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Record & Return
WATAUGA TITLE COMPANY
5110 Maryland Way, Suite 120
Brentwood, TN 37027

This Instrument Prepared By:
BOTTORFF & KAVIN, PLC (TIB)
Attorneys at Law
5110 Maryland Way, Suite 120
Brentwood, Tennessee 37027
(615) 371-0800

# AFFIDAVIT OF HEIRSHIP REGARDING THE FAMILY OF WALLACE WATSON (NOW DECEASED) AND HIS WIFE, TOMMIE WATSON (NOW DECEASED)

Re: Tract 1 - Map/Parcel No. 09316017500
105 Lewis Street, Nashville, TN

Tract 2 - Map/Parcel No. 162000104
14899 Old Hickory Blvd.
Nashville, TN

Tract 3 - Map/Parcel No. 173000034
"0" Old Hickory Blvd. (26.9 acres)
Nashville, TN

W I T N E S S E T H

This Affidavit of Heirship is made by the five surviving children of Wallace Watson (now deceased) and his wife, Tommie Watson, (now deceased), ( the "Affiants"), all of whom are adults, and pursuant to T.C.A. §30-2-712, upon each Affiant's personal knowledge and familiarity with the members of our family after being duly sworn, each Affiant hereby swears or affirms, as follows, to wit:

I. Our parents.

A. Our father, Wallace Watson, a/k/a Wallace T. Watson, a/k/a Wallace Turner Watson, Sr., was born on October 30, 1900, to his parents, William Watson and Estella Wisner Watson. (See Collective Exhibit I A attached hereto).

B. Our mother, Tommie Justice Watson, was born on August 8, 1905, to her parents, Walker Justice and Ida Edmondson Justice. (See Collective Exhibit I B attached hereto).

C. Our father, Wallace Watson, and our mother, Tommie Justice Watson, were married to each other on June 25, 1924, in Davidson County, Tennessee. (See Collective Exhibit I C attached hereto).

D. Our said mother and father were continuously married to each other until the intestate death of our father, Wallace Watson, on December 12, 1978 at 78 years of age. (See Collective Exhibit I A.

E. Our mother did not marry again after the death of our father, Wallace, and she died intestate on May 27, 1981 at 75 years of age. (See Collective Exhibit I B attached hereto).

F. Our father and mother are both buried in the Watson Family Cemetery in Nashville (Antioch), Davidson County, Tennessee. (See Collective Exhibits I A and I B attached hereto).

II. Our parents had thirteen children born to their union, namely, as follows:

A. Thelma Beatrice Watson, who was born on April 8, 1925. She was never married and had no issue. Thelma died on May 14, 1990, in Nashville, Tennessee. (See Collective Exhibit II A).

B. Reba Lee (Watson) Hawkins, who was born on September 12, 1926. (See Collective Exhibit II B (1) attached hereto). She was married to Otis B. Hawkins, who predeceased her on September 21, 1985. (See Collective Exhibit II B (2) attached hereto). Reba and Otis had one child, "an infant boy", who was prematurely born on September 29, 1958, and died on September 30, 1958. (See Collective Exhibit II B (3) attached hereto). Reba did not marry again after the death of her husband, Otis, and she had no issue who survived her. Reba died on September 7, 2008 in Taylor, Michigan.

C. Wallace T. Watson (a/k/a Wallace T. Watson, a/k/a Wallace Turner Watson, Jr.),who was born on October 20, 1928. He was never married and he had no issue. Wallace Jr. died on March 27, 1994, in Detroit, Michigan. (See Collective Exhibit II C)

D. Matilda Juanita (Watson) Rouse, who was born on July 6, 1930. She married Edward Rouse, who is now deceased. Matilda has not remarried and lives in Owensboro, Kentucky.

E. Harold Justice Watson (Sr.), who was born on April 23,1932. He died intestate on April 14, 2015, in Gadsden, Alabama. (See Collective Exhibit II E attached hereto and paragraph IV C below as to his heirs).

F. Melvin Rhea Watson, who was born on April 15, 1934. He is married to Jean Watson and they now live in Chesapeake, Virginia.

G. Artie Meomarta (Watson) Johnson, who was born on August 8, 1936. She died intestate on May 19, 2010, as a resident of Detroit, Michigan. (See Collective Exhibit II G attached hereto and paragraph IV B below as to her heirs).

H. Alvin J. Watson, Sr., who was born on November 22, 1938. He was married to Annette Watson who preceded him in death. Alvin now lives in Nashville, Tennessee.

I. Henry Alonso Watson, who was born on November 30, 1940. He died in infancy on May 24, 1941.

J. William Richard Maurice Watson (Sr.), who was born on March 10, 1942. He is married to Blanche Watson and they now live in Nashville, Tennessee.

K. Carlton Madison Watson, who was born on November 20, 1944. He died in early childhood on March 28, 1947.

L. Ida Estella (Watson) McClain, who was born on March 20, 1947. She died intestate on January 30, 2008 in Nashville, Tennessee. (See Collective Exhibit II L attached hereto and paragraph IV A below as to her heirs).

M. Patricia Ann Watson, who was born on July 3, 1948, and now lives in Nashville, Tennessee.

III. Children who predeceased our parents or survived our parents but died without a spouse or issue surviving them. Neither our father, Wallace Watson, nor our mother, Tommie Justice Watson, had any children other than the thirteen children named hereinabove. Two of the aforesaid children died in early childhood, namely, Henry and Carlton, and, thus, predeceased our parents. Three of the aforesaid thirteen children survived our parents but subsequently died without a spouse or issue surviving them, namely: (a) Thelma Beatrice Watson, who died intestate on May 14, 1990; (b) Wallace T. Watson, Jr., who died intestate on March 27, 1994; and, (c) Reba Lee (Watson) Hawkins, who died intestate on September 7, 2008.

IV. Children who survived our parents and died with a spouse or issue surviving them. Three of our parent's aforesaid thirteen children survived them but subsequently died leaving a spouse and/or issue of theirs surviving them, namely, as follows:

A. Our sister, Ida Estella (Watson) McClain, died intestate on January 30, 2008, in Nashville, Tennessee. She was survived by her husband, Searcy McClain, and their two children, namely (1) Searcy Jerry McClain and (2) Teagh McClain, all of whom are adults and are still alive. (See Exhibit II L attached hereto).

B. Our sister, Artie Meomarta (Watson ) Johnson, died intestate on May 19, 2010, in Southfield, Michigan. She was survived by her husband, John Johnson, and their two children, namely, (1) Gregory Johnson and (2) Ava Johnson Shepherd, all of whom are adults and are still alive. (See Exhibit II G attached hereto).

C. Our brother, Harold J. Watson, Sr., died intestate on April 23, 2015, in Gadsden, Alabama. He was survived by his wife, Marynette Watson, and their seven (7) children, namely, (1) Harold Watson, Jr., (2) Stephen Watson, (3) Antonin Watson, Sr., (4) Alvin W. Watson, (5) Tommie Watson, (6) Ray Watson, and (7) Ja'mya Zenee Watson. (See Exhibit II E).

V. Children who survived our parents and are still living. The following five children of the eleven children who survived our parents are still living, namely: (1) Matilda Juanita (Watson) Rouse; (2) Melvin R. Watson; (3) Alvin J. Watson, Sr.; (4) William R. Watson; and (5) Patricia Ann Watson.

VI. Applicable and Controlling Law:

The laws of descent and distribution in Tennessee determine the ownership of the herein described real property even though some of our siblings and their heirs were or are residents of other States.

VII. The two tracts or parcels real property owned by our parents as tenants by the entirety.

A. Our parents, Wallace Watson and wife, Tommie J. Watson, acquired the following two tracts or parcels of real property during their lives as tenants by the entirety, to wit:

(1) Tract 1
105 Lewis Street, Nashville, TN
Map/Parcel No. 09316017500

(2) Tract 2
14899 Old Hickory Blvd., Nashville, TN
Map/Parcel No. 162000104

Upon the death of our father, Wallace Watson, on December 12, 1978, our mother, Tommie Justice Watson, became the sole owner of said two properties as the remaining tenant by the entirety. (Each of the aforesaid two properties are more fully described on Exhibit A attached hereto and incorporated herein.)

B. Upon the intestate death of our mother, Tommie Justice Watson, on May 27, 1981, pursuant to T.C.A. §31-2-104 (b) (1), the aforesaid two properties were inherited equally by the eleven children who survived our mother, namely: (1) Thelma Beatrice Watson, (2) Reba Lee (Watson) Hawkins, (3) Wallace Turner Watson, Jr., (4) Matilda Juanita (Watson) Rouse, (5) Harold Justice Watson, Sr., (6) Melvin Rhea Watson, (7) Artie Meomarta (Watson) Johnson, (8) Alvin J. Watson, Sr., (9) William Richard Maurice Watson, Sr., (10) Ida Estella (Watson) McClain, and (11) Patricia Ann Watson.

C. Upon the death of the two of our siblings who survived our mother but died without a spouse or issue surviving them, namely: (1) Thelma Beatrice Watson, who died intestate May 14, 1990, and (2) Wallace Turner Watson, Jr., who died intestate May 27, 1994, pursuant to T.C.A. §31-2-104 (b) (3), each decedent's interest in the aforesaid properties passed equally to our then surviving brothers and sisters, namely: (1) Reba Lee (Watson) Hawkins, (2) Matilda Juanita (Watson) Rouse, (3) Harold Justice Watson, Sr., (4) Melvin Rhea Watson, (5) Artie Meermota (Watson) Johnson, (6)

Alvin J. Watson, Sr., (7) William Richard Maurice Watson, (8) Ida Estella (Watson) McClain, and (9) Patricia Ann Watson.

D. Upon the intestate death of Ida Estella (Watson) McClain on January 30, 2008, pursuant to T.C.A. §31-2-104 (a) (2), one-third (1/3) of her one-ninth (1/9) share passed to her surviving spouse, Searcy McClain, i.e., a one-twenty seventh (1/27) share, and pursuant to T.C.A. §31-2-104 (b) (1), two thirds (2/3) of her one-ninth (1/9) share passed equally to her two children, namely: (1) Searcy Jerry McClain and (2) Teagh McClain, which resulted in each of her two children owning a one-seventh (1/27) share in said properties.

