Prepared By:
Ms. Ophia L. McCray
2203 Buchanan Street
Nashville, TN 37208

Affidavit of Heirship

BILL GARRETT, Davidson County
Trans:T20170050372 AFFIDAVITH
Recvd: 06/13/17 10:31 3 pgs
Fees:17.00 Taxes:0.00
20170613-0059191

I, KAREN BOWERS, of 522 HAYNES STREET, NASHVILLE, Tennessee, 37207, hereinafter known as the "Affiant" certify that all of the following statements are true in regards to the Estate of MILTON BOWERS SR who has passed away in the State of Tennessee, County of DAVIDSON:

1. Decedent, MILTON BOWERS SR, died on April 4th 2017 in the County of DAVIDSON, in the State of Tennessee.

2. A copy of the decedent's death certificate will be submitted along with this affidavit.

3. The value of the assets of the decedent's estate exceeds the estate's known liabilities.

4. The Decedent does not have any liabilities and/or debts owed to creditors.

5. The value of the decedent's estate does not exceed the monetary limit of $50,000 imposed by the State of Tennessee.

6. There is no pending administration of the decedent's estate.

7. There is no reasonable expectation that probate of the decedent's estate is soon to commence.

8. The total number of heirs or devisees to the decedent is One (1) identified as:

KAREN BOWERS is the Decedent's WIFE and is entitled to the following property: 522 HAYNES STREET NASHVILLE TENNESSEE 37207, to wit:

Property being easterly part of Lot No. 40, on the Plan of E.T. Brown's Subdivision, parts of Lots 9 and 10 and Lot No. 40 frons 48 feet on the southerly side of Haynes Street and runs back with the westerly margin of an alley, 163 feet to dead line, on which measures 49 feet, property beginning at Land in Davidson County, Tennessee as recorded in Book 7238, Page 761, Register's Office for said County, to which said Plan reference is hereby made for complete legal description of said lot.

There are no additional assets or property of the Decedent.

9. All heirs or devisees will be given notice of this affidavit within 30 days of filing.

10. This document is governed under the laws in the State of Tennessee and shall not be filed with any local authority until the minimum time-period has passed after the death of the Decedent.

Karen L. Bowers

Signature of KAREN BOWERS

OPHIA L. MCCRAY
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

Signed and sworn to me on the June 12th 2017.

State of Tennessee

County of DAVIDSON

I, Ophia L. McCray, the undersigned authority in and for said County in said State, hereby certify that KAREN BOWERS, whose name is signed as the Affiant in this small estate affidavit, and who is known to me, acknowledged before me on this day that, being informed of the contents of the said document, (s)he executed the same voluntarily on June 12th 2017.

Given under my hand this June 12th 2017.

OPHIA L. MCCRAY STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

Notary Public Signature Ophia L. McCray

Printed Name: Ophia L. McCray

State of Tennessee

My commission expires: July 8, 2019

STATE OF TENNESSEE
Office of Vital Records

0982043

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK - FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last): Milton Bowers, Sr
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): April 4, 2009
4. SOCIAL SECURITY NUMBER (of Decedent): [redacted] 8214
5a. AGE-Last BIRTHDAY (Years): 49
5b. UNDER 1 YEAR (Months)
5c. UNDER 1 DAY (Days)
6. DATE OF BIRTH (Month, Day, Year): Feb 23 1960
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN

DECEDENT

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 Center
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): Karen Gore
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Contractor
12b. KIND OF BUSINESS/INDUSTRY: Self Employed
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1809 Glade Street
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 [ ] No [X]
15. RACE-American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12th College (1-4 or 5+)

NAME OF DECEDENT: For use by physician or coroner

PARENTS

17. FATHER'S NAME (First, Middle, Last): Unknown
18. MOTHER'S NAME (First, Middle, Maiden Surname): Mattyline Bowers

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Karen Renee Bowers
19b. RELATIONSHIP TO DECEASED: spouse
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1809 Glade Street Nashville, TN 37207

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 "West" Cemetery
20c. LOCATION-City or Town, State: Nashville, TN

FUNERAL DIRECTOR

21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Melvin J. Smith
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4502
21c. SIGNATURE OF EMBALMER: ▶ Ronnie Reed
21d. LICENSE NUMBER OF EMBALMER: 3964
22a. NAME AND ADDRESS OF FUNERAL HOME: Smith Brothers Funeral Directors, Inc. 706 Monroe Street, Nashville, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 809

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Linda R. Bowers, DR
24. DATE FILED (Month, Day, Year): April 14, 2009

PHYSICIAN

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: ▶ MD
25b. LICENSE NUMBER: 24600
25c. DATE SIGNED (Month, Day, Year): 4/7/09

MEDICAL EXAMINER

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. Peripheral 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. End Stage Renal Disease
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
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 1399

8508899

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.

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

8508899
Date Issued 5/19/2016

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

COPYRIGHT CAUTION - EXPANDED PROTECTION