Bill Garrett Davidson County
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20171229-0132485

Prepared By:
Lynn TRAMEL
4927 Maymann Circle
Nashville, TN 37205

AFFIDAVIT OF HEIRSHIP

As to Anna Pauline Malone TRAMEL
(Name of Deceased)

Do not complete this form if the decedent left a will that was probated in court or if there has been a court administration of decedent's estate.

I, Lynn Nelson TRAMEL (affiant) being of lawful age, being first duly sworn, upon oath deposes and says:

That I was personally well acquainted with the above named decedent, during his/her lifetime, having known him (or her) for 63 years,

and that affiant bears the following relationship to said decedent, to-wit: SON

1. **Decedent died on:** July 23, 2013

Decedent's place of death: Nashville (CITY) TN. (STATE) Davidson (COUNTY)

At the time of decedent's death, decedent's residence was: Nashville (CITY) TN. (STATE) Davidson (COUNTY)

2. **Provide the following information for the decedent's marital history:**
(If never married, please state that below.)

NAME OF SPOUSE	DATE OF MARRIAGE	DATE OF DIVORCE	DATE OF SPOUSE'S DEATH
James Dalton TRAMEL	6/1939		6/6/1988

3. **Did Decedent leave a will?** (Yes) No
If yes, was Decedent's will probated? Yes (No)
If yes, what County & State _____

4. **Provide the following information for the deceased's natural born and adopted children:**
(If there are none, please state "none" below. If additional space is needed, please provide information as an attachment.

NAME OF CHILD/ CURRENT ADDRESS	DATE OF BIRTH	NAME OF CHILD'S OTHER PARENT	DATE OF CHILD'S DEATH
Name of Child: James Thomas TRAMEL Address:	7/14/47	SAME James U. TRAMEL	12/25/2002
Name of Child: Lynn Nelson TRAMEL Address: 4927 Maymann Circle Nashville, TN 37205	11/18/51	SAME James U TRAMEL	
Name of Child: Address:			
Name of Child: Address:			
Name of Child: Address:			
Name of Child: Address:			
Name of Child: Address:			

AFFIDAVIT OF HEIRSHIP

5. Provide the following information for all deceased children of decedent (if any):

Name of deceased child: James Thomas Ibame

Did he/she leave a will? Yes / No Was will probated? Yes / No If yes, what County & State _____

Name and address of deceased child's surviving spouse: None

Name & Address of Child(ren) of Deceased Child	Living?	Date of Birth	Date of Death	Name and Address of Surviving Spouse of Deceased Child
Name: None Address:				
Name: Address:				
Name: Address:				

Name of deceased child: None

Did he/she leave a will? Yes / No Was will probated? Yes / No If yes, what County & State _____

Name and address of deceased child's surviving spouse: _____

Name & Address of Child(ren) of Deceased Child	Living?	Date of Birth	Date of Death	Name and Address of Surviving Spouse of Deceased Child
Name: Address:				
Name: Address:				
Name: Address:				

Name of deceased child: _____

Did he/she leave a will? Yes / No Was will probated? Yes / No If yes, what County & State _____

Name and address of deceased child's surviving spouse: _____

Name & Address of Child(ren) of Deceased Child	Living?	Date of Birth	Date of Death	Name and Address of Surviving Spouse of Deceased Child
Name: Address:				
Name: Address:				
Name: Address:				

AFFIDAVIT OF HEIRSHIP

6. If the decedent never married and did not have any children, provide the following information for the decedent's parents:
(IF DECEDENT LEFT SURVIVING CHILDREN, QUESTIONS 6, 7 & 8 NEED NOT BE ANSWERED.)

DECEASED'S PARENTS	PARENT'S NAME/ CURRENT ADDRESS	PARENT'S DATE OF DEATH
MOTHER	*Name:* *Address:* NA	
FATHER	*Name:* *Address:*	

7. Provide the following information for the decedent's brothers and/or sisters:
(If there are none, please state "none" below.)
(IF DECEDENT LEFT SURVIVING CHILDREN, QUESTIONS 6, 7 & 8 NEED NOT BE ANSWERED.)

Name of Brother/Sister	Current Address	Date of Birth	Brother's or Sister's Date of Death
James Malone		10/1908	1992

8. Provide the following information for the decedent's nieces and/or nephews born only to the deceased brothers/sisters listed in Item 6 above:
(If there are none, please state "none" below. If additional space is needed, please provide information as an attachment.)
(IF DECEDENT LEFT SURVIVING CHILDREN, QUESTIONS 6, 7 & 8 NEED NOT BE ANSWERED.)

Name of Niece or Nephew	Current Address	Date of Birth	Name of Niece or Nephew's Deceased Parent
Barbara Malone		1945	1998

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Signed this 29th day of December, 2017

(SIGNATURE OF AFFIANT)

AFFIDAVIT OF HEIRSHIP

SUBSCRIBED AND SWORN to before me on this the 29 day of December, 2017.



Notary Public

My commission expires: 05/03/2021

STATE OF Tennessee §

COUNTY OF Davidson §

BEFORE ME, the undersigned authority, on this day personally appeared Lynn N. Tramel, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE on this the 29 day of December, 2017.



