BILL GARRETT, Davidson County
Trans:T20170071185 AFFIDAVITH
Recvd: 08/16/17 14:06 5 pgs
Fees:27.00 Taxes:0.00
20170816-0084217

AFFIDAVIT OF HEIRSHIP

New Owner	Send Tax Bills To:	Map/par No.
Dorris Spray **2207 Rosehaven Drive** **Nashville, Berry Hill, Tennessee 37211**	**same**	

In Re: a certain tract or parcel of land in Davidson County, Tennessee, described as follows:

Land in Davidson County, Tennessee, being Lot No. 26 of Block "E" on the Map of Berry Hill Gardens of record in Book 1130, page 36, Register's Office for Davidson County, Tennessee.

Said Lot No. 26 fronts 60 feet on the westerly side of Dogwood Place and extends back between lines 117.8 feet more or less on the northerly line and 127.6 feet on the southerly line to a broken line in the rear on which it measures 88 feet.

Being the same property conveyed to Howard W. Anderson and George Anton, by deed of record in Book 6806, page 798, Register's Office of Davidson County, Tennessee.

Being the same property conveyed to Ronald G. Lewis and wife, Jean P. Lewis by deed from Howard W. Anderson and George Anton, of record in Book 7045, page 184, Register's Office of Davidson County, Tennessee.

Being the same property conveyed to Harold Spray and wife, Doris Spray as of record in Book 7595, page 193, Register's Office for Davidson County, Tennessee.

This property is subject to minimum building setback lines, easements, and matters of record in the Plan of Record in Plat Book 1130, page 36, Register's Office in Davidson County, Tennessee.

This property bears the street address of 2817 Dogwood Place, Nashville, Tennessee 37204

Property No. 2

Being Lot No. 45, on the Plan of Sec. II, Hurdweod Heights, as of record in Book 2330, page 38, Register's Office for said County.

Said Lot. No. 45 fronts 60 feet on the west side of Rosehaven Drive, and extends back between parallel lines, 167 feet to a dead line in the rear.

This property bears the address of 2207 Rosehaven Drive, Nashville, Tenn. 37211

Property No. 3

Land in Davidson County, Tennessee, being Lot No. 46 of Hurdwood Heights, Section 2, as of record in Book 2330, page 38, Register's Office for Davidson County, Tennessee.

Said Lot No. 46 fronts 60 feet on the westerly side of Rosehaven Drive and runs back between parallel lines 167 feet to a dead line.

Being the same property conveyed to Smith Alexander Cotten, Jr. by deed from Sylvia L. Palmer, Trustee, of record in Book 4325, page 453, Register's Office for Davidson County, Tennessee .

And I, Dianne K. Cotten, wife of the within Smith Alexander Cotten, Jr., join in the execution of this instrument for the purpose of transferring and conveying all right, title and interest which I may have in said property by virtue or by marriage or otherwise.

Being the same property conveyed to Harold Spray, and wife Doris Spray, by warranty deed in record Book 5898 , page 807, Register's Office for Davidson County, Tennessee.

This property bears the street address of 2209 Rosehaven Drive, Nashville, Tenn. 37211

Property No. 4

Being Lot No. 34 on the Plan of Hurdwood Heights Subdivision, of record in Book 2330, page 38, Register's Office for Davidson County, Tennessee.

Said Lot No. 34 fronts 100 feet on the northerly side of Fairlane Drive and runs back 100 feet on the westerly line and 99 feet on the easterly line to broken line measuring 103.9 feet thereon.

Being the same property conveyed to Charles E. Taylor and wife, Sandra Louise Taylor by deed from James Henry Wade and wife, Frances Louise Wade of record in Book 8517, page 659, Register's Office for Davidson County, Tennessee.

Being the same property conveyed to Harold Spray, and wife Doris Spray, by warranty deed in Record Book 9002, Page 655, Register's Office in Davidson County, Tennessee.

The above legal description is the same as used on the prior Deed.

This property bears the street address of 522 Fairlane Drive, Nashville, Tenn. 37211.

Comes now, Doris Jean Spray, wife of the late Harold Spray, and after first being duly sworn according to law, attests and states as follows:

1. Affiant is the lawfully married Wife of the late, William H. Spray.

2. William H. Spray was born January 8, 1940 and died May 9, 2017. His social security number was # 412-62-1595.

3. The late William H. Spray and Doris Jean Spray were lawfully at the time of the death of William Harold Spray.

4. The above described real properties were owned by William H. Spray and Doris Jean Spray as husband and wife and as tenants by the entireties at the time of the death of William H. Spray.

5. All interest in the real property above described vested in the Affiant Wife, Doris Jean Spray at the time of the death of William H. Spray.

9. The death certificate of William H. Spray is attached hereto as Exhibit No. 1.

10. **FURTHER AFFIANT SAITH NOT.**

Doris Jean Spray

Doris Jean Spray

This Instrument Prepared by:
Dan R. Alexander
Attorney at Law
2016 8th Avenue South
Nashville, Tennessee 37204

State of Tennessee)
County of Davidson)

Personally appeared before me, the undersigned authority, a Notary Public in and for the within named Doris Jean Spray, the bargainor(s) with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at office this 11th day of July 2017.
My Commission Expires: 9-25-2016

Janice Boom

Notary Public

JANICE BOOM
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY

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): William Harold Spray
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): May 9, 2017
4. TIME OF DEATH (Approx.): 6:07 am
5a. AGE-Last Birthday (Years): 77
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): January 8, 1940
7. BIRTHPLACE (City and State or Foreign Country): Lincoln Co., TN

TYPE/PRINT 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)

8b. FACILITY NAME (If not institution, give street and number): St. Thomas Midtown Hospital
8c. CITY OR TOWN: Nashville
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): Doris Jean Holt
11a. DECEDENT'S USUAL OCCUPATION: Owner
11b. KIND OF BUSINESS/INDUSTRY: Exterminating Company

12. SOCIAL SECURITY NUMBER: [redacted]595
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 2207 Rosehaven Dr.
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37211
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

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)
☐ 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): Cleveland Washington Spray
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Gracie Lee May

DISPOSITION

20a. INFORMANT'S NAME: Doris Jean Spray
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 2207 Rosehaven Dr., Nashville, TN 37211
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Woodlawn Memorial Park
21c. LOCATION - City or Town and State: Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ William R. Appleton
22b. LICENSE NUMBER: 2700
22c. SIGNATURE OF EMBALMER: ▶ Brandon Compton
22d. LICENSE NUMBER: 5324
23a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Inc., 3620 Nolensville Road, Nashville, TN 37211
23b. LICENSE NUMBER OF FUNERAL HOME: 396

3

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Dyllan Chandler DR
25. DATE FILED (Month, Day, Year): 5/19/17

CERTIFIER

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.

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

27a. SIGNATURE OF CERTIFIER: ▶ Robert P Graham MD
27b. LICENSE NUMBER: MD 13568
27c. DATE SIGNED (Month, Day, Year): 5-18-17
27d. NAME AND ADDRESS: Robert Graham MD, 300 20th Ave. N, #500, 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. Rupture of infrarenal Abdominal Aortic Aneurysm — Due to (or as a consequence of)
b. Hypertension — 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

Approximate Interval: Onset to death: 3 hours

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

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)

RDA 1399

PH-1659 (Rev. 10/2011)

COPYRIGHT CAPTIVATE ANTI-FRAUD PROTECTION

09228968

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.

MAY 19 2017

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 2 2 8 9 6 8

Date Issued

GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD