Karen Y Johnson Davidson County
Batch# 157266 AFFIDAVITH
11/07/2018 09:26:15 AM 13 pgs
Fees: $67.00 Taxes: $0.00
20181107-0110225

This Instrument Prepared By:
BONE MCALLESTER NORTON PLLC
100 Bluegrass Commons Blvd, Suite 2370
Hendersonville, Tennessee 37075
615.822.8822

Owners: Jarvis J. Neely and Evelyn Michelle Martin
Send tax notice to: 105 McBratney Drive
Hendersonville, TN 37075

Map No.: 29
Parcel No.: 1641

AFFIDAVIT OF INHERITANCE (REAL ESTATE)

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The undersigned, being duly sworn, deposes and says:

The undersigned, being duly sworn, deposes and says: Ray Odell Boner a resident of Davidson County, State of Tennessee, who died February 13, 2016 as evidenced by a copy of the death certificate attached as Exhibit A, held fee simple interest in the following described real estate:

Being the south 5.15 acres of land of Mrs. Francis Orand Tract of approximately 20 acres of land located on the east side of John Forte Road in the 14th Civil District of said County, described according to a survey made by C.J. Carney, Surveyor, dated January 4, 1958, as follows:

BEGINNING at a pin in the easterly line between the Orand and the Cathroot Property, said pin being 395 feet north from the southeast corner of Orand Property; thence following the westerly line of the Cathroot Property and the easterly line of the Orand Property, south 16° west 395 feet to a pin; thence along the north line of the Dugger Property, north 38° 45' west 528 feet to a pin; thence north along the easterly line of the Casper Aita Property, north 1° 30' east 379 feet to a pin in the center of John Forte Road; thence east 640 feet to a pin and the point of beginning, the said last line from said pin and point of beginning is north 88° 30' west 640 feet to the pine mentioned above in the center of John Forte Road.

BEING the same property conveyed to Ray Odell Boner and wife Willie Mai Boner (Willie Mai Boner died on March 2, 2002) by deed from Ernest Anderson and wife, Goldie Anderson, as of record in Book 4023, page 249, said Register's Office.

This is improved property, known as: 3652 Forte Road, Joelton, TN 37080.

SUBJECT TO Governmental zoning and subdivision ordinances or regulations in effect thereon.

REFERENCE is made to prior title recorded in Book 4023, Page 249 in the Register's Office of Davidson County, Tennessee.

Jarvis J. Neely and Evelyn Michelle Hulsey (a/k/a Evelyn Michele Martin) each received a one-half undivided interest in the real estate described above by virtue of:

Being the beneficiaries of the real estate under the provisions of the decedent's Will, probated in the Seventh Circuit Court of Davidson County, State of Tennessee, Case No. 18P1770.

There are no debts or encumbrances remaining that are or might become a lien on the interest in the described real estate.

THE ABOVE LEGAL DESCRIPTION IS THE SAME AS THAT CONTAINED IN THE PREVIOUS DEED OF RECORD. SUBJECT TO ANY AND ALL PLATS, EASEMENTS, RESTRICTIONS AND OTHER MATTERS OF RECORD. THIS AFFIDAVIT OF INHERITANCE IS PREPARED ON INFORMATION PROVIDED BY GRANTORS AND NO EXAMINATION HAS BEEN MADE BY THE PREPARER. PROPERTY IS SUBJECT TO LIENS AND ENCUMBRANCES OF RECORD. THE PREPARER GIVES NO OPINION AS TO TITLE.

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 a beneficiary.

JARVIS J. NEELY, Executor

STATE OF TENNESSEE)
COUNTY OF Sumner)

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared JARVIS J. NEELY, Executor of the Estate of Ray Odell Boner, the within named bargainor, 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, sealed and delivered the foregoing instrument in my presence, and who, upon oath, acknowledged that she executed the forgoing instrument for the purposes therein contained as her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said County, on this 10th day of October, 2018.

Christina Baker
Notary Public

My Commission Expires: 8/17/20



AFFIDAVIT

I hereby swear or confirm that the actual consideration or value, whichever is greater, for this transfer is $0. 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.

Affiant

Subscribed and sworn to before me, this the 10th day of October, 2018.