E. Upon the intestate death of Reba Lee (Watson) Hawkins on September 7, 2008, who died without a spouse or issue surviving her, pursuant to T.C.A. §31-2-104(b)(3), her one-ninth (1/9) share in said properties passed equally to the seven brothers and sisters who survived her, namely: (1) Matilda, (2) Harold, (3) Melvin, (4) Artie, (5) Alvin, (6) William, and (7) Patricia, and to the two issue of our sister, Ida Estella McClain, who had predeceased Reba, namely: Searcy Jerry McClain and Teagh McClain, by representation. This resulted in the surviving seven brothers and sisters each owning a one-eighth (1/8) share in said properties, and Searcy Jerry McClain and Teagh McClain each inheriting an additional one-sixteenth (1/16) share in said properties.

F. Upon the intestate death of Artie Meomarta (Watson) Johnson on May 19, 2010, pursuant to T.C.A. §31-2-104 (a) (2), one-third (1/3) of her one-eighth (1/8) share passed to her surviving spouse, John Johnson, i.e., one-twenty fourth (1/24) share; and, pursuant to T.C.A. §31-2-104 (b) (1), the remaining two-thirds (2/3) of her one-eighth (1/8) share in said properties passed equally to her two children, namely, (1) Gregory Johnson and (2) Ava Johnson Shepherd, which resulted in each of her said children owning a one-twenty fourth (1/24) share in said properties.

G. Upon the death of Harold J. Watson, Sr., who died intestate on April 23, 2015, pursuant to T.C.A. §31-2-104 (a) (2), one-third (1/3) of his one-eighth (1/8) share passed to his surviving spouse, Marynette Watson, i.e., a one-twenty fourth (1/24) share, and pursuant to T.C.A. §31-2-104 (b) (1), the remaining two thirds (2/3) of Harold's one-eighth (1/8) share in said properties passed equally to his seven (7) children, namely, (1) Harold J. Watson, Jr., (2) Stephen Watson, (3) Antonin Watson, Sr., (4) Alvin D. Watson, (5) Tommy-Wallace Watson, (6) Rhea Watson, and (7) Ja'mya Watson, which resulted in each of Harold's seven (7) children inheriting a one-eighty fourth (1/84) share in said properties.

VIII. The 26.9 acre tract of land was owned by our father, Wallace Watson, in his name alone. Our father, Wallace Watson, acquired the following real property during his lifetime in his name alone and he owned said property in his name alone at the time of his death on December 12, 1978, to wit:

(1) Tract 3
"0" Old Hickory Blvd. (26.9 acres, more or less)
Nashville, TN
Map/Parcel No. 173000034

(The aforesaid property is more fully described on Exhibit A attached hereto and incorporated herein.)

A. Upon the death of our father, Wallace Watson, who died intestate on December 12, 1978, pursuant to T.C.A. §31-2-104(a)(2), a one-third (1/3) share in said property passed to our mother, Tommie Justice Watson, and pursuant to T.C.A. §31-2-104 (b) (1), the remaining two-thirds (2/3) share in said properties passed equally to the eleven children who survived our father, namely (1) Thelma Beatrice Watson, (2) Reba Lee (Watson) Hawkins, (3) Wallace Turner Watson, Jr., (4) Matilda Juanita (Watson) Rouse, (5) Harold Justice Watson, Sr., (6) Melvin Rhea Watson, (7) Artie Meomarta (Watson) Johnson, (8) Alvin J. Watson, Sr., (9) William Richard Maurice Watson, Sr., (10) Ida Estella (Watson) McClain, and (11) Patricia Ann Watson.

B. Upon the death of our mother, Tommie J. Watson, who died intestate on May 27, 1981, pursuant to T.C.A. §31-2-104(b)(1), her one-third (1/3) undivided interest in said property passed equally to the eleven children who survived our mother, namely, (1) Thelma Beatrice Watson, (2) Reba Lee (Watson) Hawkins, (3) Wallace Turner Watson, Jr., (4) Matilda Juanita (Watson) Rouse, (5) Harold Justice Watson, Sr., (6) Melvin Rhea Watson, (7) Artie Meomarta (Watson) Johnson, (8) Alvin J. Watson, Sr., (9) William Richard Maurice Watson, (10) Ida Estella (Watson) McClain, and (11) Patricia Ann Wilson.

C. Upon the subsequent intestate deaths of two of our siblings, namely Thelma Beatrice Watson, who died intestate on May 14, 1990, and Wallace Turner Watson, Jr., who died intestate on May 27, 1994, both of whom died without a spouse or issue surviving them, respectively, pursuant to T.C.A. §31-2-104 (b) (3), each of decedent's interest in the aforesaid properties passed equally to her surviving nine (9) siblings, namely (1) Reba Lee (Watson) Hawkins, (2) Matilda Juanita (Watson) Rouse, (3) Harold Justice Watson, Sr., (4) Melvin Rhea Watson, (5) Artie Meomarta (Watson) Johnson, (6) Alvin J. Watson, Sr., (7) William Richard Maurice Watson, (8) Ida Estella (Watson) McClain, and (9) Patricia Ann Watson.

D. Upon the intestate death of Ida Estella (Watson) McClain, on January 30, 2008, pursuant to T.C.A. §31-2-104 (a) (2), one-third (1/3) of her one-ninth (1/9) share passed to her surviving spouse, Searcy McClain, i.e. a one-twenty seventh (1/27) share, and pursuant to T.C.A. §31-2-104 (b) (1) the remaining two-thirds of her one-ninth (1/9) share passed equally to her two children, namely (1) Searcy Jerry McClain and (2) Teagh McClain, which resulted in each of her said children owning a one-twenty seventh (1/27) share in said property.

E. Upon the intestate death of Reba Lee (Watson) Hawkins on September 7, 2008, without a spouse or issue surviving her, pursuant to T.C.A. §31-2-104(b)(3), her one-ninth (1/9) share in said property passed equally to her seven brothers and sisters who survived her, namely: (1) Matilda, (2) Harold, (3) Melvin, (4) Artie, (5) Alvin, (6) William, and (7) Patricia, and to the two issue of Ida Estella McClain, who had predeceased Reba, namely, Searcy Jerry McClain and Teagh McClain, by representation. This resulted in her surviving seven brothers and sisters each owning

a one-eighth (1/8) share in said property and Searcy Jerry McClain and Teagh McClain each owning an additional one-sixteenth (1/16) share of said property.

F. Upon the intestate death of Artie Meomarta (Watson) Johnson on May 19, 2010, pursuant to T.C.A. §31-2-104 (a) (2), one-third (1/3) of her one-eighth (1/8) share passed to her surviving spouse, John Johnson, i.e. one-twenty fourth (1/24) share; and, pursuant to T.C.A. §31-2-104(b)(1), the remaining two-thirds (2/3) of her one-eighth (1/8) share in said properties passed equally to her two children, namely, (1) Gregory Johnson, Sr. and (2) Ava Johnson Shepherd, which resulted in each of her said children owning a one-twenty fourth (1/24) share in said properties.

G. Upon the intestate death of Harold J. Watson, Sr., who died intestate on April 23, 2015, pursuant to T.C.A. §31-2-104 (a) (2), one-third (1/3) of his one-eighth (1/8) share passed to his surviving spouse, Marynette Watson, i.e., a one-twenty fourth (1/24) share, and pursuant to T.C.A. §31-2-104 (b) (1), the remaining two thirds (2/3) of Harold's one-eighth (1/8) share in said properties passed equally to his seven (7) children, namely, (1) Harold J. Watson, Jr., (2) Stephen Watson, (3) Antonin Watson, Sr., (4) Alvin D. Watson, (5) Tommy-Wallace Watson, (6) Rhea Watson, and (7) Ja'mya Zenee Watson, which resulted in each of Harold's seven (7) children inheriting a one-eighty fourth (1/84) share in said properties.

IX. Present ownership of the three tracts or parcels of real property expressed in percentages of ownership. As of the date of this Affidavit, pursuant to T.C.A. §31-2-103, title to said three (3) tracts or parcels of property described herein is vested in percentages of ownership as follows: (1) Matilda Juanita (Watson) Rouse, 12.5%; (2) Melvin R. Watson, 12.5%; (3) Alvin J. Watson, Sr., 12.5%; (4) William R. Watson, a 12.5%; (5) Patricia Ann Watson, 12.5%; (6) Searcy McClain, 3.7037%; (7) Searcy Jerry McClain, 4.39815%; (8) Teagh McClain, 4.39815%; (9) John Johnson, 4.1666667%; (10) Gregory Johnson, 4.1666667%; (11) Ava Johnson Shepherd, 4.1666667%; (12) Marynette Watson, 4.1666667%; (13) Harold J. Watson, Jr., 1.1904762%; (14) Stephen Watson, 1.1904762%; (15) Antonin Watson, Sr., 1.1904762%; (16) Alvin D. Watson, 1.1904762%; (17) Tommy Wallace Watson, 1.1904762%; (18) Rhea Watson, 1.1904762%; (19) Ja'mya Zenee Watson, 1.1904762%.

X. An Affidavit of Heirship was recorded on April 14, 2009 in the Register's Office Davidson County, Tennessee, as Instrument No. 20090414-033951. That instrument recites our parents only had nine children, but that Affidavit intentionally omitted the two children who died in childhood, namely Henry Alonso Watson and Carlton Madison Watson, and intentionally omitted Thelma Beatrice Watson and Wallace T. Watson, Jr., since at the time of the deaths, respectively, neither of them were ever married and neither of them had any issue. That instrument also correctly names Reba Lee (Watson) Hawkins as one of the nine children who survived our parents and correctly recites she was not married at the time of her death and did not have any issue who survived her. Therefore, that Affidavit and this Affidavit are consistent in that the property herein described was essentially inherited by our parents issue, and the surviving spouses of said deceased issue pursuant to the laws of descent and distribution in Tennessee.

In witness whereof each of the Affiants have executed this Affidavit of Heirship under oath as of the dates appearing next to their signatures, respectively.

# O A T H

STATE OF TENNESSEE )
COUNTY OF Williamson )

I, Matilda Juanita (Watson) Rouse, reside at 2622 West 9th Street, Owensboro, Kentucky 42301. I am over eighteen (18) years of age and I am mentally competent. Based upon my personal knowledge and familiarity with the family of my parents, Wallace Watson, deceased, and, wife, Tommie Watson, deceased, I hereby swear or affirm the matters in this Affidavit of Heirship are true to the best of my knowledge, information and belief.

Further Affiant saith not.

Signed as of the 16th day of October, 2017.

Matilda Juanita Watson Rouse
Matilda Juanita (Watson) Rouse

JURAT

Sworn to and subscribed before me on this 16th day of October, 2017.

