BILL GARRETT, Davidson County
Trans:T20170067575 AFFIDAVITH
Recvd: 08/04/17 14:42 4 pgs
Fees:22.00 Taxes:0.00
20170804-0080062

This instrument was prepared by:
James E Howard Jr [name]
884 College Street [street or postal address]
Portland, TN 37148 [city, state, zip code]

→ mailing Address:
P.O. Box 913
Portland, TN.
37148

GRANTEE(S): Delois L Brown Howard [names]

SEND TAX NOTICES TO: _____
[postal address, city, state, zip code]

MAP PARCEL NUMBER: _____

AFFIDAVIT OF HEIRSHIP

Tennessee Code Annotated § 30-2-712.

STATE OF TENNESSEE
COUNTY OF [redacted] Davidson

The undersigned, being duly sworn, deposes and says:

1. My full name is James E Howard Jr. I will refer to myself in this Affidavit as the Affiant.

2. I reside at 884 College Street, Portland, TN 37148. [street address, city, state, zip code] ↳ mailing Address: P.O. Box 913 Portland, TN 37148

3. I have personal knowledge of the matters stated in this Affidavit.

4. On 10-15-98 [date of death], Delois L Brown Howard [full name of decedent] died at _____ [place of death]. I will refer to this person as the Decedent.

5. The real property to which this Affidavit applies is located at 2906 Clifton Ave [address] in Davidson County, Tennessee, more fully described as: [complete legal description] _____

For prior title, see Book _____ [number], Page _____ [number] in the Register's Office of _____ County, Tennessee.

6. At the time of the Decedent's death, the Decedent resided at 2906 Clifton Ave [street address, city, state, zip code]

7. The estate of the Decedent ..... [select one]
☒ Was not administered in a proceeding supervised by a court.
☐ Was administered in a proceeding supervised by a court in _____ [county and state] in the _____ [court] in case no. _____.

8. Facts concerning my relationship to the Decedent are: Son

9. Additional facts pertinent to determine who is legally entitled to the estate of the Decedent at the time of the Decedent's death are: Im her only Son

James E Howard Jr.
Affiant

Sworn to and subscribed before me this 4 day of August, 2017

My Commission expires: 3-19-19

Notary Public

KARRI PERDUE
STATE OF TENNESSEE NOTARY PUBLIC
MACON COUNTY

STATE OF TENNESSEE
Office of Vital Records

NOTE CAREFULLY
THIS IS A LEGAL RECORD AND WILL BE PERMANENTLY FILED.
WRITE PLAINLY USE INK
ALL ITEMS TO BE [illegible] AND [illegible] DATE
[illegible] IT MUST BE [illegible] SIONALLY
[illegible] FORM [illegible] D FOR [illegible] ILD IF [illegible] BIRTH
GIVE MOTHER'S MAILING ADDRESS. A PHOTOSTAT COPY OF THIS CERTIFICATE WILL BE SENT TO HER (EXCEPT WHERE CHILD IS [illegible] ITIMATE)
FORM 139

CERTIFICATE OF LIVE BIRTH

DIV. OF VITAL STATISTICS—STATE OF TENNESSEE—DEPT. OF PUBLIC HEALTH
COOPERATING WITH DEPT. OF COMMERCE, BUREAU OF THE CENSUS

REG. NO. 651
REG. DIST. NO. 2190

1. FULL NAME OF CHILD: Dolores Lillian Brown (FIRST MIDDLE LAST) 2. DATE OF BIRTH: 2 (MONTH) 24 (DAY) 42

3. PLACE OF BIRTH
A. COUNTY: Davidson CIVIL DISTRICT: 1
B. CITY OR TOWN: Nashville (IF OUTSIDE CITY OR TOWN LIMITS WRITE RURAL)
C. NAME OF HOSPITAL: Hubbard (IF NOT IN HOSPITAL, GIVE STREET ADDRESS)
D. LENGTH OF MOTHER'S STAY BEFORE DELIVERY
IN HOSPITAL: 2hrs IN THIS COMMUNITY: (SPECIFY WHETHER YEARS, MONTHS OR DAYS)

4. LEGAL RESIDENCE OF MOTHER
A. STATE: Tennessee
B. COUNTY: Davidson
C. CITY OR TOWN: Nashville (IF OUTSIDE CITY OR TOWN LIMITS, GIVE R.F.D. NO.)
D. STREET ADDRESS: 3029 Indiana Ave

