Harrison, who was also known as Bonnie Maybelle Stinson Harrison and Bonnie M. Harrison, owned, lived and resided at the real property address commonly known as

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6113 Henry Ford Drive, Nashville, Davidson County, Tennessee 37209, and such was their principal residence.

2. I am aware that the said Bonnie Maybelle Harrison died on November 29, 2006, which is reflected upon the attached copy of her Certificate of Death which I have reviewed.

3. I am aware that Charles Washington Harrison died on November 19, 2007, which is reflected upon the attached copy of his Certificate of Death which I have reviewed.

4. I have been made aware that Charles Washington Harrison and Bonnie Maybelle Stinson Harrison were divorced by an Order of the Fourth Circuit Court for Davidson County, Tennessee, No. 92D-2396, by my review of the Final Decree of Divorce now recorded in Instrument No. 20170315-0025282, Register's Office for Davidson County, Tennessee.

4. I am aware that Charles Washington Harrison had only one (1) child born to him, namely, William Wallace Harrison, now an adult, by marriage unto Ada Beatrice Harrison, dissolved by subsequent divorce.

5. Further, I am aware that Charles Washington Harrison and Bonnie Maybelle Stinson Harrison did adopt a son, Charles Anthony Harrison, also known as Tony Harrison, and that he died on March 8, 2003. Said adopted child never married and had no children born to him or adopted by him. I have reviewed his Certificate of Death attached hereto.

6. I am aware that Bonnie Maybelle Stinson Harrison had two (2) children born to her, namely, Evelyn Joyce Sullivan and Brenda Carol Sullivan, now both adults, by a prior marriage unto Leslie Herbert Sullivan, dissolved by subsequent divorce. Both daughters subsequently married and are now known as Evelyn Joyce Morrison and Brenda Carol Broadway.

4. Based upon my familiarity with the entire family these many years, the aforesaid children of the respective decedents, as set out in the preceding paragraphs, are all of the respective heirs at

H. P.

law of the stated deceased persons. In summary, William Wallace Harrison is the surviving next of kin of Charles Washington Harrison, deceased; and Evelyn Joyce Morrison and Brenda Carol Broadway are the surviving next of kin of Bonnie Maybelle Stinson Harrison, who would be legally entitled to any part of the decedents' respective estates.

I make this affidavit of statement of facts, all being personally known to me, so that third parties can rely upon and ascertain, by the recording of this instrument in the Register's Office for Davidson County, Tennessse, the heirs at law of the deceased person, pursuant to applicable law.

FURTHER AFFIANT SAYETH NOT.

WITNESS my hand on this the 20th day of March, 2017.

Franklin D. Palmer

Franklin D. Palmer, Affiant

STATE OF TENNESSEE
COUNTY OF Davidson

Personally appeared before me, a Notary Public in and for said County and State, the within named Franklin D. Palmer, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) and who acknowledged that he executed the within instrument, freely and voluntarily, for the purpose(s) therein contained.

Witness my hand and seal at office at Nashville, Tennessee on this the 20th day of March, 2017.

NOTARY PUBLIC

My commission expires: 7-24-2019

LARRY D. CRAIG
NOTARY PUBLIC AT LARGE
CHEATHAM COUNTY, TENN.

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0606846

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): Bonnie Maybelle Harrison
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): November 29, 2006
4. SOCIAL SECURITY NUMBER (For Decedent): [redacted]8914
5a. AGE-LAST BIRTHDAY (Years): 86
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Mar. 30, 1920
7. BIRTHPLACE (City and State or Foreign Country): Williamson County, 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 ER/Outpatient 3 DOA; OTHER: 4 [X] Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): West Meade Place
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Charlie Harrison
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Homemaker
12b. KIND OF BUSINESS/INDUSTRY: Home
13a. RESIDENCE STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 6113 Henry Ford Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37209
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Charlie Stinson
18. MOTHER'S NAME (First, Middle, Maiden Surname): Mattie MacPherson