Notary Public

My Commission Expires: 10/23/2017

THOMAS I. BOTTORFF STATE OF TENNESSEE NOTARY PUBLIC WILLIAMSON COUNTY

ACKNOWLEDGMENT

STATE OF TENNESSEE )
COUNTY OF Williamson )

Personally appeared before me, the undersigned, a Notary Public in and for the said County and State, Matilda Juanita (Watson) Rouse, the Affiant herein, who is personally known to me, or proved upon satisfactory evidence, and who upon oath acknowledged that she executed this Affidavit of Heirship for the purposes therein contained on this 16th day of October, 2017.

Notary Public

My Commission Expires: 10/23/2017

THOMAS I. BOTTORFF STATE OF TENNESSEE NOTARY PUBLIC WILLIAMSON COUNTY

# OATH

STATE OF VIRGINIA )
COUNTY OF Chesapeake )

I, Melvin R. Watson, reside at 4116 Cedar Grove Crescent, Chesapeake, Virginia 23321. I am over eighteen (18) years of age and I am mentally competent. Based upon my personal knowledge and familiarity with the family of my parents, Wallace Watson, deceased, and, wife, Tommie Watson, deceased, I hereby swear or affirm the matters in this Affidavit of Heirship are true to the best of my knowledge, information and belief.

Further Affiant saith not.

Signed as of the 16th day of OCTOBER 2017.

Melvin R. Watson
Melvin R. Watson

## JURAT

Sworn to and subscribed before me on this 16 day of October 2017.

Melonie R. Denson-Bright
Notary Public

My Commission Expires: Jan. 31, 2021

MELONIE RAYE DENSON-BRIGHT
Notary Public
Commonwealth of Virginia
Registration No. 7116429
My Commission Expires Jan 31, 2021

## ACKNOWLEDGMENT

STATE OF VIRGINIA )
COUNTY OF Chesapeake )

Personally appeared before me, the undersigned, a Notary Public in and for the said County and State, Melvin R. Watson, the Affiant herein, who is personally known to me, or proved upon satisfactory evidence, and who upon oath acknowledged that he executed this Affidavit of Heirship for the purposes therein contained on this 16 day of October, 2017.

Melonie R. Denson-Bright
Notary Public

My Commission Expires: Jan. 31, 2021

MELONIE RAYE DENSON-BRIGHT
Notary Public
Commonwealth of Virginia
Registration No. 7116429
My Commission Expires Jan 31, 2021

# O A T H

STATE OF TENNESSEE )
COUNTY OF Williamson )

I, Alvin J. Watson, Sr., reside at 3004 Kings Lane, Nashville, Tennessee 37210. I am over eighteen (18) years of age and I am mentally competent. Based upon my personal knowledge and familiarity with the family of my parents, Wallace Watson, deceased, and, wife, Tommie Watson, deceased, I hereby swear or affirm the matters in this Affidavit of Heirship are true to the best of my knowledge, information and belief.

Further Affiant saith not.

Signed as of the 16th day of October, 2017.

Alvin J. Watson, Sr.

JURAT

Sworn to and subscribed before me on this 16th day of October, 2017.

Notary Public

My Commission Expires: 10/23/2017

THOMAS I. BOTTORFF STATE OF TENNESSEE NOTARY PUBLIC WILLIAMSON COUNTY

ACKNOWLEDGMENT

STATE OF TENNESSEE )
COUNTY OF Williamson )

Personally appeared before me, the undersigned, a Notary Public in and for the said County and State, Alvin J. Watson, Sr., the Affiant herein, who is personally known to me, or proved upon satisfactory evidence, and who upon oath acknowledged that he executed this Affidavit of Heirship for the purposes therein contained on this 16th day of October, 2017.

Notary Public

My Commission Expires: 10/23/2017

THOMAS I. BOTTORFF STATE OF TENNESSEE NOTARY PUBLIC WILLIAMSON COUNTY

# O A T H

STATE OF TENNESSEE )
COUNTY OF Williamson )

I, William R. Watson, reside at 4764 Graystone Street, Nashville (Antioch), Tennessee 37017. I am over eighteen (18) years of age and I am mentally competent. Based upon my personal knowledge and familiarity with the family of my parents, Wallace Watson, deceased, and, wife, Tommie Watson, deceased, I hereby swear or affirm the matters in this Affidavit of Heirship are true to the best of my knowledge, information and belief.

Further Affiant saith not.

Signed as of the 16th day of October, 2017.

William R. Watson

JURAT

Sworn to and subscribed before me on this 16th day of October, 2017.

Notary Public

THOMAS C. BOTTORFF STATE OF TENNESSEE NOTARY PUBLIC WILLIAMSON COUNTY

My Commission Expires: 10/23/2017

ACKNOWLEDGMENT

STATE OF TENNESSEE )
COUNTY OF Williamson )

Personally appeared before me, the undersigned, a Notary Public in and for the said County and State, William R. Watson, the Affiant herein, who is personally known to me, or proved upon satisfactory evidence, and who upon oath acknowledged that he executed this Affidavit of Heirship for the purposes therein contained on this 16th day of October, 2017.

Notary Public

THOMAS C. BOTTORFF STATE OF TENNESSEE NOTARY PUBLIC WILLIAMSON COUNTY

My Commission Expires: 10/23/2017

# O A T H

STATE OF TENNESSEE )
COUNTY OF Williamson )

I, Patricia Ann Watson, reside at 212B Rosehill Drive, Goodlettsville, Tennessee 37072. I am over eighteen (18) years of age and I am mentally competent. Based upon my personal knowledge and familiarity with the family of my parents, Wallace Watson, deceased, and, wife, Tommie Watson, deceased, I hereby swear or affirm the matters in this Affidavit of Heirship are true to the best of my knowledge, information and belief.

Further Affiant saith not.

Signed as of the 16th day of October, 2017.

Patricia Ann Watson

JURAT

Sworn to and subscribed before me on this 16th day of October, 2017.

Notary Public

My Commission Expires: 10/23/2017

THOMAS I. BOTTORFF STATE OF TENNESSEE NOTARY PUBLIC WILLIAMSON COUNTY

ACKNOWLEDGMENT

STATE OF TENNESSEE )
COUNTY OF Williamson )

Personally appeared before me, the undersigned, a Notary Public in and for the said County and State, Patricia Ann Watson, the Affiant herein, who is personally known to me, or proved upon satisfactory evidence, and who upon oath acknowledged that she executed this Affidavit of Heirship for the purposes therein contained on this 16th day of October, 2017.

Notary Public

My Commission Expires: 10/23/2017

THOMAS I. BOTTORFF STATE OF TENNESSEE NOTARY PUBLIC WILLIAMSON COUNTY

# EXHIBIT A

## PROPERTY DESCRIPTION

### TRACT 1

Lot No. 137 on the Plan of Maury and Claiborn's addition to South Nashville, as of record in Book No. 21, page 48 and 85, Register's Office for Davidson County, Tennessee. Said Lot No. 137 fronts 35 feet on the easterly side of Lewis Street and runs back between parallel lines 127 feet, more or less, to an alley.

Being the same property conveyed to Wallace Watson and wife, Tommie Watson by Deed dated May 12, 1936 from Hattie Dobson, a widow, of record in Book 721, page 159 Register's Office Davidson County, Tennessee.

This is unimproved property known as 105 Lewis Street, Nashville, TN

### TRACT 2

Beginning at a planted stone, the original northeast corner in the east margin of the Rough Rock Road, and running thence with said road South 490 feet to the center of Old Hickory Boulevard; thence Northwest with the center line of Old Hickory Boulevard 350 feet to a point in the center of said Old Hickory Boulevard, being the property line between the W. M. Watson and the Brown lands; thence with said line of W. M. Watson and Brown, North 200 feet to the center of Benson Road; thence East with the center of said Benson Road 209 feet to the point of beginning, containing 1-3/4 acres, more or less.

Being the same property conveyed to Wallace Watson and wife, Tommie Watson, by an Installment Deed dated August 31, 1950 from W.M. Watson and wife, Estella Watson, of record in Book 1879, page 630 Register's Office Davidson County, Tennessee.

This is unimproved property known as 14899 Old Hickory Blvd., Nashville, TN

EXHIBIT A

PROPERTY DESCRIPTION

TRACT 3

Being part of the William Watson farm located in the Fifth Civil District of Davidson County, Tennessee and described according to a survey by George W. Watkins, Surveyor, dated in August, 1953:

Beginning at a point in the center of Old Hickory Blvd. where it intersects with the Old Hobson Road thence N 83° 30' E 1178 feet to a point; thence N 49° 30' W 125 feet; thence N 48° W 400 feet; thence N 15° 30' W 265 feet; thence N 31° 15' W 132 feet; thence N 17° 35' W 160 feet; thence N 10° W 119 feet; thence N 85° 30' W 118 feet to a spring; thence 73° 45 W 18 feet; thence S 60° W 136 feet to a tree; thence S 44°10' W 211 feet; thence S 88° 250 feet; thence S 83° 30' W 276 feet; thence S 86°30' W 128 feet; thence S 67° 30' W 309' to an iron pin in the center of Old Hickory Blvd.; thence S 40° 30' E 159 feet; thence S 54° 30' E 159 feet to the point of beginning, containing 26.9 acres, more or less.

Being the same property conveyed to Wallace T. Watson by Warranty Deed dated July 29, 1957 of record in Book 2693, page 3 Register's Office Davidson County, Tennessee.

