BILL GARRETT, Davidson County
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Fees:27.00 Taxes:0.00
20170706-0067947

Affidavit of Heirship for Tennessee

STATE OF: TENNESSEE
COUNTY OF: DAVIDSON

1. My name is John G. Corry and I reside at 2108 Golden Oak Lane, Madison, TN 37115. I am personally familiar with the family and marital history of Cora R. Goodwin Robinson ("**Decedent**") and I have personal knowledge of the facts stated in this affidavit. I hereby swear that the answers to the following questions are true and correct. Furthermore, **I AM NOT AN HEIR NAMED IN THIS DOCUMENT.**

2. I knew Decedent from December 16, 1990 until November 01, 2016. I was Decedent's friend and was personally well acquainted with the named Decedent during her lifetime.

3. Decedent died on November 01, 2016 at the following place of death: Nashville, Tennessee in Davidson County, Tennessee. At the time of Decedent's death, Decedent's residence address was 3409 Batavia St, Nashville, Tennessee 37209. Death Certificate attached as Exhibit A.

4. I was well acquainted with the family and near relatives of said Decedent and with all those who would, under the laws of the State of Tennessee, be his or her heirs. The following statements and the information contained herein, including my answers to named questions below, are based upon my personal knowledge and are true and correct.

QUESTION 1 - Did Decedent leave a will?

YES (**X**) / NO ( )

Has the will been admitted to probate?

YES (**X**) / NO ( )

COUNTY: Davidson
STATE: Tennessee
CASE NUMBER: 16p-2098
DATE: December 16, 2016

QUESTION 2 - Has an executor been appointed for the estate of Decedent?

YES (**X**) / NO ( )

NAME: Alvin R. Goodwin, Sr.
ADDRESS: 4124 Candor Ave
Louisville, Kentucky 40216

QUESTION 3 - Did Decedent have a surviving widow or widower at the time of death?

YES ( ) / NO (**X**)

QUESTION 4 - Did Decedent have any former spouses at the time of death?

YES ( ) / NO (**X**)

QUESTION 5 - Did Decedent have ever any children? Include all living children, deceased children, and children born after Decedent's death.

YES (**X**) / NO ( )

NAME: Alvin Russell Goodwin
ADDRESS: 4124 Candor Ave
Louisville, Kentucky 40216
CURRENT STATUS: Living
DATE OF BIRTH: December 16, 1955

QUESTION 6 - Did Decedent ever adopt any children or have stepchildren? Include all living and deceased adopted children and stepchildren.

YES ( ) / NO (**X**)

QUESTION 7 - Was Decedent survived by any other heirs?

YES ( ) / NO (**X**)

QUESTION 8 - List any real estate that is the subject of this affidavit. Only include real estate that is all in the same county, and use a separate affidavit for real estate located in a different county.

ADDRESS: 3409 Batavia St
Nashville, Tennessee 37209
COUNTY: Davidson
LEGAL DESCRIPTION: Map/Par:09205024700 Lot 69 Sec 2 College Hill

3409 Batavia St
Nashville, Tennessee 37209

Land in Davidson County, Tennessee, being Lot No. 69 on the Plan of College Hill Subdivision, Section II, as of record in Book 2133, page 52, Register's Office for said County.

Said Lot No. 69 fronts 9 feet on the south side of Batavia Street, and runs back 111 feet on the west line and 128 feet on the east line to a dead line on which it measures 106.49 feet.

Being the same property conveyed to Cora Russell Goodwin, by deed from Calvin L. McKissack, as of record in Book 229, page 186, said Register's Office.

QUESTION 9 - To the best of Affiant's knowledge, did Decedent have any unpaid debts at the time of death?

YES ( ) / NO (**X**)

QUESTION 10 - To the best of Affiant's knowledge, did Decedent owe any federal estate or state inheritance taxes on the estate at the time of death?

YES ( ) / NO (**X**)

QUESTION 11 - Was Decedent a surety on any bond or guarantor of any other person's indebtedness at the time of death?

YES ( ) / NO (**X**)

QUESTION 12 - Were there any suits pending or judgments rendered against Decedent at the time of death?

YES ( ) / NO (**X**)

AFFIANT'S SIGNATURE

John G. Corry

John G. Corry Date: 6/30/17

Printed Name:

ANN WOOFTER
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires MAY 8, 2018

Prepared by: Shirley Fitzgerald Corry Date June 27, 2017

NOTARY ACKNOWLEDGMENT

STATE OF TENNESSEE
COUNTY OF DAVIDSON

On June 30, 2017, before me, **JOHN G. CORRY**, personally appeared, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to within the attached AFFIDAVIT OF HEIRSHIP and acknowledged to me that he or she executed the same in an authorized capacity, and executed the instrument by signing his or her signature.

I certify under PENALTY OF PERJURY that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Print: Ann Wooster My Commission Expires: May 8, 2018

Sign: Ann Wooster

NOTARY PUBLIC

Exhibit "A"

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): Cora Naomi Goodwin Robinson
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): November 1, 2016
4. TIME OF DEATH (Approx.):
5a. AGE-Last Birthday (Years): 90
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
5. DATE OF BIRTH (Month, Day, Year): March 24, 1926
7. BIRTHPLACE (City and State or Foreign Country): Nashville, 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)

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

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

12. SOCIAL SECURITY NUMBER: [redacted]9998
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
1[redacted] NUMBER: 3409 Batavia Street
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37209
14. WAS DECEDENT EVER IN US ARMED FORCES? [ ] Yes [X] No

Cora Robinson 8234770 12
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)
[X] 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
[X] Guamanian or Chamorro
[ ] Samoan
[ ] Other Pacific Islander (Specify)
[ ] Other (Specify)
[ ] Unknown

PARENTS

18. FATHER'S NAME (First, Middle, Last): George W. Bussell
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Ophelia Mayberry

DISPOSITION

20a. INFORMANT'S NAME: Alvin B. Goodwin, Sr.
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 4124
21a. METHOD OF DISPOSITION: [ ] Burial [X] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Ellis Crematory
21c. LOCATION - City or Town and State: Nashville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: Tyrone L [illegible]
22b. LICENSE NUMBER: 5130
22c. SIGNATURE OF EMBALMER: Terrell A. [illegible]
22d. LICENSE NUMBER: 4117
23a. NAME AND ADDRESS OF FUNERAL HOME: Terrell Brandy Funeral Home, Inc. 3855 Clarksville Pike, Nashville, TN 37218
23b. LICENSE NUMBER OF FUNERAL HOME: 1137

REGISTRAR

24. REGISTRAR'S SIGNATURE: William R Hood II DR
25. DATE FILED (Month, Day, Year): 11/10/2016

CERTIFIER

26. CERTIFIER (Check only one):
[X] 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: Marie El Sourady
27b. LICENSE NUMBER: TN44197
27c. DATE SIGNED (Month, Day, Year): 11/1/16
27d. NAME AND ADDRESS: Marie El Sourady VUMC, 1211 Medical Center Drive, Nashville, TN 37232

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.	Sepsis	
Due to (or as a consequence of) b.	Septic Arthritis	
Due to (or as a consequence of) c.		
Due to (or as a consequence of) d.		

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

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.: Dementia, Atrial Fibrillation, Diastolic Heart Failure

29a. WAS AN AUTOPSY PERFORMED? [ ] Yes [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [ ] 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 [X] No [ ] Unknown
32. IF FEMALE: [X] 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 1389

08913981

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 10 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 3 9 8 1
Date Issued

SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD