This Instrument Prepared By:
DOMINIC J. LEONARDO
Attorney at Law
603 Woodland St.
Nashville, TN 37206
615-259-1214

New Owners/Send Tax Bills to:
Valerie R. Bostic
721 Due West Avenue North
Apt. C-104
Madison, TN 37115

Karen Johnson Davidson County
Batch# 319970 AFFIDAVITH
11/26/2019 08:31:56 AM 7 pgs
Fees: $37.00 Taxes: $0.00
20191126-0121936

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE
COUNTY OF DAVIDSON

I, Valerie Renay Bostic, being first duly sworn on oath, state that I am of lawful age and that based upon my personal knowledge hereby affirm the following:

I, Valerie Renay Bostic, am an adult over the age of majority; a resident of Nashville, Davidson County, Tennessee, residing at 721 Due West Avenue North, Apt. C-104, Madison, TN 37115.

1. I am the daughter of Joe Harold Fishback and Annie Bostic Fishback. My father, Joe Harold Fishback, died on April 19, 2005 (*see death certificate attached as Exhibit A*) and at the time of his death was still married to my mother, Annie Bostic Fishback (*see marriage license attached as Exhibit B*). My mother, Annie Bostic Fishback, died on November 3rd, 2018 (*see death certificate attached as Exhibit C*).

2. There were only two (2) biological children born to Joe Harold Fishback and Annie Bostic Fishback. Vernon Bostic, who predeceased his mother and died on September 11, 2013, *(see attached death certificate as Exhibit D)* and your affiant Valerie Renay Bostic. The only known heir at law or next of kin is, Valerie Renay Bostic, who is still a surviving heir at the time of the death of her parents.

3. Joe Harold Fishback and Annie Bostic Fishback owned the property located at 4141 Boyd Drive, Nashville, Davidson County, Tennessee 37218. The parties owned this property as tenancy by the entirety and after Joe Harold Fishback's death the property vested in my mother, Annie Bostic Fishback, solely.

4. The real property located at 4141 Boyd Drive, Nashville, Davidson County, Tennessee, 37218 owned by Annie Bostic Fishback at the time of her death is described as follows:

> LAND in Davidson County, Tennessee, being Lot No. 93 on the Plan of Buena Vista Estates, Section 3, as of record in Book 4174, Page 139, Register's Office for said County, to which reference is made for a more complete description. Said Lot No. 93 fronts 75.0 feet on the westerly side of Boyd Drive and extends back 150.0 feet on the northerly line and 150.0 feet on the southerly line to a dead line in the rear measuring 75.0 feet thereon.

BEING the same property conveyed to Annie Jane Bostic, by Corporate Warranty Deed from William H. Towe, President of Imperial Corporation, of record in Book 4474, Page 400, in the Register's Office for Davidson County, Tennessee.

This is improved property known as 4141 Boyd Drive, Nashville, TN 37218.

Said property is conveyed subject to such limitations, restrictions, and encumbrances as may affect the premises.

5. The Affiant understands that this Affidavit has been executed, as an Affidavit of Heirship, pursuant to the provisions of Tennessee Code Annotated § 30-2-712, in order to establish the rights of the said Valerie Renay Bostic, as heir at law of Joe Harold Fishback and Annie Bostic Fishback, deceased, pertaining to the property of the said Joe Harold Fishback and Annie Bostic Fishback.

WITNESS my hand this 18 day of September, 2019.

Valerie R Bostic

VALERIE RENAY BOSTIC

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 Valerie Renay Bostic, with whom I am personally acquainted, or proved to me based upon satisfactory information, and who acknowledged that she executed the within Affidavit of Heirship for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee, this 18 day of September, 2019.

JOSEPH LEONARD
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES

NOTARY PUBLIC
My Commission Expires: 11-8-22

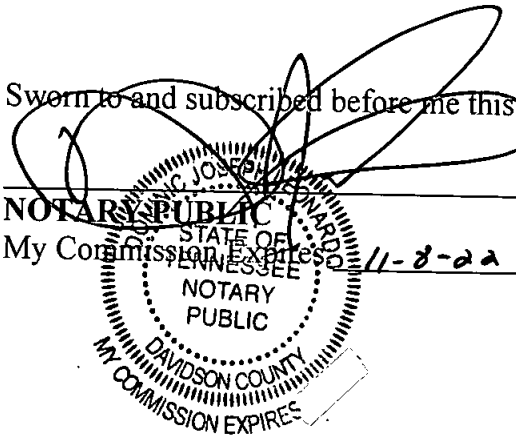
STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual consideration or value, whichever is greater, for this transfer is $0.00.

