THIS DOCUMENT PREPARED BY:

Justin M. Gilbert, Esq.
Music City Estate Law
4525 Harding Pike, Suite 200
Nashville, TN 37205

OWNERS: Joshua Bryant Russell, a minor, and Mark Alexander Bradford

Map & Parcel No.: 94-16 Parcel 4

SEND TAX NOTICE TO: Mark Alexander Bradford
1514 Spence Circle
Nashville, TN 37210

Karen Johnson Davidson County
Batch# 197543 AFFIDAVITH
02/21/2019 02:22:36 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20190221-0015916

AFFIDAVIT OF HEIRSHIP – REAL PROPERTY

STATE OF TENNESSEE)
COUNTY OF Maury)

The undersigned, SANDRA LEE ORR, residing at 2979 Campbellsville Pike, Columbia, Tennessee 38401, a friend of Ruth Merryman Bradford, being duly sworn, deposes and says:

1. I have personal knowledge of the matters stated in this affidavit.

2. On December 10, 2018, Ruth Merryman Bradford (the "Decedent") died at Nashville, Davidson County, Tennessee. Her death certificate is attached.

3. At the time of Decedent's death, she resided at 1514 Spence Circle, Nashville, Tennessee 37210.

4. The estate of Decedent was not supervised in a proceeding supervised by a court.

5. At the time of her death, Ruth Merryman Bradford, owned the following described property:

   Land in Davidson County, Tennessee, being Lot No. 26 on the Map of Spence Circle as of record in Book 1424, page 62, Register's Office for Davidson County, Tennessee.

   Said Lot No. 26 fronts 70 feet on the northerly side of Spence Circle and runs back between parallel lines 233.84 feet to a deadline on the rear.

   Being the same property conveyed to Ruth M. Bradford, unmarried, from Audrey June Russell and Dorothy May McMahon and Richard Thomas Miller by and through Audrey June Russell, their attorney in fact, of record in Book

9772, Page 271, ref 0092753, Register's Office for Davidson County, Tennessee.

This is property with a common address of **1514 Spence Circle , Nashville, TN 37210**

6. The Decedent was unmarried, and survived by two natural children, Mark Alexander Bradford, an adult, and Joshua Bryant Russell, a minor, who now own an undivided interest in the Decedent's real property located at 1514 Spence Circle, Nashville, Tennessee 37210.

Signed this 8th day of Feb, 2019.

Sandra Lee Orr

SANDRA LEE ORR, Affiant

Sworn and subscribed before me this 8th day of February, 2019.

My Commission Expires: May 19, 2021

Trenton Schmidt

Notary Public

TRENTON SCHMIDT
STATE OF TENNESSEE NOTARY PUBLIC
MAURY COUNTY

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 069125

DECEDENT

TYPE/PRINT IN PERMANENT BLACK INK

NAME OF DECEDENT (For use by Physician or Medical Examiner)

1. DECEDENT'S LEGAL NAME			2. SEX	3. DATE OF DEATH
RUTH MERRYMAN BRADFORD			FEMALE	12/10/2018

4. TIME OF DEATH (Approx.)	5a. AGE	5b. UNDER 1 YEAR Months	Days	5c. UNDER 1 DAY Hours	Minutes	6. DATE OF BIRTH	7. BIRTHPLACE
15:40	49					08/03/1969	NASHVILLE, TN

8a. PLACE OF DEATH	8b. FACILITY NAME	8c. CITY OR TOWN	8d. COUNTY OF DEATH
INPATIENT	SAINT THOMAS WEST HOSPITAL	NASHVILLE	DAVIDSON

9. MARITAL STATUS	10. SURVIVING SPOUSE (name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION	11b. KIND OF BUSINESS/INDUSTRY
DIVORCED		BILLING & POSTING	HEALTHCARE

12. SOCIAL SECURITY NUMBER	13a. RESIDENCE-STATE OR FOREIGN COUNTRY	13b. COUNTY	13c. CITY OR TOWN
-3996	TENNESSEE	DAVIDSON	NASHVILLE

13d. STREET AND NUMBER	13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT EVER IN US ARMED FORCES?
1514 SPENCE COURT	YES	37210	NO

15. DECEDENT'S EDUCATION	16. DECEDENT OF HISPANIC ORIGIN?	17. DECEDENT'S RACE
SOME COLLEGE CREDIT, BUT NO DEGREE	NO, NOT SPANISH/HISPANIC/LATINO	WHITE

PARENTS

18. FATHER'S NAME	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE
KENNETH WAYNE MERRYMAN	RETHAL HESTER BOSHERS

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS
DARRELL MERRYMAN	BROTHER	1608 STOKLEY LANE, OLD HICKORY, TN 37138

DISPOSITION

21a. METHOD OF DISPOSITION	21b. PLACE OF DISPOSITION	21c. LOCATION
CREMATION	NASHVILLE CREMATION SERVICE	NASHVILLE, TN

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
▶ /e/ COURTNEY HISE REED	6897	▶	

23a. NAME AND ADDRESS OF FUNERAL HOME	23b. LICENSE NUMBER
HIBBETT AND HAILEY FUNERAL HOME, 429 DONELSON PIKE, NASHVILLE, TN 37214-3556	942

REGISTRAR

24. REGISTRAR'S SIGNATURE	25. DATE FILED
▶ /e/ EDWARD G BISHOP III	12/14/2018

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	27b. LICENSE NUMBER	27c. DATE SIGNED
▶ /e/ CHRISTOPHER SCHMITT	57724	12/14/2018

27d. NAME AND ADDRESS
CHRISTOPHER SCHMITT 4220 HARDING ROAD, NASHVILLE, TN 37205

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. PONTINE AND BASAL GANGLIA INTRACEREBRAL HEMORRHAGE	6 DAYS
	DUE TO (OR A CONSEQUENCE OF)	
	b. HYPERTENSION	
	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?	29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
PNEUMONIA	NO	

30. MANNER OF DEATH	31. DID TOBACCO USE CONTRIBUTE TO DEATH?	32. IF FEMALE:
NATURAL	UNKNOWN	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

TH-1659 (Rev. 8-2017) RDA 10112

10607362

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.

1 0 6 0 7 3 6 2

Edward G. Bishop III
State Registrar

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued DEC 17 2018

CERTIFICATION OF VITAL RECORD