Notary Public

My commission expires: 8/17/20

CHRISTINA BAKER
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY

EXHIBIT
tabbies
A

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): Ray Odell Boner
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): February 13, 2016
4. TIME OF DEATH (Approx.): 09:00 AM
5a. AGE - Last Birthday (Years): 95
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): September 6, 1920
7. BIRTHPLACE (City and State or Foreign Country): Hermitage, TN

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☒ DOA
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): Golden Living Center
8c. CITY OR TOWN: Springfield
8d. COUNTY OF DEATH: Robertson

9. MARITAL STATUS: ☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never Married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage):
11a. DECEDENT'S USUAL OCCUPATION: Plant Supervisor
11b. KIND OF BUSINESS/INDUSTRY: Carpet Mill
12. SOCIAL SECURITY NUMBER: 8617
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Joelton
13d. STREET AND NUMBER: 3652 Forte Road
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37080
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 decedent considered himself or herself to be)
☒ White
☐ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principle 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): George W. Boner
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Mary Eliza Cook

DISPOSITION

20a. INFORMANT'S NAME: Joe Brown
20b. RELATIONSHIP TO DECEDENT: Nephew
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1104 Morriswood Drive Joelton, TN 37080
21a. METHOD OF DISPOSITION: ☐ Donation ☐ Entombment ☒ Burial ☐ Cremation ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Woodlawn Memorial Park
21c. LOCATION - City or Town, State: Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Timothy W. Nicholson
22b. LICENSE NUMBER: 5316
22c. SIGNATURE OF EMBALMER: ▶ Alanson B. Manley III
22d. LICENSE NUMBER: 4016
23a. NAME AND ADDRESS OF FUNERAL HOME: Austin & Bell Funeral Home, 6316 Hwy 41 A, Pleasant View, TN, 37146
23b. LICENSE NUMBER OF FUNERAL HOME: 1227

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Kimberly R. Brewer, SR
25. DATE FILED (Month, Day, Year): February 17, 2016

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 time, 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 time, date, and place, and due to the cause(s) and manner stated.
27a. SIGNATURE OF CERTIFIER: ▶
27b. LICENSE NUMBER: 14905
27c. DATE SIGNED (Month, Day, Year): 2/17/16
27d. NAME AND ADDRESS: Losnes PO Box 339 Springfield TN 37172

MEDICAL CERTIFICATION

28. PART I. Enter the chains 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. DO NOT ABBREVIATE. Enter only one cause on a line.

		Approximate Interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	cardio pulmonary arrest	minutes
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) b. Due to (or as a consequence of):	coronary artery disease	years
c. Due to (or as a consequence of):		
d. Due to (or as a consequence of):		

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

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)

COPYRIGHT, CAUTION, ANTI-FRAUD PROTECTION RDA 1399

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.

8491456

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

8491456

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued: February 18, 2016

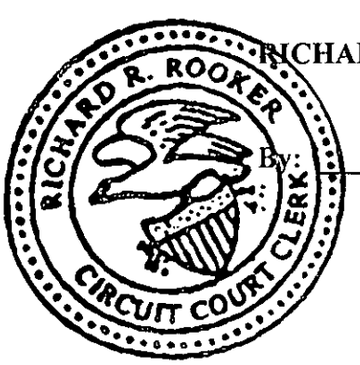
CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE

I, RICHARD R. ROOKER, Clerk of the Circuit Court for Davidson County, do hereby certify that the foregoing is a true and complete copy of the **LAST WILL AND TESTAMENT** heretofore assigned to Seventh Circuit Court (Probate Division) for Davidson County, Tennessee, Case No. **18P1770**.

ESTATE OF RAY O. BONER

IN TESTIMONY WHEREOF, I hereunto subscribe my name and affix the seal of said Court, at office, in Nashville, the 1st day of November in the year Two Thousand and Eighteen.



RICHARD R. ROOKER, Clerk

By: _____
Deputy Clerk

18P1770

FILED
NOV 01 2018
D. Hutchison

Last Will and Testament

LAST WILL AND TESTAMENT OF RAY O. BONER

I, Ray O. Boner, a resident of Davidson County, Tennessee, do make, publish and declare this to be my Last Will and Testament, hereby revoking all Wills by me at any time heretofore made.

ITEM ONE

I direct my Executor, hereinafter named, to pay all of my just debts, funeral expenses and costs of administration as soon as practicable after my death.

ITEM TWO

I give, devise and bequeath all the rest, residue and remainder of my property, real, personal or mixed, and wheresoever situated, to Jarvis J. Neely and Evelyn Michelle Hulsey, equally and absolutely.

ITEM THREE

I nominate and appoint Jarvis J. Neely as the Executor of this my Last Will and Testament, and I expressly waive him making any bond, inventory or final accounting.