This is unimproved property known as "0" Old Hickory Blvd., Nashville, TN

Collective Exhibit I

A. Wallace Watson, Certificate of Death (Tennessee)

B. Tommie Justice Watson, Certificate of Death (Tennessee)

C. Marriage License, William T. Wallace and Tommie B. Justice (Tennessee)

Collective Exhibit IA

*Metropolitan Government of Nashville and Davidson County*

Richard H. Fulton, Mayor

J. M. BISTOWISH, M.D.
DIRECTOR OF HEALTH

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-5313

# CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

BIRTH NO. _____ STATE FILE NO. _____

1a. DECEASED—NAME: Wallace Watson
2. DATE OF DEATH: 12-12-78
3. AGE: 78
4. DATE OF BIRTH: 10-30-1900
5. RACE: Black
6. SEX: Male
7a. COUNTY OF DEATH: Davidson
7b. CITY, TOWN OR LOCATION: Nashville
7c. INSIDE CITY LIMITS: Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME: 105 Lewis St.
7e. DOA
8a. STATE OF BIRTH: Tennessee
8b. CITIZEN OF WHAT COUNTRY: USA
9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married
11. SURVIVING SPOUSE: Tommie Justice
12a. SOCIAL SECURITY NUMBER: [redacted]5592
12b. SERVICE IN ARMED FORCES
13a. USUAL OCCUPATION: Salesman
13b. KIND OF BUSINESS OR INDUSTRY: Owen Tansley Produce
14a. RESIDENCE—STATE: Tennessee
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: Nashville
14d. STREET AND NUMBER: 105 Lewis St
14e. INSIDE CITY LIMITS: Yes
14f. CENSUS TRACT NO.: 148
15. FATHER—NAME: William Watson
16. MOTHER—MAIDEN NAME: Estelia Misner
17. INFORMANT—NAME: Tommie Watson
17. MAILING ADDRESS: 105 Lewis St
18a. BURIAL, CREMATION, REMOVAL, OTHER: Burial
18b. DATE: 12-15-78
18c. CEMETERY OR CREMATORY—NAME: Watson Cemetery
18d. LOCATION: Nashville, Tennessee
19a. FUNERAL DIRECTOR: [illegible]
19b. LICENSE NO.: 1644
19c. EMBALMER: [illegible]
19d. LICENSE NO.: 3201
20a. FUNERAL HOME—NAME AND ADDRESS: [illegible] Nashville, Tennessee
20b. REGISTRAR—SIGNATURE: Esther D. Gross
20c. DATE RECEIVED BY LOCAL REGISTRAR: 12-20-78
21a. PHYSICIAN—CERTIFY THAT DEATH OCCURRED AT THE PLACE ON THE DATE, AND DUE TO THE CAUSES STATED. SIGNATURE
21b. DEGREE
21c. DATE SIGNED
22a. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. SIGNATURE
22b. TITLE
22c. DATE SIGNED: 12-18-78
23a. CERTIFIER—NAME (TYPE OR PRINT): T. F. Hopkins, M.D.
23b. MAILING ADDRESS: 1120 Dickerson Rd., Nashville, Tn.

25. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
(a) IMMEDIATE CAUSE: Acute Myocardial Infarction,
DUE TO, OR AS A CONSEQUENCE OF:
(b) CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: A S C V D
DUE TO, OR AS A CONSEQUENCE OF:
(c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (b)

26. AUTOPSY (YES OR NO): No

27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)
27b. DATE OF INJURY (MONTH, DAY, YEAR)
27c. HOUR
27d. DESCRIBE HOW INJURY OCCURRED
27e. INJURY AT WORK (SPECIFY YES OR NO)
27f. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (SPECIFY))
27g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

J. M. BISTOWISH, M.D., REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY

DEC 28 1978

This is to certify that the above is a true and correct copy of the record filed with

Collective Exhibit IB

STATE OF TENNESSEE
Office of Vital Records

8102401

19094

# CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

STATE FILE NO. 81 015498

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT BLACK INK.

DECEASED

1. Tommie Justice Watson
2. May 27, 1981
3. 75
4. August 8, 1905
5. Black
6. Female
7. Davidson
8. Madison (Nashville)
9. Yes
10. Nashville Memorial Hosp. Inpatient
11. Tennessee
12. U.S.A
13. Widowed
14. [redacted]6392
15. Housewife
16. Tennessee
17. Davidson
18. Nashville
19. 3217 Healy Dr.
20. Yes

USUAL RESIDENCE (WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION.)

PARENTS AND INFORMANT

21. Walter Justice
22. Ida Edmondson
23. William Watson 3217 Healy Dr.

DISPOSITION

24. Burial
25. May 30, 1981
26. Watson
27. Nashville, Tennessee
28. Gunter & Sons
29. 1694
30. Eileen M. Gunter
31. 3261
32. Nashville, Tennessee
33. Wm. Gunter & Sons 1711 Jo Johnston
34. Esther D Geeck 6-8-81

CERTIFIER

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE. ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST

35. James W Ward Jr. MD1
36. 6/4/81
37. James W. Ward, Jr., M. D.
38. 610 W. Due West Ave., Madison, Tennessee 37115

8410018

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.

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

8410018

Date Issued Feb-01-2016

CERTIFICATION OF VITAL RECORD

# MARRIAGE LICENSE

## STATE OF TENNESSEE

### DAVIDSON COUNTY

TO ANY REGULAR MINISTER OF THE GOSPEL OF ANY DENOMINATION, OR JEWISH RABBI, THE GOVERNOR, OR ANY JUDGE, CHANCELLOR OR JUSTICE OF THE PEACE WITHIN SAID COUNTY:
THESE ARE TO AUTHORIZE YOU, OR EITHER OF YOU TO SOLEMNIZE

## RITES OF MATRIMONY

Between Wallace T Watson

and Tommie B. Justice

of your County, agreeable to the Act of Assembly in such cases made, and provided

Provided always, that the Rite of Matrimony be solemnized in this County, otherwise these shall be null and void, and shall not be accounted any License or authority to you, or either of you, for the purpose aforesaid; more than though the same had never been prayed or granted, etc.

Witness my hand at office, this 25th day of June 1924

W. C. Thiley, County Trustee

By [illegible]

Collective Exhibit II

A. Thelma Watson, Certificate of Death (Tennessee)

B1. Reba Lee Watson, Certificate of Death (Michigan)

B2. Otis B. Hawkins, Certificate of Death (Michigan)

B3. Infant Boy, Certificate of Death (City of Detroit, Michigan)

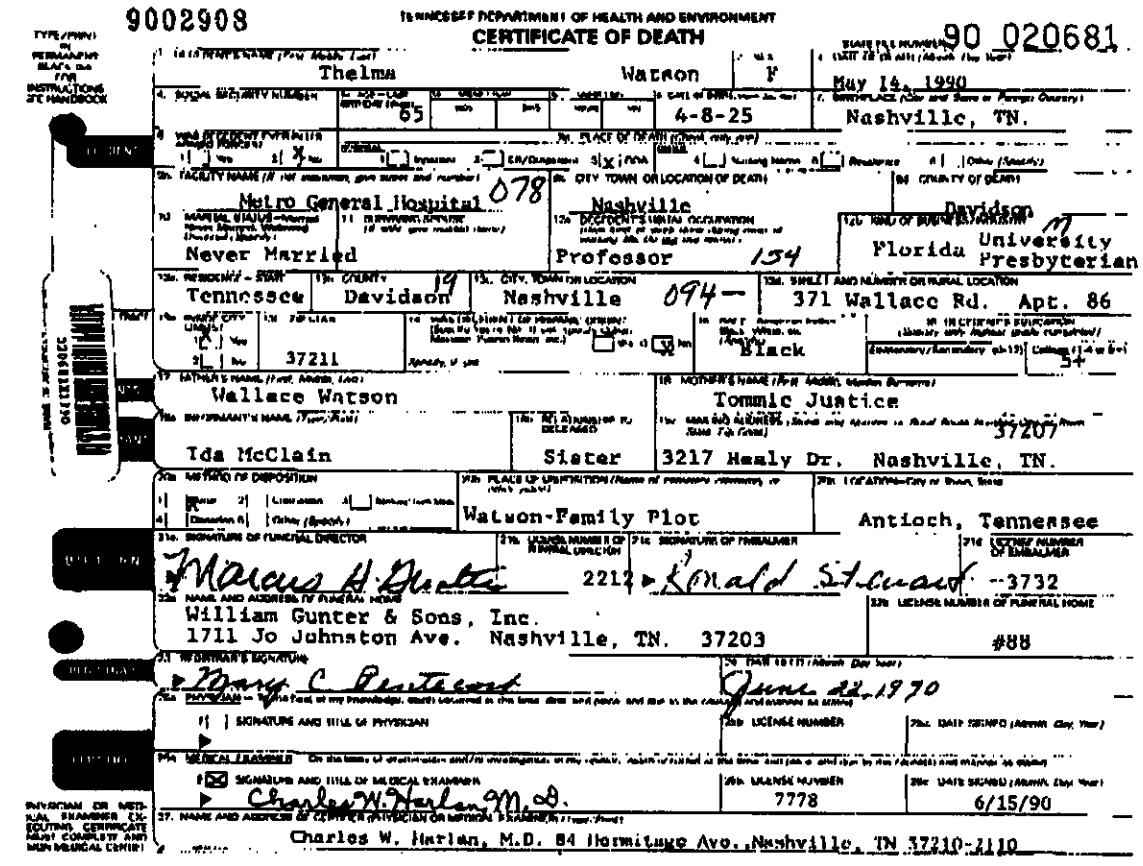
C. Wallace T. Watson, Jr., Certificate of Death (Ohio)

E. Harold J. Watson, Certificate of Death (Alabama)

G. Artie M. (Watson) Johnson, Certificate of Death (Michigan)

L. Ida Estella (Watson) McClain, Certificate of Death (Tennessee)

Collective Exhibit II A



9002908

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

90 020681

Thelma Watson F

May 14, 1990

65 4-8-25 Nashville, TN.

Metro General Hospital 078 Nashville Davidson

Never Married Professor 154 Florida University Presbyterian

Tennessee Davidson 19 Nashville 094 371 Wallace Rd. Apt. 86

37211 Black 54

Wallace Watson Tommie Justice 37207

Ida McClain Sister 3217 Healy Dr. Nashville, TN.

Watson-Family Plot Antioch, Tennessee

Marcus H. Gunter 2212 Ronald St. Cuard --3732

William Gunter & Sons, Inc.
1711 Jo Johnston Ave. Nashville, TN. 37203 #88

Mary C Pentecost June 22, 1990

Charles W. Harlan M.D. 7778 6/15/90

Charles W. Harlan, M.D. 84 Hermitage Ave. Nashville, TN 37210-2110

Aug-17-2017

Collective Exhibit IIB 1

TYPE/PRINT IN PERMANENT BLACK INK

LF 08-544

CF

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH

# CERTIFICATE OF DEATH

STATE FILE NUMBER 2944704

NAME OF DECEDENT For use by physician or institution

**DECEDENT**

1. DECEDENT'S NAME (First, Middle, Last): REBA WATSON HAWKINS
2. DATE OF BIRTH (Month, Day, Year): Sept 12, 1926
3. SEX: Female
4. DATE OF DEATH (Month, Day, Year): September 7, 2008
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS (Include AKA's if any): Reba Lee Watson
6a. AGE - Last Birthday (Years): 81
6b. UNDER 1 YEAR: MONTHS / DAYS
6c. UNDER 1 DAY: HOURS / MINUTES
7a. LOCATION OF DEATH (Enter place where pronounced dead in 7a, 7b, 7c): HOSPITAL OR OTHER INSTITUTION - Name (If not an either, give street and number and zip code): Oakwood Heritage Hospital
7b. CITY, VILLAGE, OR TOWNSHIP OF DEATH: Taylor
7c. COUNTY OF DEATH: Wayne
8a. CURRENT RESIDENCE - STATE: Michigan
8b. COUNTY: Wayne
8c. LOCALITY (check the box that describes the location): XX CITY OR VILLAGE (Inside limits of) Detroit; TOWNSHIP; UNINCORPORATED PLACE
8d. STREET AND NUMBER (Include Apt. No. if applicable): 7500 Montrose
8e. ZIP CODE: 48228
9. BIRTHPLACE (City and State or Country): Nashville, Tennessee
10. SOCIAL SECURITY NUMBER: [redacted]
11. DECEDENT'S EDUCATION - What is the highest degree or level of school completed at the time of death?: Masters Degree
12. RACE - American Indian, White, Black, etc. (If Asian, give nationality, i.e. Chinese, Filipino, Asian Indian, etc.) (Enter all that apply): Black
13a. ANCESTRY - Mexican, Cuban, Arab, African, English, French, Dutch, etc. (Enter all that apply) If American Indian race, enter principal tribe: African American
13b. HISPANIC ORIGIN (Yes or No): No
14. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? (Yes or No): No
15. USUAL OCCUPATION Give kind of work done during most of working life. Do not use retired.: Switch Board Operator
16. KIND OF BUSINESS OR INDUSTRY: Hospital
17. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed
18. NAME OF SURVIVING SPOUSE (If wife, give name before first married):

