Bill Garrett Davidson County
Batch# 104553 AFFIDAVITH
06/14/2018 09:21:44 AM 3 pgs
Fees: $17.00 Taxes: $0.00
20180614-0057064

This Instrument Prepared By and Return To:
Goodman Callahan Blackstone, PLLC
209 10Th Ave. South, Suite 432
Nashville, TN 37203
615-823-1928

AFFIDAVIT OF HEIRSHIP

I, **Norma Evelyn Fry**, hereinafter referred to as Affiant, being first duly sworn, makes oath as follows:

1. That Affiant presently resides at the following address:
1410 Janie Avenue, Nashville, TN 37216

2. That Affiant personally knew **Floyd M. Fry**, hereinafter referred to as the Decedent.

3. That the Decedent died intestate on April 30, 2018 and was at that time a resident of the State of Tennessee.

4. At the time of Decedent's death, he owned real property located at:
1410 Janie Avenue, Nashville, TN 37216

5. That the Decedent was married to **Norma Evelyn Fry**, affiant, at the time of his death.

6. That all of the children born to or adopted by Decedent during the Decedent's lifetime are: **Floyd E. Fry Jr., Lloyd Fry, Judy DePriest, George Fry, Kim Copeland, Tina Fry, Vicky Denney, Lisa Blackburn, and Tracy Lineberger.**

7. That the following persons constitute, as of the date of his death, all of the heirs-at-law of the Decedent: **Norma Eveyln Fry, Floyd E. Fry Jr., Lloyd Fry, Judy DePriest, George Fry, Kim Copeland, Tina Fry, Vicky Denney, Lisa Blackburn, and Tracy Lineberger.**

8. Additional information, if any, either known or understood to be true by Affiant:
Heirs-at-law Names and Addresses:

Norma Evelyn Fry	**1410 Janie Avenue, Nashville, TN 37216**
Floyd E. Fry, Jr.	**109 McCurdy Rd., White House, TN 37188**
Lloyd Fry	**404 Churchill Crossing, Madison, TN 37115**
Judy DePriest	**4345 Cross Plains Rd., White House, TN 37188**
George Fry	**2687 Dick Farmer Rd., Cedar Hill, TN 37032**
Kim Copeland	**414 Ridgecrest Ln., Lebanon, TN 37087**
Tina Fry	**552 Thomas Jefferson Cir., Madison, TN 37115**
Vicky Denney	**P.O. Box 344, Dover, TN 37058**
Lisa Blackburn	**805 Stalcup Ct., Franklin, TN 37064**
Tracy Lineberger	**416 Landings Way, Mount Juliet, TN 37122**

FURTHER AFFIANT SAITH NOT.

Norma Evelyn Fry
Affiant

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

Before me, the undersigned, a Notary Public in and for the State and County aforesaid, personally appeared the within named Affiant, NORMA EVELYN FEY, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), who made oath that the statements contained in the foregoing affidavit are true of Affiant's own knowledge.

WITNESS my hand and official seal at NASHVILLE (city), TN (state) this 23 day of MAY, 2018.

Notary Public

My Commission expires: 03.08.2022

KENNETH M. HILL-WRIGHT
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

My Commission Expires Mar. 8, 2022

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 024563

DECEDENT — TYPE/PRINT IN PERMANENT BLACK INK. NAME OF DECEDENT — First, Middle, Last, Suffix (If any)

1. DECEDENT'S LEGAL NAME: FLOYD M. FRY			2. SEX: MALE	3. DATE OF DEATH: 04/30/2018
4. TIME OF DEATH (Approx.): 05:05 PM	5a. AGE: 86	5b. UNDER 1 YEAR: Months / Days	5c. UNDER 1 DAY: Hours / Minutes	6. DATE OF BIRTH: 12/12/1931
7. BIRTHPLACE: DONELSON, TENNESSEE				
8a. PLACE OF DEATH: HOSPICE FACILITY				
8b. FACILITY NAME: ALIVE HOSPICE AT SKYLINE - MADISON	8c. CITY OR TOWN: NASHVILLE		8d. COUNTY OF DEATH: DAVIDSON	
9. MARITAL STATUS: MARRIED	10. SURVIVING SPOUSE (name prior to first marriage): NORMA JOHNSON	11a. DECEDENT'S USUAL OCCUPATION: SUPERVISOR	11b. KIND OF BUSINESS/INDUSTRY: PUBLIC WORKS	
12. SOCIAL SECURITY NUMBER: -3712	13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE	13b. COUNTY: DAVIDSON	13c. CITY OR TOWN: NASHVILLE	
13d. STREET AND NUMBER: 1410 JANIE AVE	13e. INSIDE CITY LIMITS?: YES	13f. ZIP CODE: 37216	14. WAS DECEDENT EVER IN US ARMED FORCES?: NO	
15. DECEDENT'S EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED	16. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO	17. DECEDENT'S RACE: WHITE		

PARENTS

18. FATHER'S NAME: GEROGE M. FRY	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: JO GIBSON

20a. INFORMANT'S NAME: JUDY DEPRIEST	20b. RELATIONSHIP TO DECEDENT: DAUGHTER	20c. MAILING ADDRESS: 4345 CROSS PLAINS RD. WHITEHOUSE, TENNESSEE 37188

DISPOSITION

21a. METHOD OF DISPOSITION: BURIAL	21b. PLACE OF DISPOSITION: FOREST LAWN MEMORIAL GARDENS	21c. LOCATION: GOODLETTSVILLE, TENNESSEE

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ /e/ ROBERT E FUQUA	22b. LICENSE NUMBER: 6060	22c. SIGNATURE OF EMBALMER: ▶ /e/ Dawn Renee' Everett	22d. LICENSE NUMBER: 6024
23a. NAME AND ADDRESS OF FUNERAL HOME: FOREST LAWN FUNERAL HOME, 1150 S DICKERSON RD. GOODLETTSVILLE, TENNESSEE 37072			23b. LICENSE NUMBER: 927

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ /e/ EDWARD G. BISHOP III	25. DATE FILED: 05/04/2018

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/ MIGUEL A. LABOY, M.D.	27b. LICENSE NUMBER: 41863	27c. DATE SIGNED: 05/03/2018
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) 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. COMPLICATIONS AND EXACERBATIONS OF NATURAL CHRONIC DISEASE	
	DUE TO (OR A CONSEQUENCE OF)	
	b. RIGHT HIP FRACTURE	
	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: CHRONIC OBSTRUCTIVE PULMONARY DISEASE, CORONARY ARTERY DISEASE, HYPERTENSION

29a. WAS AN AUTOPSY PERFORMED?: NO
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?:

30. MANNER OF DEATH: ACCIDENT	31. DID TOBACCO USE CONTRIBUTE TO DEATH?: UNKNOWN	32. IF FEMALE: N/A		
33. IF TRANSPORTATION INJURY, SPECIFY:	34a. DATE OF INJURY: 04/20/2018	34b. TIME OF INJURY: UNKNOWN	34c. INJURY AT WORK?: NO	34d. PLACE OF INJURY: RESIDENCE
	34e. DESCRIBE HOW INJURY OCCURRED: FALL		34f. LOCATION OF INJURY: 1410 JANIE AVENUE, NASHVILLE, TN	

PH-1659 (Rev. 8/2017)

MAY 04 2018

10054828

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

10054828
Date Issued

CERTIFICATION OF VITAL RECORD