Bill Garrett Davidson County
Batch# 93029 AFFIDAVITH
05/16/2018 11:01:44 AM 3 pgs
Fees: $17.00 Taxes: $0.00
20180516-0046693

AFFIDAVIT OF HEIRSHIP

STATE OF Tennessee
COUNTY OF Davidson

PERSONALLY APPEARED BEFORE ME, Joseph E. Burrough III, who being duly sworn, deposes and says:

1. I am a citizen and resident of the Commonwealth of Virginia and am over the age of 18 years and am competent to give this affidavit.

2. On February 8, 2018, I qualified in the Davidson County Probate Court as the Personal Representative of the Estate of Mary Hood Burrough, who died intestate on January 19, 2018.

3. Mary Hood Burrough was, at the time of her death, seized of real property located in Davidson County, Tennessee, and more commonly known as 1090 General George Patton Road, Nashville, TN 37221.

4. I am the brother and sole heir of Mary Hood Burrough.

5. FURTHER THE AFFIANT SAYETH NOT.

Joseph E. Burrough, III
Joseph E. Burrough III

SWORN TO before me this
15th day of May, 2018.

Melissa Bailey
Notary Public in and for
the State of Tennessee
Melissa Bailey
Printed Name of Notary Public
My Commission Expires: 09·07·2020

This Instrument Prepared By:
Jennifer R. Parham, Esq.
Spotts Fain PC
411 E. Franklin Street, Suite 600
Richmond, VA 23219

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 002606

DECEDENT — TYPE/PRINT IN PERMANENT BLACK INK — NAME OF DECEDENT - First, Middle or Maiden, Last

1. DECEDENT'S LEGAL NAME: MARY HOOD BURROUGH				2. SEX: FEMALE	3. DATE OF DEATH: 01/19/2018
4. TIME OF DEATH (Approx): 17:23	5a. AGE: 65	5b. UNDER 1 YEAR: Months / Days	5c. UNDER 1 DAY: Hours / Minutes	6. DATE OF BIRTH: 09/28/1952	7. BIRTHPLACE: RICHMOND, VIRGINIA
8a. PLACE OF DEATH: HOSPICE FACILITY					
8b. FACILITY NAME: ALIVE HOSPICE		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: SCHEDULING		11b. KIND OF BUSINESS/INDUSTRY: MEDICAL
12. SOCIAL SECURITY NUMBER: 224-80-2665	13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE		13b. COUNTY: DAVIDSON		13c. CITY OR TOWN: NASHVILLE
13d. STREET AND NUMBER: 1090 GENERAL GEORGE PATTON RD.		13e. INSIDE CITY LIMITS?: YES	13f. ZIP CODE: 37221		14. WAS DECEDENT EVER IN US ARMED FORCES?: NO
15. DECEDENT'S EDUCATION: ASSOCIATE DEGREE	16. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO		17. DECEDENT'S RACE: WHITE		

PARENTS

18. FATHER'S NAME: JOSEPH EDGAR BURROUGH JR.	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: NELL HARRIS

20a. INFORMANT'S NAME: JOSEPH EDGAR BURROUGH III	20b. RELATIONSHIP TO DECEDENT: BROTHER	20c. MAILING ADDRESS: 6221 GLYNDON LN. RICHMOND, VIRGINIA 23225

DISPOSITION

21a. METHOD OF DISPOSITION: CREMATION	21b. PLACE OF DISPOSITION: WEST HARPETH CREMATORY	21c. LOCATION: NASHVILLE, TENNESSEE	
22a. SIGNATURE OF FUNERAL DIRECTOR: /e/ JUSTIN MARSHALL	22b. LICENSE NUMBER: 6268	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
23a. NAME AND ADDRESS OF FUNERAL HOME: HARPETH HILLS MEMORY GARDENS, FUNERAL HOME AND CREMATION CENTER, 9090 HIGHWAY 100, NASHVILLE, TENNESSEE 37221-0242			23b. LICENSE NUMBER: 849

REGISTRAR

24. REGISTRAR'S SIGNATURE: /e/ EDWARD G. BISHOP III	25. DATE FILED: 01/23/2018

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: /e/ ROBERT J BERKOMPAS	27b. LICENSE NUMBER: 017891	27c. DATE SIGNED: 01/23/2018
27d. NAME AND ADDRESS: ROBERT J BERKOMPAS 1718 PATTERSON STREET, NASHVILLE, TENNESSEE 37203		

MEDICAL PERSONNEL

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. COLON CANCER	
	DUE TO (OR A CONSEQUENCE OF) b.	
	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: NATURAL	31. DID TOBACCO USE CONTRIBUTE TO DEATH?: NO	32. IF FEMALE: 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

09828315

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.

JAN 23 2018

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 2 8 3 1 5
Date Issued

CERTIFICATION OF VITAL RECORD

[redacted]HE CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE

(PROBATE DIVISION)

LETTERS OF ADMINISTRATION

TO: **JOSEPH E BURROUGH III** DOCKET NO: **18P165**

*It appearing to the Court that **MARY HOOD BURROUGH** has died leaving no Will, and the Court being satisfied as to your claim to said Administration, you have given Bond pursuant to Order, if required, qualified as directed by law, and the Court having ordered that Letters of Administration be issued to you;*

*THESE ARE, THEREFORE, to authorize and empower you, the said **JOSEPH E BURROUGH III,** to take into your possession and control all the goods, chattels, claims, and papers of the said estate, and to return a true and perfect inventory thereof to this Court; to collect and pay all debts, and to do and transact all the duties in relation to said estate, and to deliver the residue thereof to those who are by law entitled.*

*WITNESS, Richard R. Rooker, Clerk of the Probate Court, at office, this **February 8th, 2018** .*

RICHARD R. ROOKER, Clerk

D.C.

STATE OF TENNESSEE)

DAVIDSON COUNTY)

I, RICHARD R. ROOKER, Clerk of the Probate Court, do hereby certify that the foregoing is a full, true and perfect copy of the Letters of Administration issued to **JOSEPH E BURROUGH III** as **Administrator** of the estate of **MARY HOOD BURROUGH**, deceased, and I do further certify that **JOSEPH E BURROUGH III** is still acting as Administrator of the estate, and all acts as such are entitled to full faith and credit, as it appears from the official record in my office in Nashville, Tennessee, this the 8th day of February, 2018.

RICHARD R. ROOKER, Clerk

D.C.