**PARENTS**

19. FATHER'S NAME (First, Middle, Last): Wallace Turner Watson, Sr
20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last): Tommie Beatrice Justice

**INFORMANT**

21a. INFORMANT'S NAME (Type/Print): Artie M. Johnson
21b. RELATIONSHIP TO DECEDENT: Sister
21c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, Zip Code): 18946 Cherrylawn, Detroit, Michigan 48201

**DISPOSITION**

22. METHOD OF DISPOSITION (Burial, Cremation, Entombment, Donation, Removal, Storage (Specify)): Burial
23a. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other location): Watson Cemetery
23b. LOCATION - City or Village, State: Nashville, Tennessee
24. SIGNATURE OF MORTUARY SCIENCE LICENSEE: [signature]
25. LICENSE NUMBER (of Licensee): 005579
26. NAME AND ADDRESS OF FUNERAL FACILITY: Potere-Modetz Funeral Home, Inc 339 Walnut Blvd, Rochester, Michigan 48307

**CERTIFICATION**

27a. CERTIFIER (Check only one):
- [X] Certifying Physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated.
- [ ] 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.

Signature and Title: [signature] M.D
27b. DATE SIGNED (Mo., Day, Yr.): 9/17/08
27c. LICENSE NUMBER: 4301080548
28a. ACTUAL OR PRESUMED TIME OF DEATH: 6:28 P. M
28b. PRONOUNCED DEAD ON (Mo. Day Yr.): Sept 7, 2008
28c. TIME PRONOUNCED DEAD: 6:28 P. M
29. MEDICAL EXAMINER CONTACTED? (Yes or No): No
30. PLACE OF DEATH (Home, Hospice, Nursing Home, Hospital, Ambulance) (Specify): Hospital
31. IF HOSPITAL, Inpatient, Outpatient, Emergency Room, DOA (Specify): Inpatient
32. MEDICAL EXAMINER'S CASE NUMBER (If applicable):
33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN (Type or Print): Livonia, MI 48152 Dr. Madiredtz 20000 Farmington Road
35a. REGISTRAR'S SIGNATURE: Mary Ann Rellie/Kst
35b. DATE FILED (Mo., Day, Yr.): September 25, 2008

**CAUSE OF DEATH**

36. 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.

If diabetes was an immediate, underlying or contributing cause of death be sure to record diabetes in either Part I or Part II of the cause of death section, as appropriate.

| | | Approximate Interval Between Onset and Death |
|---|---|---|
| IMMEDIATE CAUSE (Final disease or condition resulting in death) a. | Chronic COPD, HTN | < 5yrs |
| DUE TO (OR AS A CONSEQUENCE OF) b. | Chronic A fib Hx CVA | < 5yrs |
| DUE TO (OR AS A CONSEQUENCE OF) c. | osteoporosis | < 5yrs |
| 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 DUE TO (OR AS A CONSEQUENCE OF) d. | cardiorespiratory failure | < 1wk to days |

PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I.

37. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [ ] No [X] Unknown
38. 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 [X] Unknown if pregnant within the past year

**MEDICAL EXAMINER**

39. MANNER OF DEATH - Accident, Suicide, Homicide, Natural, Indeterminate or Pending (Specify): Natural
40a. WAS AN AUTOPSY PERFORMED? (Yes or No): No
40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No):
41a. DATE OF INJURY (Mo., Day, Yr.):
41b. TIME OF INJURY: M
41c. DESCRIBE HOW INJURY OCCURRED:
41d. INJURY AT WORK (Yes or No):
41e. PLACE OF INJURY - At home, farm, street, construction site, wooded area, etc. (Specify):
41f. IF TRANSPORTATION INJURY - Driver/Operator, Passenger, Pedestrian, etc. (Specify):
41g. LOCATION - Street or RFD No. / City, Village or Twp. / State:

DCH-0483 (10/03)

| | | |
|---|---|---|
| | Farm, street, Construction etc. wooded area, etc. -Specify | INJURY - Be Specific Passenger, Pedestrian, etc. -Specify |

DCH-0483 10/03

STATE OF MICHIGAN }
COUNTY OF WAYNE } ss
CITY OF TAYLOR }

I, MARY ANN RILLEY, Clerk of the City of Taylor, do hereby certify this to be a copy of a Certificate of Death as filed in my office.

DATE: SEP 2 6 2008

MARY ANN RILLEY, CITY CLERK

Collective Exhibit IIB 2

CITY OF DETROIT

LF
CF 9928

STATE OF MICHIGAN
DEPARTMENT OF PUBLIC HEALTH

0818428

CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT NAME: 1. Otis D. Hawkins
2. SEX: Male
3. DATE OF DEATH: September 21, 1985
4. RACE: Black
5. AGE: 62
6. UNDER 1 YEAR
7. UNDER 1 DAY
8. DATE OF BIRTH: Jan. 17, 1923
9. COUNTY OF DEATH: Wayne
10. LOCATION OF DEATH: [X] Detroit, MI
11. HOSPITAL OR OTHER INSTITUTION: Henry Ford Hospital
12. STATE OF BIRTH: Michigan
13. CITIZEN OF WHAT COUNTRY: USA
14. MARITAL STATUS: Married
15. SURVIVING SPOUSE: Reba Watson
16. SOCIAL SECURITY NUMBER: [redacted]-9541
17. USUAL OCCUPATION: Service Guard General
18. KIND OF BUSINESS OR INDUSTRY: City Of Detroit
19a. CURRENT RESIDENCE - STATE: Michigan
19b. COUNTY: Wayne
19c. LOCALITY: [X] Detroit
19d. STREET AND NUMBER: 2685 Richton St.
20. FATHER - NAME: Otis DeLemons Hawkins Sr.
21. MOTHER - MAIDEN NAME: Grace Bowman
22a. INFORMANT: Reba Hawkins
22b. MAILING ADDRESS: 2685 Richton St. Detroit, Michigan 48206

PART I
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
(a) Respiratory failure
DUE TO, OR AS A CONSEQUENCE OF:
(b) Chronic Obstructive Pulmonary Disease
DUE TO, OR AS A CONSEQUENCE OF:
(c)

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in Part I
Atherosclerotic Vascular Disease

24. PLACE OF DEATH: Hospital
25. IF HOSP. OR INST., NAME: Henry Ford Hospital
26. AUTOPSY: NO
27. WAS CASE REFERRED TO MEDICAL EXAMINER: NO
28. Inpatient

CERTIFYING PHYSICIAN
29a. Signature and Title: Joseph C. Ward M.D.
29b. DATE SIGNED: September 27, 1985
29c. HOUR OF DEATH: 1:55 a.m.
30. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

MEDICAL EXAMINER
34a. DATE SIGNED
34b. PRONOUNCED DEAD
34c. HOUR OF DEATH
34d. PRONOUNCED DEAD

35. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type or Print)
Joseph C. Ward, M.D. 2799 West Grand Blvd. Detroit, MI 48202

36a. ACC. SUICIDAL, HOM., NATURAL OR PENDING INVEST.
36b. DATE OF INJURY
36c. HOUR OF INJURY
36d. DESCRIBE HOW INJURY OCCURRED
36e. INJURY AT WORK
36f. PLACE OF INJURY
36g. LOCATION

37a. BURIAL, CREMATION, REMOVAL, OTHER: Burial
37b. CEMETERY OR CREMATORY - NAME: Woodmere Cemetery
37c. LOCATION: Detroit, Michigan
37d. DATE: Sept. 24, 1985
37e. NAME OF FACILITY: Pope Funeral Home
37f. ADDRESS OF FACILITY: 8430 Plymouth Rd. Det. Mich. 48204
37g. FUNERAL SERVICE LICENSEE (Signature)
37h. REGISTRAR (Signature): Edward A. Thomas
37i. DATE RECEIVED BY REGISTRAR: SEP 26 1985

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT REPRODUCTION OF THE ORIGINAL RECORD AS RECORDED WITH THE DETROIT DEPARTMENT OF HEALTH. DO NOT ACCEPT UNLESS PREPARED ON APPROVED SECURITY PAPER DISPLAYING THE OFFICIAL SEAL AND SIGNATURE OF THE ISSUING AGENCY. NOT VALID IF PHOTOCOPIED. LAMINATION MAY VOID CERTIFICATE.

DETROIT VITAL RECORDS

1357996

SEP 16 2008
Dated

Mildred L. Johnson, Registrar
City of Detroit Health Department

Department of Health
Death Records

Collective Exhibit IIB 3

CITY OF DETROIT

CERTIFICATE OF DEATH

BIRTH No.

