Bill Garrett Davidson County
Batch# 113062 AFFIDAVITH
07/06/2018 10:28:18 AM 3 pgs
Fees: $17.00 Taxes: $0.00
20180706-0065521

This Instrument Prepared By and Return To:
Rudy Title and Escrow, LLC
2012 21st Avenue South
Nashville, TN 37212
615-383-2903

AFFIDAVIT OF HEIRSHIP

I, Rev James Davis, hereinafter referred to as Affiant, being first duly sworn, make oath as follows:

1. That Affiant presently resides at the following address:
420 Weakley Ave Nashville, TN 37207

2. That Affiant personally knew **ATHERINE S. MAYES**, hereinafter referred to as Decedent, and has personal knowledge of the family of the Decedent.

3. That Affiant knew that at date of death, said Decedent had ownership in the following described real estate in Davidson County, Tennessee:
1309 & 1313 Katie Ave Nashville, TN 37207

4. That Decedent died intestate on 12/19/2017 and was at that time a resident of Davidson County, State of Tennessee.

5. That Decedent was unmarried at the time of her death.

6. That the children born to or adopted by Decedent during the Decedent's lifetime are: **ANDREA E. BROWNE.**

7. That the following persons constitute, as of the date of execution of this affidavit, all of the heirs-at-law of Decedent: **ANDREA E. BROWNE**

9. Additional information, if any, either known or understood to be true by Affiant:

FURTHER AFFIANT SAITH NOT.

Rev James C. Davis
7/6/18, Affiant

ADRIC LANE NOTARY PUBLIC STATE OF TENNESSEE DAVIDSON COUNTY

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, Rev James C. Davis, 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 this the 6 day of July, ~~2015~~ 2018.

Adric Lane
Notary Public

My Commission expires: 8-4-20

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): William Walker Mayes
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): September 26, 2014
4. TIME OF DEATH (Approx.): 6:05pm
5a. AGE-Last Birthday (Years): 84
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): May 3, 1930
7. BIRTHPLACE (City and State or Foreign Country): Columbia, Tennessee

TYPEPRINT IN PERMANENT BLACK INK

9. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
8a. PLACE OF DEATH (Check only one): IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing home/Long term care facility ☒ Decedent's home ☐ Other residence ☐ Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): 1309 Kate Avenue
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

8. MARITAL STATUS: ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Atherine Seats
11a. DECEDENT'S USUAL OCCUPATION: Laborer
11b. KIND OF BUSINESS/INDUSTRY: Domestic

12. SOCIAL SECURITY NUMBER: 410-50-7607
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville

13d. STREET AND NUMBER: 1309 Kate Avenue
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37207
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

NAME OF DECEDENT (For use by Physician or Institution)

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death):
☒ 8th grade or less
☐ 9th – 12th grade; no diploma
☐ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA,MS,MEng,MEd,MSW,MBA)
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
☐ Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino):
☒ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino (Specify)
☐ Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be):
☐ White
☒ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe)
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian (Specify)
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify)
☐ Other (Specify)
☐ Unknown

PARENTS

18. FATHER'S NAME (First, Middle, Last): Horace Mayes
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Conelious Fryson

DISPOSITION

20a. INFORMANT'S NAME: Andrea Brown
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1309 Kate Ave., Nashville, Tn. 37207

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Greenwood Cemetery North
21c. LOCATION - City or Town and State: Nashville, Tennessee

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Terrell Broady
22b. LICENSE NUMBER: 4009
22c. SIGNATURE OF EMBALMER: ▶ Terrell Broady
22d. LICENSE NUMBER: 4117

23a. NAME AND ADDRESS OF FUNERAL HOME: Terrell Broady Funeral Home, Inc., 3855 Clarksville Pike, Nashville, Tn. 37218
23b. LICENSE NUMBER OF FUNERAL HOME: 1137

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Mildred Edwards DR
25. DATE FILED (Month, Day, Year): October 2, 2014

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

26. CERTIFIER (Check only one):
26a. ☒ PHYSICIAN - To the best of my knowledge, death occurred at the date 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, and place, and due to the cause(s) and manner stated.

