THIS DOCUMENT PREPARED BY:

Cecelia Ann Cooke
300 Sand Ridge Court, Apt 254
Lebanon, OR 97355

NEW OWNERS: Cecelia A. Cooke, 300 Sand Ridge Ct, Apt 254, Lebanon, OR 97355
LeRoy Taylor, 146 Eastside Drive, Brandon, MS 39047
Jerry T. Taylor, 344 Bart Drive, Antioch, TN 37013

Map & Parcel No: 162 03 0 135 00

Address: 344 Bart Drive
Antioch, TN 37013

Karen Johnson Davidson County
Batch# 215142 **AFFIDAVITH**
04/08/2019 12:30:35 PM 4 pgs
Fees: $22.00 Taxes: $0.00



20190408-0031775

SEND TAX NOTICE TO: Cecelia A. Cooke
300 Sand Ridge Ct, Apt 254
Lebanon, OR 97355

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The undersigned, Gail Lesnansky, being duly sworn, deposes and says:

Thomas Ira Taylor died on January 25, 2017, as shown by a copy of his death certificate attached hereto. At the time he died, he was married to Florene Marie Taylor, and they had three children, Cecelia A. Cooke, LeRoy C. Taylor, and Jerry T. Taylor. Thereafter on April 2, 2019, Florene Marie Taylor, as shown by a copy of her death certificate attached hereto, died leaving as heirs three children, Cecelia A. Cooke, LeRoy C. Taylor, and Jerry T. Taylor.

The undersigned is a longtime family friend and next-door neighbor of Thomas Ira Taylor and Florene Marie Taylor and their children, Cecelia A. Cooke, LeRoy C. Taylor, and Jerry T. Taylor, having known them since 1972, and is therefore personally familiar with the Taylors' family and marital history. I currently reside at 340 Bart Drive, Antioch, TN 37013.

This property is known as 344 Bart Drive, Antioch, TN 37013.

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 beneficiaries.

Signed this 08 day of April, 2019.

Gail Lesnansky

Gail Lesnansky

BEFORE me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared affiant, 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 the foregoing instrument in my presence, and who, upon oath, acknowledged that he/she executed the foregoing instrument for the purposes therein contained as his/her free act and deed.

IN WITNESS, WHEREOF, I have hereunto set my hand affixed my seal at my office in said County, on this 8 day of April, 2019.

Bhavini Patel-Ankuda

Notary Public

BHAVINI PATEL-ANKUDA
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

My Commission Expires: My Commission Expires January 6, 2020

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 beneficiaries.

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

PERSONAL

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Thomas Ira Taylor
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): January 25, 2017
4. TIME OF DEATH (Appnt.): 20:45
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): March 27, 1932
7. BIRTHPLACE (City and State or Foreign Country): Adams, Tennessee

TYPEWRITE 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): Alive Hospice Residence
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS: ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Florene Taunton
11a. DECEDENT'S USUAL OCCUPATION: Retired
11b. KIND OF BUSINESS/INDUSTRY: US Air Force
12. SOCIAL SECURITY NUMBER: -9375
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Antioch
13d. STREET AND NUMBER: 344 Bart Drive
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37013
14. WAS DECEDENT EVER IN US ARMED FORCES? ☒ Yes ☐ No

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): Ira Delpher Taylor
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Pauline Whitely

INFORMANT

20a. INFORMANT'S NAME: Florene Taylor
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 344 Bart Drive - Antioch, TN 37013

DISPOSITION

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

7dc + 3VA

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ John Andrew Pavlek
22b. LICENSE NUMBER: 5755
22c. SIGNATURE OF EMBALMER: ▶ Allison Klotz
22d. LICENSE NUMBER: 4856
23a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn Roesch-Patton Funeral Home - 660 Thompson Lane - Nashville, TN 37204
23b. LICENSE NUMBER OF FUNERAL HOME: 933

FINAL DISPOSITION

24. REGISTRAR'S SIGNATURE: ▶ William R. [illegible] DR
25. DATE FILED (Month, Day, Year): 1/31/2017

CERTIFIER

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.

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

27a. SIGNATURE OF CERTIFIER: ▶ [signature] MD
27b. LICENSE NUMBER: 17891
27c. DATE SIGNED (Month, Day, Year): 1/30/17
27d. NAME AND ADDRESS: Robert Berkompas, 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.

		Approximate Interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Chronic obstructive pulmonary disease	
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	Due to (or as a consequence of): b.	
	Due to (or as a consequence of): c.	
	Due to (or as 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? ☐ 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-1639 (Rev. 10/2011) RDA 1389

08991416

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 31 2017

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

089814165
Date Issued

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 018123

DECEDENT — TYPE/PRINT IN PERMANENT BLACK INK

1. DECEDENT'S LEGAL NAME: FLORENE MARIE TAYLOR						2. SEX: FEMALE	3. DATE OF DEATH: 04/02/2019
4. TIME OF DEATH (Approx.): 09:25 PM	5a. AGE: 90	5b. UNDER 1 YEAR: Months / Days		5c. UNDER 1 DAY: Hours / Minutes		6. DATE OF BIRTH: 07/13/1928	7. BIRTHPLACE: HUTTIG, AR
8a. PLACE OF DEATH: NURSING HOME/LONG TERM CARE							
8b. FACILITY NAME: BETHANY HEALTH AND REHAB CENTER		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: INSURANCE CLERK			11b. KIND OF BUSINESS/INDUSTRY: MCCULLOUGH INSURANCE	
12. SOCIAL SECURITY NUMBER: 6733	13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE		13b. COUNTY: DAVIDSON		13c. CITY OR TOWN: ANTIOCH		
13d. STREET AND NUMBER: 344 BART DRIVE		13e. INSIDE CITY LIMITS?: YES	13f. ZIP CODE: 37013		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				

NAME OF DECEDENT – Last, First, Middle, Suffix if Applicable

PARENTS

18. FATHER'S NAME: DOUGLAS TAUNTON	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: CATHERINE BRAYMAN

20a. INFORMANT'S NAME: LEROY TAYLOR	20b. RELATIONSHIP TO DECEDENT: SON	20c. MAILING ADDRESS: 146 EASTSIDE DR, BRANDON, MS 39047

DISPOSITION

21a. METHOD OF DISPOSITION: CREMATION	21b. PLACE OF DISPOSITION: ELLIS FUNERAL HOME CREMATORY	21c. LOCATION: NASHVILLE, TN	
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ /s/ ROBERT H WHITLEY	22b. LICENSE NUMBER: 3618	22c. SIGNATURE OF EMBALMER: ▶	22d. LICENSE NUMBER
23a. NAME AND ADDRESS OF FUNERAL HOME: ELLIS FUNERAL HOME AND CREMATION SERVICE, 2627 NOLENSVILLE PIKE, NASHVILLE, TN 37211-2216			23b. LICENSE NUMBER: 775

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ /s/ EDWARD G. BISHOP III	25. DATE FILED: 04/04/2019

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/ RALF CHRISTIAN HABERMANN	27b. LICENSE NUMBER: 027476	27c. DATE SIGNED: 04/03/2019

27d. NAME AND ADDRESS: RALF CHRISTIAN HABERMANN 7TH FLOOR MEDICAL CENTER EAST 1211 MEDICAL CENTER DRIVE, NASHVILLE, TN 37232

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. ALZHEIMERS 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: 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: 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-1859 (Rev. 8/2017) RDA 10112

11033542

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

1 1 0 3 3 5 4 2

Date Issued APR 0 8 2019

CERTIFICATION OF VITAL RECORD