1. PLACE OF DEATH: Wayne Co. — DETROIT — Women's Hospital
2. USUAL RESIDENCE: Michigan — Wayne — Detroit — 14853 Wildemere
3. NAME OF DECEASED: Infant Boy Hawkins
4. SEX: Male
5. COLOR OR RACE: Negro
6. DATE OF DEATH: Sept. 30 1958
7. MARRIED, NEVER MARRIED, WIDOWED, OR DIVORCED
8. DATE OF BIRTH: Sept. 29 '58
9. AGE: Last Birthday — Years — Months — Days: 1d
10a. USUAL OCCUPATION
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE: DETROIT, Mich. U.S.A.
12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME: Otis D. Hawkins
14. MOTHER'S MAIDEN NAME: Reba Lee Hawkins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S NAME: Otis D. Hawkins - Same
18a. CAUSE OF DEATH
PART I. IMMEDIATE CAUSE (a) Prematurity
ANTECEDENT CAUSES
PART II. OTHER SIGNIFICANT CONDITIONS
18b. DATE OF OPERATION
18c. MAJOR FINDINGS OF OPERATION
19a. ACCIDENT, SUICIDE, HOMICIDE
19b. PLACE OF INJURY
19c. DATE, HOUR, OR INTERVAL
19d. INJURY RECEIVED WHILE AT WORK?
19e. HOW DID INJURY occur?
20. I hereby certify that I attended the deceased from 9/30 '58 to 9/30 '58 and that death occurred at 2:05 PM. That I last saw the deceased alive on 9/30 '58.
21. SIGNATURE: James W. Collins, M.D.
21a. ADDRESS: 15870 W. Outer Drive, Detroit, Mich.
21b. DATE SIGNED: 9/30/58
22. DATE RECEIVED BY LOCAL REG.: OCT 3 1958
22a. DATE: Oct. 3, 1958
22b. NAME OF CEMETERY OR CREMATORY: Woodmere Cemetery
22c. LOCATION: Detroit, Michigan
Funeral Director: Samuel Rubenfaer - Detroit

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT REPRODUCTION OF THE ORIGINAL RECORD AS RECORDED WITH THE DETROIT DEPARTMENT OF HEALTH. DO NOT ACCEPT UNLESS PREPARED ON APPROVED SECURITY PAPER DISPLAYING THE OFFICIAL SEAL AND SIGNATURE OF THE ISSUING AGENCY. NOT VALID IF PHOTOCOPIED. LAMINATION MAY VOID CERTIFICATE.

1358371

DETROIT VITAL RECORDS

SEP 11 2008

Dated

Mildred L. Johnson, Registrar
City of Detroit Health Department

Department of Health
Death Records

COUNTY OF WAYNE MICHIGAN

LF

CF 02896

STATE OF MICHIGAN
DEPARTMENT OF PUBLIC HEALTH

# CERTIFICATE OF DEATH

STATE FILE NUMBER 0737202

| 1. DECEDENT'S NAME (First, Middle Last) | | 2. SEX | 3. DATE OF DEATH (Month, Day, Year) |
|---|---|---|---|
| WALLACE | WATSON | MALE | MARCH 27, 1994 |

| 4a. AGE - Last Birthday (Years) | 4b. UNDER 1 YEAR: MONTHS / DAYS | 4c. UNDER 1 DAY: HOURS / MINUTES | 5. DATE OF BIRTH (Month, Day, Year) | 6. COUNTY OF DEATH |
|---|---|---|---|---|
| 65 | | | OCTOBER 20. 1928 | WAYNE |

| 7a. LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c.) HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number) | 7b. IF HOSP OR INST Inpatient, Op./Emer. Room, DOA (Specify) | 7c. CITY, VILLAGE, OR TOWNSHIP OF DEATH |
|---|---|---|
| GRACE HOSPITAL | INPATIENT | DETROIT |

| 8. SOCIAL SECURITY NUMBER | 9a. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) | 9b. KIND OF BUSINESS OR INDUSTRY |
|---|---|---|
| [redacted] | STORE OWNER | SELF EMPLOYED |

| 10a. CURRENT RESIDENCE - STATE | 10b. COUNTY | 10c. LOCALITY (Check one box and specify) | 10d. STREET AND NUMBER |
|---|---|---|---|
| OHIO | CUYAHOGA | ☐ INSIDE CITY OR VILLAGE OF CLEVELAND ☐ TWP. OF | 3446 E.125 STREET |

| 10e. ZIP CODE | 11. BIRTHPLACE (City and State or Foreign Country) | 12. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) | 13. SURVIVING SPOUSE (If wife, give name before first married) | 14. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) |
|---|---|---|---|---|
| 44120 | NASHVILLE TENNESSEE | NEVER MARRIED | NONE | NO |

| 15. ANCESTRY - Mexican, Puerto Rican, Cuban, Central or South American, Chicano, other Hispanic, Afro-American, Arab, English, French, Finnish, etc. (Specify below) | 16. RACE - American Indian, Black, White, etc. If Asian, give nationality i.e., Chinese, Filipino, Asian Indian, etc. (Specify below) | 17. DECEDENT'S EDUCATION (Specify only highest grade completed) | |
|---|---|---|---|
| | | Elementary/Secondary (0-12) | College (1-4 or 5+) |
| AFRO AMERICAN | BLACK | 12 | |

| 18. FATHER'S NAME (First, Middle, Last) | 19. MOTHER'S NAME (First, Middle, Surname before first married) |
|---|---|
| WALLACE T. WATSON | TOMMIE B. JUSTICE |

| 20a. INFORMANT'S NAME (Type/Print) | 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, ZIP Code) |
|---|---|
| HAROLD WATSON | 500 NORTH FOURTH PLACE GATSON ALABAMA 35901 |

| 21. METHOD OF DISPOSITION - Burial, Cremation, Removal, Donation, Other (Specify) | 22a. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place) | 22b. LOCATION - City or Village, State |
|---|---|---|
| BURIAL-REMOVAL | WATSON CEMETERY | DAVIDSON TENNESSEE |

| 23. SIGNATURE OF FUNERAL SERVICE LICENSEE | 24. LICENSE NUMBER (of Licensee) | 25. NAME AND ADDRESS OF FACILITY |
|---|---|---|
| Harold D Murdock | 4532 | HAROLD D. MURDOCK FUNERAL HOME 8033 PURITAN DETROIT MICHIGAN 48238 |

26. PART I. Enter the diseases, injuries, 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. Pneumonia | Days |
| 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): Lung Cancer with Metastasis | ---> |
| | c. DUE TO (OR AS A CONSEQUENCE OF): | |
| | d. | |

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

Diabetes Mellitus, Thrombocytopenia
Electrolyte Imbalance

| 27a. WAS AN AUTOPSY PERFORMED? (Yes or No) | 27b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) |
|---|---|
| NO | |

| 28. ACTUAL PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance) (Specify) | 29. WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No) |
|---|---|
| HOSPITAL | NO |

CERTIFYING PHYSICIAN

30a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)

| 30b. DATE SIGNED (Mo., Day, Yr.) | 30c. TIME OF DEATH |
|---|---|
| 3/28/94 | 5:30 p M |

30d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

MEDICAL EXAMINER

31a. (Check one only) ☐ The case reviewed and determined not to be a medical examiner's case. ☐ On the basis of examination and of investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature and Title)

| 31b. DATE SIGNED (Mo., Day, Yr.) | 31c. CASE NUMBER |
|---|---|
| 31d. PRONOUNCED DEAD (Mo., Day, Yr.) ON | 31e. TIME OF DEATH M |

32a. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type or Print)
Michael G Taylor MD 1590 W 9 Mile Rd #314 Southfield MI 48075

32b. LICENSE NUMBER 049965

| 33a. ACC, SUICIDE, HOM., NATURAL OR PENDING INVEST (Specify) | 33b. DATE OF INJURY (Mo., Day, Yr.) | 33c. TIME OF INJURY - M | 33d. DESCRIBE HOW INJURY OCCURRED |
|---|---|---|---|
| 33e. INJURY AT WORK (Specify Yes or No) | 33f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) | 33g. LOCATION - Street or R.F.D. No. City, Village or Twp. State | |

| 34a. REGISTRAR'S SIGNATURE | 34b. DATE FILED (Month, Day, Year) |
|---|---|
| Gloria J Harper | MAR 29 1994 |

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT REPRODUCTION OF THE ORIGINAL RECORD AS RECORDED WITH

08/15/2017 TUE 16:52 [TX/RX NO 8849] 004

GRACE HOSPITAL | INPATIENT | DETROIT

| 8. SOCIAL SECURITY NUMBER | 9a. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) | 9b. KIND OF BUSINESS OR INDUSTRY |
|---|---|---|
| | STORE OWNER | SELF EMPLOYED |

| 10a. CURRENT RESIDENCE - STATE | 10b. COUNTY | 10c. LOCALITY (Check one box and specify) | 10d. STREET AND NUMBER |
|---|---|---|---|
| OHIO | CUYAHOGA | ☐ INSIDE CITY OR VILLAGE OF CLEVELAND ☐ TWP. OF | 3446 E.125 STREET |

| 10e. ZIP CODE | 11. BIRTHPLACE (City and State or Foreign Country) | 12. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) | 13. SURVIVING SPOUSE (If wife, give name before first marriage) | 14. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) |
|---|---|---|---|---|
| 44120 | NASHVILLE TENNESSEE | NEVER MARRIED | NONE | NO |

| 15. ANCESTRY - Mexican, Puerto Rican, Cuban, Central or South American, Chicano, other Hispanic, Afro-American, Arab, English, French, Finnish, etc. (Specify below) | 16. RACE - American Indian, Black, White, etc. If Asian, give nationality i.e., Chinese, Filipino, Asian Indian, etc. (Specify below) | 17. DECEDENT'S EDUCATION (Specify only highest grade completed) | |
|---|---|---|---|
| | | Elementary/Secondary (0-12) | College (1-4 or 5+) |
| AFRO AMERICAN | BLACK | 12 | |

| 18. FATHER'S NAME (First, Middle, Last) | 19. MOTHER'S NAME (First, Middle, Surname before first married) |
|---|---|
| WALLACE T. WATSON | TOMMIE B. JUSTICE |

| 20a. INFORMANT'S NAME (Type/Print) | 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, ZIP Code) |
|---|---|
| HAROLD WATSON | 500 NORTH FOURTH PLACE GATSON ALABAMA 35901 |

| 21. METHOD OF DISPOSITION - Burial, Cremation, Removal, Donation, Other (Specify) | 22a. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place) | 22b. LOCATION - City or Village, State |
|---|---|---|
| BURIAL-REMOVAL | WATSON CEMETERY | DAVIDSON TENNESSEE |

| 23. SIGNATURE OF FUNERAL SERVICE LICENSEE | 24. LICENSE NUMBER (of Licensee) | 25. NAME AND ADDRESS OF FACILITY |
|---|---|---|
| Harold D Murdock | 4532 | HAROLD D. MURDOCK FUNERAL HOME 8033 PURITAN DETROIT MICHIGAN 48238 |

26 PART I. Enter the diseases, injuries, 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. Pneumonia DUE TO (OR AS A CONSEQUENCE OF): | days |
| Sequentially list conditions, IF ANY, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | b. Lung Cancer with Metastases DUE TO (OR AS A CONSEQUENCE OF): | yrs |
| | c. DUE TO (OR AS A CONSEQUENCE OF): | |
| | d. | |