I authorize my Executor, herein named, in the exercise of reasonable discretion with respect to all my property, at any time forming part of my Estate, to exercise any and all the powers set forth in Section 35-50-110 of the Tennessee Code Annotated, to the extent applicable, all of which provisions and powers are incorporated herein by reference as fully as if copied herein verbatim.

IN WITNESS WHEREOF, I have hereunto signed my name to this my Last Will and Testament, on this 8 day of January 2007.

Ray O Boner
TESTATOR

The foregoing instrument was signed, published and declared by the said **RAY O. BONER** as and for his Last Will and Testament, in the presence of us, the undersigned, who, at his request, and in his sight and presence, and in the presence of each other have hereunto subscribed our names as attesting witnesses thereto on this _____ day of _____, 2007.

Darnell Wix
(witness)
5852 Youngville Rd
Springfield, Tn 37172
address

Courtney Burchett
(witness)
P.O. Box 12, Adairville Ky. 42202
address

AFFIDAVIT

STATE OF TENNESSEE)
COUNTY OF Robinson)

I, DARNELL WIX after being duly sworn according to law, depose and say:

1. That I am an adult resident of Robinson County, Tennessee.

2. That I am a witness to the Last Will and Testament of Ray O. Boner, dated January 8, 2007, to which this Affidavit is attached, and at the request of the said Ray O. Boner, and in accordance with Tennessee Code Annotated Sec. 32-2-110.

3. That my signature is affixed to said Last Will and Testament of Ray O. Boner, that I signed or affixed the same at the instance and at the request of the Testator and in his presence and in the presence of Courtney Burchett, at the place and on the date of said Last Will and Testament.

4. That the Testator signed said paper writing as and for his Last Will and Testament in my sight and presence.

5. That at the time I witnessed said Last Will and Testament, I was of the opinion that the Testator, Ray O. Boner was of sound mind.

And further affiants saith not.

Darnell Wix

ANGELA T. CHOWNING
STATE OF TENNESSEE NOTARY PUBLIC
ROBERTSON COUNTY

Subscribed and sworn to before me, this the 27 day of September, 2018.

Notary Public

My Commission Expires: 12/21/22

STATE OF TENNESSEE

I, RICHARD R. ROOKER, Clerk of the Circuit Court for Davidson County, do hereby certify that the foregoing is a true and complete copy of the **ORDER FOR MUNIMENT OF TITLE** heretofore assigned to Seventh Circuit Court (Probate Division) for Davidson County, Tennessee, Case No. **18P1770**.

ESTATE OF RAY O. BONER

IN TESTIMONY WHEREOF, I hereunto subscribe my name and affix the seal of said Court, at office, in Nashville, the 1st day of November in the year Two Thousand and Eighteen.

RICHARD R. ROOKER, Clerk

By: _____
Deputy Clerk

TO THE PROBATE MASTER
IN THE SEVENTH CIRCUIT COURT
FOR THE TWENTIETH JUDICIAL DISTRICT OF TENNESSEE,
AT NASHVILLE, PROBATE DIVISION

FILED
NOV 01 2018
By RICHARD R. ROBERTS, Clerk
Deputy

IN RE:

ESTATE OF RAY O. BONER)
)
Deceased.) **No.** 18P1770
)

ORDER OF PROBATE WITHOUT FORMAL ADMINISTRATION

BE IT REMEMBERED, this the 1st day of ~~October~~ NOV., 2018 before the Honorable Special Master, John Manson, a paper writing purporting to be the Last Will and Testament of the deceased, properly executed and duly witnessed by Ray O. Boner, was admitted into Probate as the Last Will and Testament of the deceased.

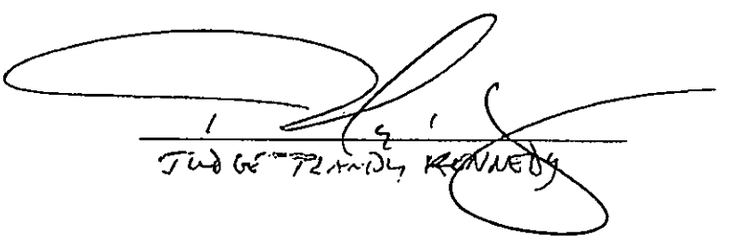
IT APPEARING from the Affidavits or testimony provided that the paper writing was written during the lifetime of the deceased, signed by the witnesses in the presence of and at the request of the deceased, in the presence of each other and as attesting witnesses thereto.

IT FURTHER APPEARING that said instrument was executed by the deceased as and for the Last will and Testament of the deceased, who at the time of execution was of sound mind and disposing memory and whose usual residence was said county, all of which is **ORDERED, ADJUDGED AND DECREED**, by this Court.