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Billie Frank Morrison
19b. RELATIONSHIP TO DECEASED: Son-in-law
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1616 Deerfield Drive Clarksville, TN 37043

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): Harpeth Hills Memory Gardens
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Jeff Pilins
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4427
21c. SIGNATURE OF EMBALMER: Jeff Pilins
21d. LICENSE NUMBER OF EMBALMER: 4353
22a. NAME AND ADDRESS OF FUNERAL HOME: Harpeth Hills Funeral Home 9090 Highway 100 Nashville, TN 37221
22b. LICENSE NUMBER OF FUNERAL HOME: 849

REGISTRAR

23. REGISTRAR'S SIGNATURE: Robert A. Rhodes Jr
24. DATE FILED (Month, Day, Year): December 06 2006

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

25. 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: Paul Winn
25b. LICENSE NUMBER: MD013402
25c. DATE SIGNED (Month, Day, Year): 12/5/06
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):
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): RICHARD GERMAN, MD 200 10th AVE N NASHVILLE TN 37203

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.
Immediate Cause (Final disease or condition resulting in death): a. Aspiration Pneumonia — Approximate Interval Between Onset and Death
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. Dysphagia
DUE TO (OR AS A CONSEQUENCE OF):
c. End Stage Alzheimers dementia
DUE TO (OR AS A CONSEQUENCE OF):
d.

SEE INSTRUCTIONS ON OTHER SIDE

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
HBP

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 [ ] 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:
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)

PH-1659 (REV. 5/99)

BIRTH NO.

RIJA 1390

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 Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

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

Tonya Y Ruttlen
Tonya Y Ruttlen
Local Registrar

Date Issued DEC 06 2006

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

CERTIFICATION OF VITAL RECORD

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0706790

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): Charles Washington Harrison
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): November 19, 2007
4. SOCIAL SECURITY NUMBER (of Decedent): [redacted]2874
5a. AGE-LAST BIRTHDAY (Years): 89
5b. UNDER 1 YEAR (Months / Days)
5c. UNDER 1 DAY (Hours / Min.)
6. DATE OF BIRTH (Month, Day, Year): February 19, 1918
7. BIRTHPLACE (City and State or Foreign Country): Fairview, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] 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): Centennial Medical
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Widowed
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.): Maintenance
12b. KIND OF BUSINESS/INDUSTRY: Temco
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 6113 Henry Ford Dr.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 No
13f. ZIP CODE: 37209
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes [X] No. Specify, if yes:
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): James Harrison
18. MOTHER'S NAME (First, Middle, Maiden Surname): Cora Hughes

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Wallace Harrison
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 561 Thompson Road, Pegram, TN 37143

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): Harpeth Hills Memory Gardens
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ► Plunk, Jeff
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4427
21c. SIGNATURE OF EMBALMER: ► Plunk, Jeff
21d. LICENSE NUMBER OF EMBALMER: 4353
22a. NAME AND ADDRESS OF FUNERAL HOME: Harpeth Hills Funeral Home, 9090 Hwy 100 - PO Box 210242, Nashville, TN 37221
22b. LICENSE NUMBER OF FUNERAL HOME: 849

REGISTRAR

23. REGISTRAR'S SIGNATURE: ► Robert W. Rhodes Jr. D.R.
24. DATE FILED (Month, Day, Year): December 03 2007

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: ► J. D. Anderson MD
25b. LICENSE NUMBER: MD 15576
25c. DATE SIGNED (Month, Day, Year): 12/3/07
25a. 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: ►
25b. LICENSE NUMBER:
25c. 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): James R. Anderson 313 N. Main St Ashland City, TN 37015

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)

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Pneumonia
DUE TO (OR AS A CONSEQUENCE OF): b. Sepsis
ANTECEDENT CAUSES Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.
DUE TO (OR AS A CONSEQUENCE OF): c. C diff Colitis
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? 1 Yes 2 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [X] 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:
31c. INJURY AT WORK? M 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):

PH-1659 (REV. 6/98)

BIRTH NO.