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Diabetes Mellitus, Thrombocytopenia, Electrolyte Imbalance

| 27a. WAS AN AUTOPSY PERFORMED? (Yes or No) | 27b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) |
|---|---|
| NO | |

| 28. ACTUAL PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance) (Specify) | 29. WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No) |
|---|---|
| HOSPITAL | NO |

CERTIFYING PHYSICIAN

30a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)

| 30b. DATE SIGNED (Mo., Day, Yr.) | 30c. TIME OF DEATH |
|---|---|
| 3/28/94 | 5:30 p M |

30d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

MEDICAL EXAMINER

31a. (Check one only) ☐ The case reviewed and determined not to be a medical examiner's case. ☐ On the basis of examination and of investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature and Title)

| 31b. DATE SIGNED (Mo., Day, Yr.) | 31c. CASE NUMBER |
|---|---|
| 31d. PRONOUNCED DEAD (Mo., Day, Yr.) ON | 31e. TIME OF DEATH M |

32a. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type or Print): Michael G Kaplan MD 15701 W 9 Mile Rd #214 Southfield MI 48075

32b. LICENSE NUMBER: 049965

| 33a. ACC, SUICIDE, HOM, NATURAL OR PENDING INVEST (Specify) | 33b. DATE OF INJURY (Mo., Day, Yr.) | 33c. TIME OF INJURY M | 33d. DESCRIBE HOW INJURY OCCURRED |
|---|---|---|---|
| 33e. INJURY AT WORK (Specify Yes or No) | 33f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) | 33g. LOCATION - Street or R.F.D. No. City, Village or Twp. State | |

34a. REGISTRAR'S SIGNATURE: Gloria J Harper

34b. DATE FILED (Month, Day, Year): MAR 29 1994

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT REPRODUCTION OF THE ORIGINAL RECORD AS RECORDED WITH WAYNE COUNTY. DO NOT ACCEPT BIDS PREPARED OR APPROVED BY ANY PARTY OTHER THAN THE OFFICIAL SEAL AND SIGNATURE OF THE ISSUING AGENCY NOT VALID FOR PROPERTY APPRAISAL PURPOSES. LAMINATION MAY VOID THIS DOCUMENT.

156676

SEP 09 2016
Dated

Cathy M. Garrett
Cathy M. Garrett
WAYNE COUNTY CLERK

Death Records

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY BY PHOTOSTAT OR PHOTOGRAPH

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# ALABAMA
## Center for Health Statistics
## ALABAMA CERTIFICATE OF DEATH State File Number 101 2015-16923

| | | | | |
|---|---|---|---|---|
| 1. DECEASED LEGAL NAME: Harold J Watson | | | | 2. DATE AND TIME OF DEATH: Apr 14, 2015 0850 |
| 3. ALIAS NAME(IF ANY): None Given | | | | 4. DATE AND TIME PRONOUNCED DEAD: Apr 14, 2015 0850 |
| 5. COUNTY OF DEATH: Etowah | 6. CITY, TOWN OR LOCATION OF DEATH AND ZIP: Gadsden, 35901 | | 7. PLACE OF DEATH: 500 North 4th Place | |
| 8. HISPANIC ORIGIN: No | 9. RACE: Black | | 10. SEX: Male | 11. SERVED IN ARMED FORCES: Yes |
| 12. AGE: 82 (UNDER 1 YEAR: MONTHS, DAYS; UNDER 1 DAY: HRS, MINS) | 13. DATE OF BIRTH: Apr 23, 1932 | 14. STATE OF BIRTH: Tennessee | | 15. SOCIAL SECURITY NUMBER: [redacted] |
| 16. MARITAL STATUS: Married | 17. SURVIVING SPOUSE: Marynette Neal | | | 18. RESIDENCE STATE: Alabama |
| 19. RESIDENCE COUNTY: Etowah | 20. CITY, TOWN OR LOCATION AND ZIP: Gadsden, 35901 | 21. STREET ADDRESS: 500 North 4th Place | | |
| 22. INFORMANT NAME, RELATIONSHIP AND ADDRESS: Marynette Neal, Relationship: Wife<br>500 North 4th Place Gadsden, Alabama 35901 | | | 23. OCCUPATION: School Teacher<br>24. BUSINESS OR INDUSTRY: Gadsden Board of Education | |
| 25. FATHER'S NAME: Wallace T Watson | | 26. MOTHER'S MAIDEN NAME: Tommy Justice | | |
| 27. DISPOSITION OF BODY: Burial | 28. DATE OF DISPOSITION: Apr 19, 2015 | 29. CEMETERY OR CREMATORY: Rainbow Cemetery | 30. LOCATION: Attalla, Alabama | |
| 31. FUNERAL HOME NAME AND ADDRESS: Christian Memorial Funeral Home-Pell City, 1716 Cogswell Ave, Pell City, AL 35125 | | | | 32. LICENSE NUMBER |
| 33. FUNERAL DIRECTOR: Otis Adams Jr | | 34. LICENSE NUMBER | 35. DATE SIGNED: May 7, 2015 | |
| 36. MEDICAL CERTIFICATION: X CERTIFYING PHYSICIAN ___ MEDICAL EXAMINER ___ CORONER | | | | |
| 37. NAME: Oluwole S Akisanya MD | | 38. LICENSE NUMBER: 20405 | 39. DATE SIGNED: Apr 27, 2015 | |
| 40. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH: 311 South 4th St, Gadsden, Alabama 35901 | | | | |
| 41. REGISTRAR: Catherine Molchan Donald | | | 42. DATE FILED: May 7, 2015 | |

### CAUSE OF DEATH

| 43. PART I. DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED DEATH | | INTERVAL |
|---|---|---|
| IMMEDIATE CAUSE | A. Lung Cancer | Unknown |
| UNDERLYING CAUSE | DUE TO (OR AS A CONSEQUENCE OF): B. | |
| | DUE TO (OR AS A CONSEQUENCE OF): C. | |
| | DUE TO (OR AS A CONSEQUENCE OF): D. | |

44. PART II. OTHER SIGNIFICANT CONDITONS CONTRIBUTING TO DEATH

| 45. MANNER OF DEATH | 46. PREGNANCY IN LAST 42 DAYS | 47. AUTOPSY | 48. FINDINGS CONSIDERED | 49. DATE AND TIME OF INJURY |
|---|---|---|---|---|
| Natural Cause | No | Unk | | |

50. HOW INJURY OCCURRED

| 51. INJURY AT WORK | 52. PLACE OF INJURY | 53. LOCATION OF INJURY |
|---|---|---|
| | | |

ADPH HS E3/REV 07-10

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2015-253-574-2

May 14, 2015

Catherine M. Donald
Catherine Molchan Donald
State Registrar of Vital Statistics

Collective Exhibit IIG

TYPE/PRINT IN PERMANENT BLACK INK

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CF

# STATE OF MICHIGAN
## DEPARTMENT OF COMMUNITY HEALTH
## CERTIFICATE OF DEATH

STATE FILE NUMBER 3220830

For use by physician or institution

**DECEDENT**

1. DECEDENT'S NAME (First, Middle, Last): Artie M. Johnson
2. DATE OF BIRTH (Month, Day, Year): Aug. 8, 1936
3. SEX: Female
4. DATE OF DEATH (Month, Day, Year): May 19, 2010
5. NAME AT BIRTH OR OTHER NAMES USED FOR PERSONAL BUSINESS (Include AKA's if any): Artie M. Watson
6a. AGE - Last Birthday (Years): 73
6b. UNDER 1 YEAR: MONTHS / DAYS
6c. UNDER 1 DAY: HOURS / MINUTES
7a. LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c) HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number and zip code): Providence Hospital
7b. CITY, VILLAGE, OR TOWNSHIP OF DEATH: Southfield
7c. COUNTY OF DEATH: Oakland
8a. CURRENT RESIDENCE - STATE: Michigan
8b. COUNTY: Wayne
8c. LOCALITY (check the box that describes the location): [X] CITY OR VILLAGE [ ] TOWNSHIP [ ] UNINCORPORATED PLACE (Inside limits of): Detroit
8d. STREET AND NUMBER (Include Apt. No. if applicable): 18946 Cherrylawn
8e. ZIP CODE: 48221
9. BIRTHPLACE (City and State or Country): Nashville ,Tennessee
10. SOCIAL SECURITY NUMBER: [redacted]
11. DECEDENT'S EDUCATION - What is the highest degree or level of school completed at the time of death?: 2Years College
12. RACE - American Indian, White, Black, etc. (If Asian, give nationality, i.e. Chinese, Filipino, Asian Indian, etc.) (Enter all that apply): Black
13a. ANCESTRY - Mexican, Cuban, Arab, African, English, French, Dutch, etc. (Enter all that apply.) If American Indian print principal tribe: African American
13b. HISPANIC ORIGIN (Yes or No): NO
14. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? (yes or no): No
15. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Supervisor
16. KIND OF BUSINESS OR INDUSTRY: Insurance
17. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
18. NAME OF SURVIVING SPOUSE (If wife, give name before first married): John Johnson

**PARENTS**

19. FATHER'S NAME (First, Middle, Last): Wallace T. Watson
20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last): Tommie B. Justice

**INFORMANT**

21a. INFORMANT'S NAME (Type/Print): John Johnson
21b. RELATIONSHIP TO DECEDENT: Husband
21c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, Zip Code): 18946 Cherrylawn Detroit, Michigan 48221

**DISPOSITION**

22. METHOD OF DISPOSITION (Burial, Cremation, Entombment, Donation, Removal, Storage) (Specify): Burial
23a. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other location): Grandlawn Cemetery
23b. LOCATION - City or Village, State: Detroit, Michigan
24. SIGNATURE OF MORTUARY SCIENCE LICENSEE: Harold A. Murdock
25. LICENSE NUMBER (of Licensee): 4532
26. NAME AND ADDRESS OF FUNERAL FACILITY: Murdock Funeral Home 8033 Puritan Detroit, Michigan 48238

**CERTIFICATION**

27a. CERTIFIER (Check only one):
[X] Certifying Physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated.
[ ] 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.