IT IS, FURTHER, **ORDERED, ADJUDGED AND DECREED**, that the Last Will and Testament of the deceased shall be admitted into Probate for the express

purpose of establishing a muniment of title to real property only and the Clerk is hereby directed to file and record same.

IT IS, FURTHER, **ORDERED, ADJUDGED AND DECREED**, that the Decedent had no personal estate to administer, therefore, no formal administration shall be required.



TO BE ENTERED:

BONE MCALLESTER NORTON PLLC



William R. Wright, # 4024
100 Bluegrass Commons Blvd, Ste 2370
Bluegrass Commons II
Hendersonville, TN 37075
(615) 780-7977 (direct phone)
(615) 780-7978 (direct fax)
wwright@bonelaw.com

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing was served on the following via first class mail, postage prepaid, this the ____ day of _____, 2018.

Evelyn Michelle Martin
(a/k/a Evelyn Michelle Hulsey)
116 Donald Drive
Smyrna, TN 37167

Jarvis J. Neeley
105 McBratney Drive
Hendersonville, TN 37075

William R. Wright

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

02012 60

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): WILLIE MAI BONER
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): MARCH 02, 2002
4. SOCIAL SECURITY NUMBER (for Decedent): -7955
5a. AGE-LAST BIRTHDAY (Years): 81
6. DATE OF BIRTH (Month, Day, Year): SEPT. 21, 1920
7. BIRTHPLACE (City and State or Foreign Country): HICKMAN COUNTY, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 X No
9a. PLACE OF DEATH (Check only one): 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 X Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 3652 FORTE ROAD
9c. CITY, TOWN, OR LOCATION OF DEATH: JOELTON
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): RAY O'DELL BONER
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): SEWING MACHINE OPERATOR
12b. KIND OF BUSINESS/INDUSTRY: TN TUFFING CO
13a. RESIDENCE-STATE: TN
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: JOELTON
13d. STREET AND NUMBER OR RURAL LOCATION: 3652 FORTE ROAD
CENSUS TRACT
13e. WITHIN CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37080
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes 0 X No
15. RACE-American Indian, Black, White, etc. (Specify): WHITE
16. DECEDENT'S EDUCATION (Check only highest grade completed): Elementary/Secondary (0-12) 10th Gr. College (1-4 or 5+)

PARENTS

17. FATHER'S NAME (First, Middle, Last): WILLIE NEELEY
18. MOTHER'S NAME (First, Middle, Maiden Surname): MAYBELL FERGUSON

INFORMANT

19a. INFORMANT'S NAME (Type/Print): RAY BONER
19b. RELATIONSHIP TO DECEASED: HUSBAND
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3652 FORTE ROAD, JOELTON, TN 37080

DISPOSITION

20a. METHOD OF DISPOSITION: 1 X Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): WOODLAWN MEMORIAL PARK
20c. LOCATION-City or Town, State: NASHVILLE, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ROBERT ANDERSON, JR.
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4342
21c. SIGNATURE OF EMBALMER: STEVE MURPHY
21d. LICENSE NUMBER OF EMBALMER: 4169
22a. NAME AND ADDRESS OF FUNERAL HOME: ANDERSON & GARRETT FUNERAL HOME, 3501 OLD CLARKSVILLE PIKE, P.O. BOX 68, JOELTON, TN 37080
22b. LICENSE NUMBER OF FUNERAL HOME: 193

REGISTRAR

23. REGISTRAR'S SIGNATURE: Robert W. Rhodes Jr
24. DATE FILED (Month, Day, Year): March 12, 2002

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
1 X SIGNATURE AND TITLE OF PHYSICIAN: [signature]
25b. LICENSE NUMBER: 30403
25c. DATE SIGNED (Month, Day, Year): 3/5/02
25a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated.
2 SIGNATURE AND TITLE OF MEDICAL EXAMINER
25b. LICENSE NUMBER
25c. DATE SIGNED (Month, Day, Year)

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): NATALIE R. DICKSON, M.D., 4230 HARDING ROAD, SUITE 400, NASHVILLE, TN 37205

CAUSE OF DEATH

28. 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. Metastatic adenocarcinoma of the lung — 7 mo
DUE TO (OR AS A CONSEQUENCE OF): b.
DUE TO (OR AS A CONSEQUENCE OF): c.
DUE TO (OR AS A CONSEQUENCE OF): d.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.

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

31a. DAY OF INJURY | 31b. TIME OF | 31c. INJURY AT WORK?