5. SEX: Female
6. TWIN OR TRIPLET? IF SO—BORN: 1ST 2ND 3RD
7. NUMBER MONTHS OF PREGNANCY: 9
8. ARE PARENTS MARRIED? Yes

FATHER OF CHILD		MOTHER OF CHILD	
9. FULL NAME	Freddie B. Brown	15. FULL MAIDEN NAME	C. Dell McChristian
10. COLOR OR RACE	Negro	16. COLOR OR RACE	Negro
11. AGE AT TIME OF THIS BIRTH	28 YRS.	17. AGE AT TIME OF THIS BIRTH	25 YRS.
12. BIRTH PLACE	Nashville, Tennessee	18. BIRTH PLACE	Shelbyville, Tennessee
13. USUAL OCCUPATION	Laborer	19. USUAL OCCUPATION	housework
14. INDUSTRY OR BUSINESS	Shops	20. INDUSTRY OR BUSINESS	own home

21. CHILDREN BORN TO THIS MOTHER:
A. HOW MANY OTHER CHILDREN OF THIS MOTHER ARE NOW LIVING? 0
B. HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? 0
C. HOW MANY CHILDREN WERE BORN DEAD? 0

22. MOTHER'S MAILING ADDRESS FOR REGISTRATION NOTICE:
3029 Indiana Avenue
Nashville (RFD), Tennessee

I HEREBY CERTIFY THAT I ATTENDED THE BIRTH OF THIS CHILD WHO WAS BORN ALIVE AT THE HOUR OF 2:58 P.M. ON THE DATE ABOVE STATED AND THAT THE INFORMATION GIVEN WAS FURNISHED BY Mrs. C. Dell Brown
WHO IS RELATED TO THE CHILD AS mother

ATTENDANT'S OWN SIGNATURE: W. F. B. Jones M.D.
ADDRESS: Hubbard Hospital
MIDWIFE
ADDRESS
DATE SIGNED: 3/2/42

DATE RECEIVED BY LOCAL REGISTRAR: 3-4-1942
REGISTRAR'S SIGNATURE: MAR 1942 J. B. Ellis STATE HEALTH DEPT.

09396236

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

Lori B. Ferranti, PhD, MSN, MBA, RN, State Registrar/Asst. Commissioner
John J. Dreyzehner, MD, MPH, FACOEM, COMMISSIONER

0 9 3 9 6 2 3 6

Date Issued: JAN 14 2017

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

0805462

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 98 041863

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last)	2. SEX	3. DATE OF DEATH (Month, Day, Year)
Delois L. Howard	F	October 15, 1998

4. SOCIAL SECURITY NUMBER	5a. AGE-LAST BIRTHDAY (Years)	5b. UNDER 1 YEAR (Months / Days)	5c. UNDER 1 DAY (Hours / Min.)	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)
[redacted] 3956	56			2-24-1942	Nashville, TN

8. WAS DECEDENT EVER IN U.S. ARMED FORCES?	9a. PLACE OF DEATH (Check only one)
1 ☐ Yes 2 ☒ No	HOSPITAL: 1 ☒ 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)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
Baptist Hospital 079	Nashville	Davidson

10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify)	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.)	12b. KIND OF BUSINESS/INDUSTRY
Divorced		Retired	

13a. RESIDENCE-STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER OR RURAL LOCATION
TN	Davidson	Nashville	2906 Clifton Ave

13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.)	15. RACE-American Indian, Black, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed)	
1 ☒ Yes 2 ☐ No	37209	Yes ☐ No ☒	Black	Elementary/Secondary (0-12): 44	College (1-4 or 5+)

PARENTS

17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden Surname)
Freddie B. Brown, Sr	C. Dell

INFORMANT

19a. INFORMANT'S NAME (Type/Print)	19b. RELATIONSHIP TO DECEASED	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
James Howard	Son	2530 Highland Trace Dr Nashville, Tn 37207

DISPOSITION

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION-City or Town, State
1 ☒ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)	Greenwood Cemetery	Nashville, TN

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER OF FUNERAL DIRECTOR	21c. SIGNATURE OF EMBALMER	21d. LICENSE NUMBER OF EMBALMER
▷ Henry L. Smith	3167	▷ Arthur Jackson	4967

22a. NAME AND ADDRESS OF FUNERAL HOME	22b. LICENSE NUMBER OF FUNERAL HOME
Smith Brothers Funeral Directors, Inc 706 Monroe St. Nashville, TN 37208	#809

REGISTRAR

23. REGISTRAR'S SIGNATURE	24. DATE FILED (Month, Day, Year)
▷ Emily Jean Brown	October 21, 1998

CERTIFIER

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 ☐ SIGNATURE AND TITLE OF PHYSICIAN	25b. LICENSE NUMBER	25c. DATE SIGNED (Month, Day, Year)
▷ Margaret Brown MD	TN015909	10/21/98

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 (Month, Day, Year)
▷		

PHYSICIAN OR MED-

09396237

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

Lori B. Ferranti — Lon B. Ferranti, PHD, MSN, MBA, RN, State Registrar/Asst. Commissioner

John J. Dreyzehner, MD, MPH, FACOEM, COMMISSIONER

0 9 3 9 6 2 3 7

Date Issued: Jul-14-2017

CERTIFICATION OF VITAL RECORD