Signature and Title: Mochanid Talia MD
27b. DATE SIGNED (Mo. Day. Yr.): 5-24-2010
27c. LICENSE NUMBER: 1430058289
28a. ACTUAL OR PRESUMED TIME OF DEATH: 8:28 A M
28b. PRONOUNCED DEAD ON (Mo. Day Yr.): May 19, 2010
28c. TIME PRONOUNCED DEAD: 8:28 A M
29. MEDICAL EXAMINER CONTACTED? (Yes or No): No
30. PLACE OF DEATH (Home, Hospice, Nursing Home, Hospital, Ambulance) (Specify): Hospital
31. IF HOSPITAL, Inpatient, Outpatient, Emergency Room, DOA (Specify): Inpatient
32. MEDICAL EXAMINER'S CASE NUMBER (If applicable):
33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN (Type or Print): Mochanid Talia 16001 W. 9mile Rd Southfield, Mi 48075
35a. REGISTRAR'S SIGNATURE:
35b. DATE FILED (Month, Day, Year): May 25, 2010

**CAUSE OF DEATH**

36. 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.

If diabetes was an immediate, underlying or contributing cause of death, be sure to record diabetes in either Part I or Part II of the cause of death section, as appropriate.

| | | Approximate Interval Between Onset and Death |
|---|---|---|
| IMMEDIATE CAUSE (Final disease or condition resulting in death) | a. Cardiac Arrythmias | <24 hrs |
| 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 | b. DUE TO (OR AS A CONSEQUENCE OF): | |
| | c. DUE TO (OR AS A CONSEQUENCE OF): | |
| | d. | |

PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I: CAD, ESRD

37. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [X] No [ ] Unknown
38. 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
39. MANNER OF DEATH - Accident, Suicide, Homicide, Natural, Indeterminate or Pending (Specify): Natural
40a. WAS AN AUTOPSY PERFORMED? (Yes or No): No
40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)

**MEDICAL EXAMINER**

41a. DATE OF INJURY (Mo., Day Yr.)
41b. TIME OF INJURY: M
41c. DESCRIBE HOW INJURY OCCURRED
41d. INJURY AT WORK (Yes or No)
41e. PLACE OF INJURY - At home, farm, street, construction site, wooded area, etc. (Specify)
41f. IF TRANSPORTATION INJURY - Driver/Operator, Passenger, Pedestrian, etc. (Specify)
41g. LOCATION - Street or RFD No. / City, Village or Twp. / State

For use by physician or

12. RACE - American Indian, White, Black, etc. (If Alien, give nationality, ie. Chinese, Filipino, Asian Indian, etc.) (Enter all that apply): Black

13a. ANCESTRY - Mexican, Cuban, Asian, African, English, French, Dutch, etc. (Enter all that apply) If American Indian race, enter principal tribe: African American

13b. HISPANIC ORIGIN (Yes or No): NO

14. WAS DECEDENT EVER IN THE U.S. ARMED FORCES (Yes or No): No

15. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Supervisor

16. KIND OF BUSINESS OR INDUSTRY: Insurance

17. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married

18. NAME OF SURVIVING SPOUSE (If wife, give name before first married): John Johnson

PARENTS

19. FATHER'S NAME (First, Middle, Last): Wallace T. Watson

20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last): Tommie B. Justice

INFORMANT

21a. INFORMANT'S NAME (Type/Print): John Johnson

21b. RELATIONSHIP TO DECEDENT: Husband

21c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, Zip Code): 18946 Cherrylawn Detroit, Michigan 48221

DISPOSITION

22. METHOD OF DISPOSITION (Burial, Cremation, Entombment, Donation, Removal, Storage, (Specify)): Burial

23a. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other location): Grandlawn Cemetery

23b. LOCATION - City or Village, State: Detroit, Michigan

24. SIGNATURE OF MORTUARY SCIENCE LICENSEE: Harold D. Murdock

25. LICENSE NUMBER (of Licensee): 4532

26. NAME AND ADDRESS OF FUNERAL FACILITY: Murdock Funeral Home 8033 Puritan Detroit, Michigan 48238

CERTIFICATION

27a. CERTIFIER (Check only one)

[X] Certifying Physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated.

[ ] 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.

Signature and Title: Mochanid Talia MD

28a. ACTUAL OR PRESUMED TIME OF DEATH: 8:28 A M

28b. PRONOUNCED DEAD ON (Mo. Day Yr.): May 19, 2010

28c. TIME PRONOUNCED DEAD: 8:28 A M

29. MEDICAL EXAMINER CONTACTED? (Yes or No): No

30. PLACE OF DEATH (Home, Hospice, Nursing Home, Hospital, Ambulance) (Specify): Hospital

31. IF HOSPITAL, Inpatient, Outpatient, Emergency Room, DOA (Specify): Inpatient

27b. DATE SIGNED (Mo. Day, Yr.): 5-24-2010

27c. LICENSE NUMBER: 1430105289

32. MEDICAL EXAMINER'S CASE NUMBER (If applicable):

33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN (Type or Print): Mochanid Talia 16001 W. 9 mile Rd Southfield, MI 4807[illegible]

35a. REGISTRAR'S SIGNATURE:

35b. DATE FILED (Month, Day, Year): May 25, 2010

CAUSE OF DEATH

36. 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.

If diabetes was an immediate, underlying or contributing cause of death be sure to record diabetes in either Part I or Part II of the cause of death section, as appropriate.

| | | Approximate Interval Between Onset and Death |
|---|---|---|
| a. | Cardiac Arrythmias DUE TO (OR AS A CONSEQUENCE OF) | <24 hr. |
| b. | DUE TO (OR AS A CONSEQUENCE OF) | |
| c. | DUE TO (OR AS A CONSEQUENCE OF) | |
| d. | | |

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

PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I: CAD, ESRD

37. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [X] No [ ] Unknown

38. 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

39. MANNER OF DEATH - Accident, Suicide, Homicide, Natural, Indeterminate or Pending (Specify): Natural

40a. WAS AN AUTOPSY PERFORMED? (Yes or No): No

40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)

MEDICAL EXAMINER

41a. DATE OF INJURY (Mo., Day, Yr.)

41b. TIME OF INJURY: M

41c. DESCRIBE HOW INJURY OCCURRED

41d. INJURY AT WORK (Yes or No)

41e. PLACE OF INJURY - At home, farm, street, construction site, wooded area, etc. (Specify)

41f. IF TRANSPORTATION INJURY - Driver/Operator, Passenger, Pedestrian, etc. (Specify)

41g. LOCATION - Street or RFD No. | City, Village or Twp | State

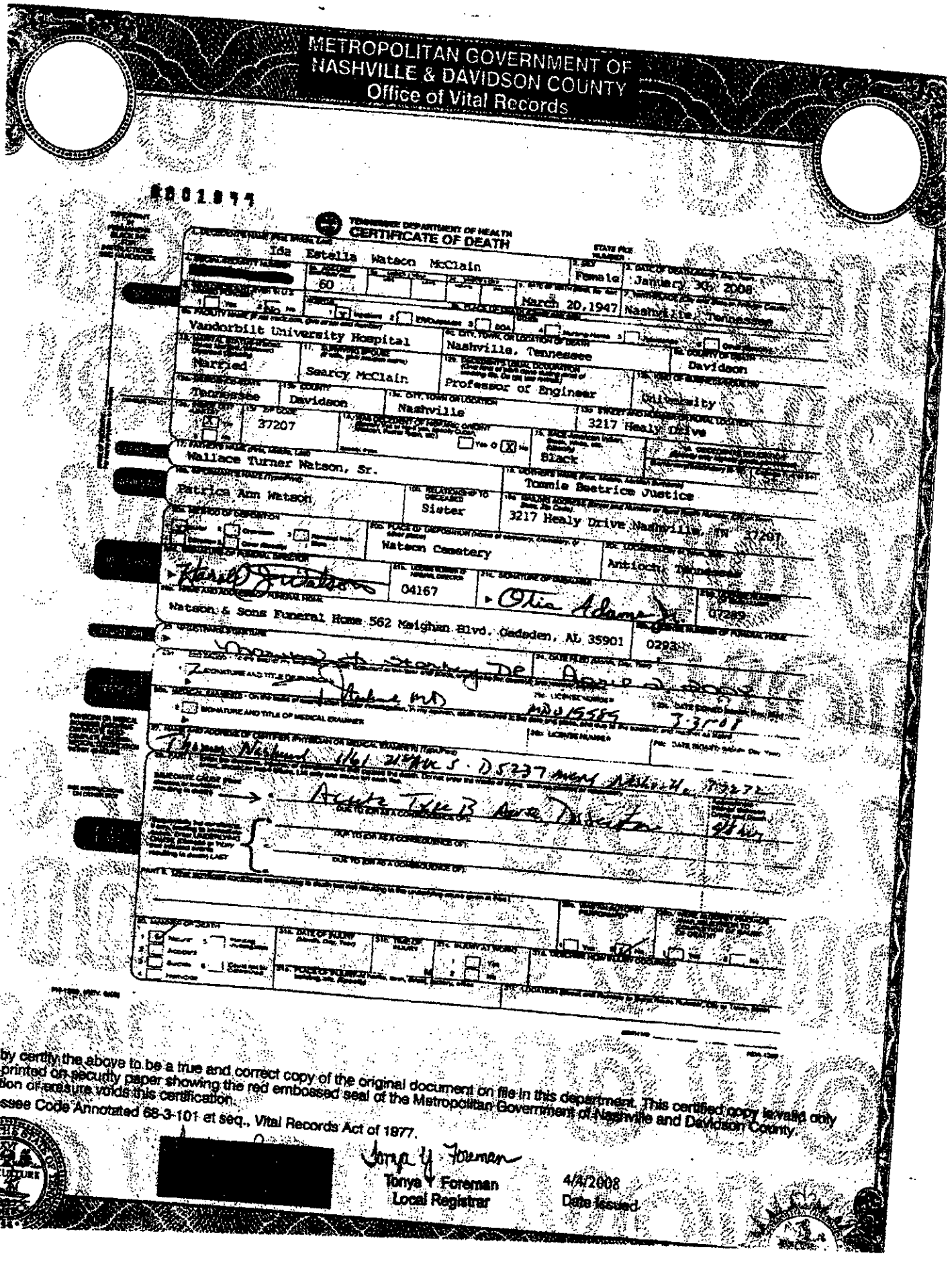
DCH-0485 10/03

I, Nancy L. M. Banks, the duly elected and qualified City Clerk for the City of Southfield, County of Oakland, State of Michigan, do hereby certify that the foregoing is a true and correct copy of the original document on file in the City Clerk's Office in the City of Southfield, Michigan.

Nancy L. M. Banks

Nancy L. M. Banks, City Clerk

Collective Exhibit IIL




I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only if printed on security paper showing the red embossed seal of the Metropolitan Government of Nashville and Davidson County. Any alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

[redacted]

Tonya Y. Foreman
Local Registrar

4/4/2008
Date Issued