This Instrument Prepared by:
Bryan C. De Cuir, Attorney at Law
2187 Hillsboro Road, Suite 208
Franklin, TN 37069
Telephone: (615) 673-8337

Karen Johnson Davidson County
Batch# 307168 AFFIDAVITH
10/28/2019 02:52:30 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20191028-0110390

AFFIDAVIT OF HEIRSHIP

The undersigned, being first duly sworn, deposes and says as follows:

1. I am an adult, a U.S. citizen, a resident of Davidson County, Tennessee, and the surviving spouse of Ralph D. Duncan.

2. At the time of his death, the decedent and I held title, as joint tenants, to the improved real property commonly known as 113 Brian Circle, Antioch, TN 37013, by virtue of the Warranty Deed from Edward C. Witherspoon, dated August 7, 2008 and recorded as Instrument No. 20080808-0081963, Register's Office for Davidson County, Tennessee.

3. Upon decedent's death I succeeded to all of his interest in said property as his surviving spouse

4. Decedent died intestate, but with personal property valued at less than $50,000.00, and therefore was exempt from Probate under the provisions of Section 30-4-101 of the Probate Code.

5. This Affidavit is freely given pursuant to the provisions of Tennessee Code Annotated Section 30-2-712, to help establish the heirship with respect to any real or personal property owned by the decedent Ralph D. Duncan in Davidson County, Tennessee, or elsewhere.

I make the above statements based on my own personal knowledge, and to the best of my knowledge and belief these statements are true, correct and complete.

IN WITNESS WHEREOF, the undersigned has executed this Affidavit as of the 26 day of OCTOBER, 2019.

Rebecca M Buckman

REBECCA M. BUCKMAN

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named **REBECCA M. BUCKMAN** with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee, this 26th day of Oct, 2019.

Notary Public

[SEAL]

JOSE CORPENO AYALA
STATE OF TENNESSEE NOTARY PUBLIC
RUTHERFORD COUNTY

My Commission Expires: My Commission Expires May 15, 2021

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 043471

DECEDENT (TYPE/PRINT IN PERMANENT BLACK INK — NAME OF DECEDENT — For use by Physician Medical Examiner)

1. DECEDENT'S LEGAL NAME				2. SEX	3. DATE OF DEATH
RALPH DOUGLAS DUNCAN				MALE	07/31/2019

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
07:30 AM	66					02/03/1953	HOPKINSVILLE, KY

8a. PLACE OF DEATH: ER/OUTPATIENT

8b. FACILITY NAME	8c. CITY OR TOWN	8d. COUNTY OF DEATH
TRISTAR SOUTHERN HILLS MEDICAL CENTER	NASHVILLE	DAVIDSON

9. MARITAL STATUS	10. SURVIVING SPOUSE (name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION	11b. KIND OF BUSINESS/INDUSTRY
MARRIED	REBECCA MARIE BUCKMAN	BOILER OPERATOR	ZINC

12. SOCIAL SECURITY NUMBER	13a. RESIDENCE-STATE OR FOREIGN COUNTRY	13b. COUNTY	13c. CITY OR TOWN
-6782	TENNESSEE	DAVIDSON	ANTIOCH

13d. STREET AND NUMBER	13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT EVER IN US ARMED FORCES?
113 BRIAN CIRCLE	YES	37013	NO

15. DECEDENT'S EDUCATION	16. DECEDENT OF HISPANIC ORIGIN?	17. DECEDENT'S RACE
HIGH SCHOOL GRADUATE OR GED COMPLETED	NO, NOT SPANISH/HISPANIC/LATINO	WHITE

PARENTS

18. FATHER'S NAME	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE
THELBERT DUNCAN	MARY SULLIVAN

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS
REBECCA M. BUCKMAN	WIFE	113 BRIAN CIRCLE, ANTIOCH, TN 37013

DISPOSITION

21a. METHOD OF DISPOSITION	21b. PLACE OF DISPOSITION	21c. LOCATION
CREMATION	MIDDLE TENNESSEE CREMATION CENTER	MOUNT JULIET, TN

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
▶ /e/ TRACEY BOND	3930	▶	

23a. NAME AND ADDRESS OF FUNERAL HOME	23b. LICENSE NUMBER
BOND MEMORIAL CHAPEL, 1098 WESTON DR, MOUNT JULIET, TN 37122	1041

REGISTRAR

24. REGISTRAR'S SIGNATURE	25. DATE FILED
▶ /e/ EDWARD G BISHOP III	08/06/2019

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	27b. LICENSE NUMBER	27c. DATE SIGNED
▶ /e/ F. ANTHONY GRECO	009981	08/06/2019

27d. NAME AND ADDRESS: F. ANTHONY GRECO 250 25TH AVE NORTH STE 100, 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. ADVANCED LARGE CELL LUNG CANCER	16 MONTHS
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 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	31. DID TOBACCO USE CONTRIBUTE TO DEATH?	32. IF FEMALE:
NATURAL	YES	N/A

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) RDA 10112

11243428

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 2 4 3 4 2 8

Date Issued
AUG 08 2019

CERTIFICATION OF VITAL RECORD

20191028011039O

Certificate of Authenticity

I, BRYAN C. DECUIR, do hereby make oath that I am a licensed attorney and/or the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law.

Signature

State of TENNESSEE

County of DAVIDSON

Personally appeared before me, ~~BRYAN C. DECUIR~~ STEVEN A. MOCK, a notary public for this county and state, BRYAN C. DE CUIR who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Notary's Signature

STEVEN A. MOCK
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

My Commission Expires: 7/8/18.

Notary's Seal (If on paper)