Bill Garrett Davidson County
Batch# 50281 AFFIDAVITH
01/23/2018 10:28:00 AM 3 pgs
Fees: $17.00 Taxes: $0.00
20180123-0006837

This instrument was prepared by:
Shawn Simmons [name]
5004 Stonemeade Dr [street or postal address]
Nashville, TN 37221 [city, state, zip code]

GRANTEE(S): Shawn Simmons [names]

SEND TAX NOTICES TO: 5004 Stonemeade Dr Nashville, TN 37221
[postal address, city, state, zip code]

MAP PARCEL NUMBER: 155 15 0A 024.00

AFFIDAVIT OF HEIRSHIP

Tennessee Code Annotated § 30-2-712.

STATE OF TENNESSEE

COUNTY OF DAVIDSON

The undersigned, being duly sworn, deposes and says:

1. My full name is Shawn M. Simmons. I will refer to myself in this Affidavit as the Affiant.

2. I reside at 5004 Stonemeade Dr., Nashville, TN 37221. [*street address, city, state, zip code*]

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

4. On 12/16/17 [*date of death*], Joyce Louise Simmons* [*full name of decedent*] died at St. Thomas Hospital [*place of death*]. I will refer to this person as the Decedent. * Also known as Joyce G. Simmons

5. The real property to which this Affidavit applies is located at 5004 Stonemeade Dr. Nashville, TN 37221 [*address*] in Davidson County, Tennessee, more fully described as: [*complete legal description*] lot 24 Stonemeade Sec. 1

For prior title, see Book 9838 [*number*], Page 216 [*number*] in the Register's Office of Davidson County, Tennessee.

6. At the time of the Decedent's death, the Decedent resided at 5004 Stonemeade Dr. Nashville, TN 37221. [*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 of Decedent

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: Only child of decedent - Shaun Simmons Robert H. Simmons spouse of Joyce G Simmons is now deceased

Shaun Simmons
Affiant

Sworn to and subscribed before me this 23RD day of January, 2018

My Commission expires: NOV. 5, 2018

Margarita Illingworth
Notary Public



STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2017 122153

DECEDENT (TYPE/PRINT IN PERMANENT BLACK INK)

1. DECEDENT'S LEGAL NAME			2. SEX	3. DATE OF DEATH
JOYCE LOUISE SIMMONS			FEMALE	12/16/2017

4. TIME OF DEATH (Approx.)	5a. AGE	5b. UNDER 1 YEAR		5c. UNDER 1 DAY		6. DATE OF BIRTH	7. BIRTHPLACE
		Months	Days	Hours	Minutes		
13:00	65					01/17/1952	NASHVILLE, TENNESSEE

8a. PLACE OF DEATH: INPATIENT

8b. FACILITY NAME	8c. CITY OR TOWN	8d. COUNTY OF DEATH
SAINT THOMAS WEST HOSPITAL	NASHVILLE	DAVIDSON

9. MARITAL STATUS	10. SURVIVING SPOUSE (name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION	11b. KIND OF BUSINESS/INDUSTRY
WIDOWED		CASHIER	WALMART

12. SOCIAL SECURITY NUMBER	13a. RESIDENCE-STATE OR FOREIGN COUNTRY	13b. COUNTY	13c. CITY OR TOWN
-5110	TENNESSEE	DAVIDSON	NASHVILLE

13d. STREET AND NUMBER	13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT EVER IN US ARMED FORCES?
5004 STONE MEADE DRIVE	YES	37221	NO

15. DECEDENT'S EDUCATION	16. DECEDENT OF HISPANIC ORIGIN?	17. DECEDENT'S RACE
HIGH SCHOOL GRADUATE OR GED COMPLETED	NO, NOT SPANISH/HISPANIC/LATINO	BLACK OR AFRICAN AMERICAN

NAME OF DECEDENT (Entered by Physician or Hospital)

PARENTS

18. FATHER'S NAME	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE
WILLIAM GROGAN	CATHERINE PAULINE BAILEY

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS
KAREN L. GROGAN	SISTER	1230 GRAYSON AVE NW, ROANOKE, VIRGINIA 24017

DISPOSITION

21a. METHOD OF DISPOSITION	21b. PLACE OF DISPOSITION	21c. LOCATION
BURIAL REMOVAL FROM STATE	WILLIAMS MEMORIAL CEMETERY	ROANOKE, VIRGINIA

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
▶ /e/ BYRETTA LAWRENCE BROADY	5130	▶ /e/ Terrell Andre Broady	4117

23a. NAME AND ADDRESS OF FUNERAL HOME	23b. LICENSE NUMBER
TERRELL BRODY FUNERAL HOME, INC., 3855 CLARKSVILLE PIKE, NASHVILLE, TENNESSEE 37218-2219	1137

REGISTRAR

24. REGISTRAR'S SIGNATURE	25. DATE FILED
▶ /e/ EDWARD G. BISHOP III	01/19/2018

CERTIFIER

26. CERTIFIER

26a. ☒ PHYSICIAN – TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, 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, TIME, 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. CERTIFIER	27b. LICENSE NUMBER	27c. DATE SIGNED
▶ /e/ WEIPING LI	53939	01/02/2018

27d. NAME AND ADDRESS: WEIPING LI 4220 HARDING ROAD SUITE 500, NASHVILLE, TENNESSEE 37205

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). 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	a. ACUTE RESPIRATORY FAILURE	
	DUE TO (OR A CONSEQUENCE OF)	
	b. COPD	
	DUE TO (OR A CONSEQUENCE OF)	
	c.	
	DUE TO (OR A CONSEQUENCE OF)	
	d.	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I

29a. WAS AN AUTOPSY PERFORMED? NO

29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?

30. MANNER OF DEATH	31. DID TOBACCO USE CONTRIBUTE TO DEATH?	32. IF FEMALE:
NATURAL	PROBABLY	NOT PREGNANT WITHIN PAST YEAR

33. IF TRANSPORTATION INJURY, SPECIFY:	34a. DATE OF INJURY	34b. TIME OF INJURY	34c. INJURY AT WORK?	34d. PLACE OF INJURY

34e. DESCRIBE HOW INJURY OCCURRED	34f. LOCATION OF INJURY

PH-1659 (Rev. 8/2017) RDA 10112

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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

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Edward G. Bishop III
State Registrar

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued: JAN 22 2018

CERTIFICATION OF VITAL RECORD