RDA 1399

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 Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

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

[redacted]

Tonya Y Foreman
Tonya Y. Foreman
Local Registrar

Date Issued DEC 0 3 2007

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER: 93 005951

9301149

1. DECEDENT'S NAME (First, Middle, Last): Charles Anthony Harrison
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): March 8, 1993
4. SOCIAL SECURITY NUMBER: [redacted]-7133
5a. AGE – LAST BIRTHDAY (Years): 33
6. DATE OF BIRTH: Dec. 2, 1959
7. BIRTHPLACE (City and State or Foreign Country): Louisville, Ky
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
9a. PLACE OF DEATH: Hospital 1 Inpatient 2 ER/Outpatient 3 DOA; Other 4 Nursing Home 5 [X] Residence 6 Other
9b. FACILITY NAME: 6113 Henry Ford Drive
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville 910
9d. COUNTY OF DEATH: Davidson 094 19
10. MARITAL STATUS: Never Married
11. SURVIVING SPOUSE: --------
12a. DECEDENT'S USUAL OCCUPATION: commercial Artist
12b. KIND OF BUSINESS/INDUSTRY: Artist
13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson 14
13c. CITY, TOWN OR LOCATION: Nashville 094
13d. STREET AND NUMBER OR RURAL LOCATION: 6113 Henry Ford Drive
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 No
13f. ZIP CODE: 37209
14. WAS DECEDENT OF HISPANIC ORIGIN? No [X]
15. RACE: White
16. DECEDENT'S EDUCATION: Elementary/Secondary (0-12): 12; College (1-4 or 5+): 1
17. FATHER'S NAME: Charlie Washington Harrison
18. MOTHER'S NAME: Bonnie Maybell Stinson
19a. INFORMANT'S NAME: Charlie W. Harrison
19b. RELATIONSHIP TO DECEASED: Father
19c. MAILING ADDRESS: 6113 Henry Ford Drive, Nashville, Tennessee 37209
20a. METHOD OF DISPOSITION: 1 [X] Burial
20b. PLACE OF DISPOSITION: Harpeth Hills Memory Gardens
20c. LOCATION: Nashville, Tennessee 37221
21a. SIGNATURE OF FUNERAL DIRECTOR: Keith Stapleton
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3236
21c. SIGNATURE OF EMBALMER: Robert R. Bacon
21d. LICENSE NUMBER OF EMBALMER: 3808
22a. NAME AND ADDRESS OF FUNERAL HOME: Harpeth Hills Funeral Home, 9090 Highway 100, Nashville, Tennessee 37221
22b. LICENSE NUMBER OF FUNERAL HOME: 849
23. REGISTRAR'S SIGNATURE: Mary C. Pentecost
24. DATE FILED: March 12, 1993
25a. PHYSICIAN – To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 [X] SIGNATURE AND TITLE OF PHYSICIAN: Director Metro Office Services
25b. LICENSE NUMBER: MD 020805
25c. DATE SIGNED:
26a. MEDICAL EXAMINER – On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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:
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER): Dr. Staven Ragganti, 311- 23rd Avenue Nrth, Nashville, TN.
28a. 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. Disseminated mycobacteria Avium Complex — 4-6wks
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
b. Acquired immunodeficiency Syndrome — 2-3yr.
c. HIV infection — 6-8yr.
d.

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PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: CMV Retinitis

28b. WAS AN AUTOPSY PERFORMED? 1 Yes 2 No
28c. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No

29. MANNER OF DEATH: 1 Natural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation 6 Could not be Determined
30a. DATE OF INJURY (Month, Day, Year):
30b. TIME OF INJURY: M
30c. INJURY AT WORK? 1 Yes 2 No
30d. DESCRIBE HOW INJURY OCCURRED:
30e. PLACE OF INJURY – At home, farm, street, factory, office building, etc. (Specify):
30f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

BIRTH NO.

PH-1058 REV. 1/89

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.

2839572

Sharon M. Leinbach
STATE REGISTRAR

Date Issued: Mar-28-2008

THE SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

CERTIFICATION OF VITAL RECORD