Notary Public

My commission expires: 05/03/2021

AFFIDAVIT OF HEIRSHIP

CORROBORATING AFFIDAVIT

STATE OF Tennessee §

COUNTY OF Davidson §

Tramel Lynn, of lawful age, being first duly sworn, upon his oath states: That the information given in the above and foregoing affidavit is true, and accurate, to the personal knowledge of this affiant.

Signature of Corroborating Affiant

SUBSCRIBED AND SWORN to before me on this the 29 day of December, 2017.

DIEGO A NUNEZ NOGUERA
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY
Notary Seal

Notary Public

My commission expires: 05/03/2017

NOTE: This form may be signed by a member of the family, as long as they are not an heir to the deceased, but the Corroborating Affidavit MUST be signed by a person that is not a member of the family.

This form must be notarized and recorded in county/parish records where lands are located and a recorded copy furnished to the company so requesting it.

VALID ONLY WITH IMPRESSED SEAL

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE COPY OF A RECORD ON FILE IN THE DIVISION OF VITAL RECORDS

DATE ISSUED: DEC 3 1 2002

Geneva D. Sparks
STATE REGISTRAR OF VITAL RECORDS

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

1- For State Registrar

Certificate of Death

Reg. No.

1. Decedent's Name (First, Middle, Last): James Tramel	2. Date of Death (Month, Day, Year): December 25 2002	3. Time of Death: 4:36 AM	
4a. Facility Name (If not institution, give street and number): Holy Cross Hospital	4b. City, Town, or Location of Death: Silverspring	4c. County of Death: Montgomery	
5. Social Security Number: -6908	6. Sex: 1☒M 2☐F	7. Age (In yrs. last birthday): 55 Yrs.	If Under 1 Year: Months / Days; If Under 24 Hrs.: Hours / Min.
8. Date of Birth (Month, Day, Year): July 14 1947	9. Birthplace (State or Foreign Country): TN		

Usual Residence of Decedent

10a. State: Maryland	10b. County: Montgomery	10c. City, Town or Location: Kensington	10d. Inside City Limits: 1☒Yes 2☐No
10e. Street and Number: 10225 Parkwood Court	10f. Zip Code: 20895	10g. Citizen of What Country: USA	
11. Marital Status: 1☒Never Married 2☐Married 3☐Widowed 4☐Divorced	12. Was Decedent Ever in U.S. Armed Forces? 1☐Yes 2☒No If Yes, Give Year or Dates:	13. Was Decedent of Hispanic Origin? (Specify Yes or No- If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1☐Yes 2☒No Specify:	14. Race - American Indian, Black, White, etc. Specify: White
15. Decedent's Education (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4or 5+): +6	16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired): Director of Organizing	16b. Kind of Business/Industry: Center for Health, Environment & Justice	
17. Father's Name (First, Middle, Last): James Valton Tramel	18. Mother's Name (First, Middle, Maiden Surname): Pauline Malone		
19a. Informant's Name/Relationship (Type, Print): Pauline Tramel (mother)	19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code): 6100 Robin Hill Road, Nashville, TN 37205		
20a. Method of Disposition: 1☒Burial 2☐Cremation 3☐Removal from State 4☐Donation 5☐Other (Specify)	20b. Place of Disposition (Name of cemetery, crematory or other place): Salem Cemetery	Date: Dec. 30 2002	20c. Location - City or Town, State: Liberty, TN
21. Signature of Funeral Service Licensee: Mischell Stallings	22. Name and Address of Facility: Stallings Funeral Home, P.A. 3111 Mountain Road, Pasadena, MD 21122		

23a. Part I. Enter the disease, 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. Squamous Cell Cancer of Neck	
Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	b. Due to (or as a consequence of):	
	c. Due to (or as a consequence of):	
	d. Due to (or as a consequence of):	

IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1☐Yes 2☐No 9☐Unknown	23c. If yes, outcome of pregnancy 1☐Live birth 2☐Fetal death 3☐Ectopic pregnancy 4☐Pregnant at time of death 5☐Other (specify) 9☐Unknown	23d. Date of delivery Month Day Year

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

23e. Did tobacco use contribute to the cause of death? 1☐Yes 2☒No 3☐Probably 4☐Unknown

24a. Was an autopsy performed? 1☐Yes 2☒No

24b. Were autopsy findings available prior to completion of cause of death? 1☐Yes 2☐No

25. Was case referred to medical examiner? 1☐Yes 2☒No

26. Place of Death (Check only one): Hospital: 1☒Inpatient 2☐ER/Outpatient 3☐DOA; Other: 4☐Nursing Home 5☐Residence 6☐Other (Specify)

27. Manner of Death: 1☒Natural 2☐Accident 3☐Suicide 4☐Homicide 5☐Pending investigation 6☐Could not be determined

28a. Date of Injury (Month, Day Year)	28b. Time of Injury M	28c. Injury at Work? 1☐Yes 2☐No	28d. Describe how injury occurred
28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)			28f. Location (Street and Number or Rural Route Number, City or Town, State)

29a. Certifier (Check only one): 1☒**Certifying 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. 2☐**Medical Examiner:** On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signature and title of certifier: Kossari MD	29c. License number: D44690	29d. Date signed (Month, Day, Year): 12/25/02

30. Name and address of person who completed cause of death (Item 23a) (Type, Print): LabKhand Kossari, M.D 501 N. Frederick Ave Gaithersburg, Md 20877

31. Date filed (Month, Day, Year): DEC 3 1 2002	32. Registrar's Signature: Geneva D. Sparks