THIS DOCUMENT PREPARED BY:

Barbara J. Moss
Elder Law of Nashville PLC
4525 Harding Pike, Suite 200
Nashville, TN 37205

OWNER: **Tierra Garrison-Boykins**
c/o Joan Boykins, Conservator
4982 Edmonson Pike, Apt. A4a
Nashville, TN 37211

Parcel ID: Tax Map 161 04 0 086.00

Bill Garrett Davidson County
Batch# 88885 **AFFIDAVITH**
05/04/2018 03:27:45 PM 2 pgs
Fees: $12.00 Taxes: $0.00



20180504-0043000

SEND TAX NOTICE TO: Same

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The undersigned, Joseph Vantrease, being duly sworn, deposes and says:

Tivvis Brockmeir Garrison, a resident of Davidson County, Tennessee, Tivvis died on February 3, 2018 (death certificate attached). Decedent was not married at the time of her death. Decedent is survived by her only child, Tierra Garrison-Boykins. There are no other heirs at law.

The undersigned knew Tivvis Garrison for 3 years as a coworker and as such is therefore personally familiar with the Decedent's family and marital situation.

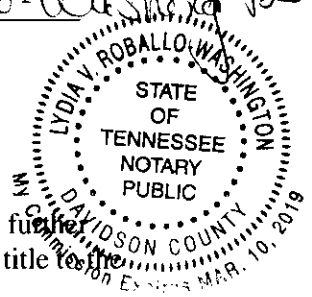
Joseph Vantrease

BEFORE me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared affiant, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person described in the foregoing, who signed the foregoing instrument in my presence, and who, upon oath, acknowledged that he/she executed the foregoing instrument for the purposes therein contained as his/her free act and deed.

IN WITNESS, WHEREOF, I have hereunto set my hand affixed my seal at my office in said County, on this 9 day of April, 2018.

Notary Public

My Commission Expires: March 10, 2019



T.C.A. § 67-4-409(a)(3)(D) exempts this instrument from tax and T.C.A. § 67-4-409(a)(5) further provides the valuation oath is unnecessary, the affidavit being used to evidence transfer of title to the property to beneficiaries.

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 008224

DECEDENT

1. DECEDENT'S LEGAL NAME: TIVVIS D GARRISON
2. SEX: FEMALE
3. DATE OF DEATH: 02/03/2018 -FOUND
4. TIME OF DEATH (24-hr): 05:40 PM
5a. AGE: 47
5b. UNDER 1 YEAR — Months / Days:
5c. UNDER 1 DAY — Hours / Minutes:
6. DATE OF BIRTH: 03/03/1970
7. BIRTHPLACE: RIPLEY, TENNESSEE

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH: DECEDENT'S HOME
8b. FACILITY NAME: 3708 COBBLE STREET
8c. CITY OR TOWN: NASHVILLE
8d. COUNTY OF DEATH: DAVIDSON
9. MARITAL STATUS: NEVER MARRIED
10. SURVIVING SPOUSE (name prior to first marriage):
11a. DECEDENT'S USUAL OCCUPATION: OPERATION MANAGER
11b. KIND OF BUSINESS/INDUSTRY: HMS
12. SOCIAL SECURITY NUMBER: [redacted]-0851
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY OR TOWN: NASHVILLE
13d. STREET AND NUMBER: 3708 COBBLE STREET
13e. INSIDE CITY LIMITS?: YES
13f. ZIP CODE: 37207
14. WAS DECEDENT EVER IN US ARMED FORCES?: NO
15. DECEDENT'S EDUCATION: BACHELOR'S DEGREE
16. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO
17. DECEDENT'S RACE: BLACK OR AFRICAN AMERICAN

PARENT

18. FATHER'S NAME: SAMMIE GENE GARRISON
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: HATTIE FRANK MALONE

INFORMANT

20a. INFORMANT'S NAME: NATTIE GARRISON
20b. RELATIONSHIP TO DECEDENT: MOTHER
20c. MAILING ADDRESS: 2049 HIGHWAY 19 E RIPLEY, TENNESSEE 38063

DISPOSITION

21a. METHOD OF DISPOSITION: BURIAL
21b. PLACE OF DISPOSITION: CANFIELD CEMETERY
21c. LOCATION: RIPLEY, TENNESSEE
22a. SIGNATURE OF FUNERAL DIRECTOR: /s/ TERRELL ANDRE BROADY
22b. LICENSE NUMBER: 4009
22c. SIGNATURE OF EMBALMER: /s/ Terrell Andre Broady
22d. LICENSE NUMBER: 4117
23a. NAME AND ADDRESS OF FUNERAL HOME: TERRELL BROADY FUNERAL HOME, INC. 3855 CLARKSVILLE PIKE, NASHVILLE, TENNESSEE 37218-2219
23b. LICENSE NUMBER: 1137

REGISTRAR

24. REGISTRAR'S SIGNATURE: /s/ EDWARD G. BISHOP III
25. DATE FILED: 02/15/2018

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: /s/ MIGUEL A LABOY M.D.
27b. LICENSE NUMBER: 41863
27c. DATE SIGNED: 02/06/2018
27d. NAME AND ADDRESS: MIGUEL A LABOY M.D. 850 R S GASS BLVD, NASHVILLE, TENNESSEE 37216-2460

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) →	a. GUNSHOT WOUNDS TO HEAD AND LEFT HAND	
Sequentially list conditions, if any, leading to the cause stated 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): b.	
	DUE TO (OR AS A CONSEQUENCE OF): c.	
	DUE TO (OR AS A CONSEQUENCE OF): d.	

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

28a. WAS AN AUTOPSY PERFORMED?: YES
28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?: YES

30. MANNER OF DEATH: HOMICIDE
31. DID TOBACCO USE CONTRIBUTE TO DEATH?: NO
32. IF FEMALE: UNKNOWN IF PREGNANT WITHIN PAST YEAR
33. IF TRANSPORTATION INJURY, SPECIFY:
34a. DATE OF INJURY: 99/99/9999
34b. TIME OF INJURY: UNKNOWN
34c. INJURY AT WORK?: NO
34d. PLACE OF INJURY: RESIDENCE
34e. DESCRIBE HOW INJURY OCCURRED: SHOT BY OTHER(S)
34f. LOCATION OF INJURY: 3708 COBBLE STREET, NASHVILLE, TN

TH-1650 (Rev. 5-2017) RDA 10112

09889676

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.

Edward G. Bishop III
State Registrar

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

0 9 8 8 9 6 7 6

Date Issued
MAR 05 2018

CERTIFICATION OF VITAL RECORD