27a. SIGNATURE OF CERTIFIER: ▶ Anh Meadows
27b. LICENSE NUMBER: 45572
27c. DATE SIGNED (Month, Day, Year): 10/2/2014
27d. NAME AND ADDRESS OF CERTIFIER (If other than person in item 27a): Anh T. Meadows, M.D. 1718 Patterson Street, Nashville, TN 37203

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. MULTIPLE MYELOMA
Due to (or as a consequence of)
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.

Approximate Interval: Onset to death

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
END-STAGE RENAL DISEASE

29a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☐ No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No

30. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown
32. 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 ☐ Unknown if pregnant within the past year

33. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? ☐ Yes ☐ No
34d. PLACE OF INJURY – at home, farm, street, factory, office, building, etc. (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

PH-1650 (Rev. 10/2011) RDA 1369

7468776

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.

Teresa S. Hendricks
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

7468776
Date Issued

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2017 120627

DECEDENT — TYPE/PRINT PERMANENT BLACK INK — NAME OF DECEDENT (No. use I.D. Prefixes or Initials)

1. DECEDENT'S LEGAL NAME: ATHERINE MAYES					2. SEX: FEMALE	3. DATE OF DEATH: 12/19/2017
4. TIME OF DEATH (Approx.): UNKNOWN	5a. AGE: 89	5b. UNDER 1 YEAR: Months / Days	5c. UNDER 1 DAY: Hours / Minutes	6. DATE OF BIRTH: 12/23/1927	7. BIRTHPLACE: NASHVILLE, TENNESSEE	
8a. PLACE OF DEATH: DECEDENT'S HOME						
8b. FACILITY NAME: 1309 KATIE AVE.		8c. CITY OR TOWN: NASHVILLE			8d. COUNTY OF DEATH: DAVIDSON	
9. MARITAL STATUS: WIDOWED	10. SURVIVING SPOUSE (name prior to first marriage)		11a. DECEDENT'S USUAL OCCUPATION: SECURITY		11b. KIND OF BUSINESS/INDUSTRY: SUNDAY SCHOOL PUBLISHING BOARD	
12. SOCIAL SECURITY NUMBER: 410-38-8247	13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE		13b. COUNTY: DAVIDSON		13c. CITY OR TOWN: NASHVILLE	
13d. STREET AND NUMBER: 1309 KATIE AVE.		13e. INSIDE CITY LIMITS?: YES	13f. ZIP CODE: 37207		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: BLACK OR AFRICAN AMERICAN			

PARENTS

18. FATHER'S NAME: LONNIE SEATS	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: EMMA ELEM

DISPOSITION

20a. INFORMANT'S NAME: ANDREA BROWNE	20b. RELATIONSHIP TO DECEDENT: DAUGHTER	20c. MAILING ADDRESS: 1309 KATIE AVE., NASHVILLE, TENNESSEE 37207
21a. METHOD OF DISPOSITION: BURIAL	21b. PLACE OF DISPOSITION: GREENWOOD CEMETERY WEST	21c. LOCATION: NASHVILLE, TENNESSEE

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ /e/ BYRETTIA LAWRENCE BROADY	22b. LICENSE NUMBER: 5130	22c. SIGNATURE OF EMBALMER: ▶ /e/ 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: ▶ /e/ LORI FERRANTI	25. DATE FILED: 01/05/2018

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/ HARRY J BONNAIRE	27b. LICENSE NUMBER: 020429	27c. DATE SIGNED: 01/04/2018
27d. NAME AND ADDRESS: HARRY J BONNAIRE 807 DUE WEST AVE STE 102, MADISON, TENNESSEE 37115		

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. END STAGE OF DEMENTIA	
	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:	
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) ROA 10112

09707331

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 05 2018

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

Lori B. Ferranti, PhD, MSN, MBA, RN
State Registrar/Asst. Commissioner

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

09707331
Date Issued

GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

CERTIFICATION OF VITAL RECORD