Valerie L Bostic
AFFIANT

Sworn to and subscribed before me this 18 day of September, 2019.

NOTARY PUBLIC
My Commission Expires: 11-8-22



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

STATE FILE NUMBER: 0502275

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): JOE HAROLD FISHBACK
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): APRIL 19, 2005
4. SOCIAL SECURITY NUMBER (of Deceased): -5272
5a. AGE-LAST BIRTHDAY (Years): 74
5b. UNDER 1 YEAR (Mos. / Days)
5c. UNDER 1 DAY (Hours / Min.)
6. DATE OF BIRTH (Month, Day, Year): DEC 6, 1930
7. BIRTHPLACE (City and State or Foreign Country): SHELBYVILLE, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
8a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): VA TN VALLEY HEALTHCARE SYSTEM
9c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): ANNIE JANE BOSTIC
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): HEAD COOK
12b. KIND OF BUSINESS/INDUSTRY: METRO GENERAL HOSPITAL
13a. RESIDENCE-STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 4141 BOYD DRIVE
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37218
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
Specify, if yes:
15. RACE-American Indian, Black, White, etc. (Specify): BLACK
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

NAME OF DECEDENT (To be completed by preparer before certification)

PARENTS

17. FATHER'S NAME (First, Middle, Last): ROSS WILBURN FISHBACK
18. MOTHER'S NAME (First, Middle, Maiden Surname): KATHLEEN MEDARIES

INFORMANT

19a. INFORMANT'S NAME (Type/Print): VA TN VALLEY HEALTHCARE SYSTEM
19b. RELATIONSHIP TO DECEASED: VA FILE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1310 24th AVE. SOUTH, NASHVILLE, TN 37212

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): MIDDLE TENNESSEE STATE VETERANS CEMETERY
20c. LOCATION-City or Town, State: PEGRAM, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: MELVIN J. SMITH
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4502
21c. SIGNATURE OF EMBALMER: TONYA HAYNES
21d. LICENSE NUMBER OF EMBALMER: 5682
22a. NAME AND ADDRESS OF FUNERAL HOME: SMITH BROTHERS FUNERAL DIRECTORS, INC. 706 MONROE ST., NASHVILLE, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 809

REGISTRAR

23. REGISTRAR'S SIGNATURE: Robert W. Rhodes
24. DATE FILED (Month, Day, Year): April 26, 2005

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: John Newman MD
25b. LICENSE NUMBER: TN012056
25c. DATE SIGNED (Month, Day, Year): 4/23/05
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
26b. LICENSE NUMBER:
26c. 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): JOHN NEWMAN, M.D. 1310 24th AVE. SOUTH, NASHVILLE, TN 37212

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)

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. ACUTE MYOCARDIAL INFARCTION
DUE TO (OR AS A CONSEQUENCE OF):
b. ARTERIOLOSCLEROSIS
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
c. END STAGE RENAL FAILURE
DUE TO (OR AS A CONSEQUENCE OF):
d. DIABETES MELLITUS

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

29a. WAS AN AUTOPSY PERFORMED? 1 [X] Yes 2 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [X] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY
31c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No
31d. DESCRIBE HOW INJURY OCCURRED
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

BIRTH NO.

PH-1659
REV. 2-93

RDA 1301

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

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

Tonya Y Ruttlen
Tonya Y Ruttlen
Local Registrar

5/3/2005
Date Issued

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

CERTIFICATION OF VITAL RECOR

tabbies

EXHIBIT A

Certificate of Marriage

STATE OF TENNESSEE

COUNTY OF DAVIDSON

To Anyone Legally Authorized to Celebrate the Rites of Matrimony
You Are Hereby Licensed to Celebrate the

Rites of Matrimony

Between Joe Harold Fishback 67 AGE

and Annie Jane Bostic 53 AGE

and for so doing this shall be your warrant.

Given under my hand and official seal, this

3rd day of September

in the year of our Lord One Thousand

Nine Hundred and Ninety Eight

Bill Covington

BILL COVINGTON COUNTY CLERK

BY: Myla Mathis
DEPUTY CLERK

By Virtue of A License from the Davidson County Clerk,

I have this day celebrated the Rites of Matrimony between

The parties herein named, as authorized in the foregoing license.

Given under my hand this the 3rd day of September A.D. 1998

Book No. 178

Page No. 237

Hamilton Snyder
SIGNATURE OF OFFICIANT

EXHIBIT
tabbies
B

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 061259

DECEDENT (TYPE/PRINT IN PERMANENT BLACK INK)

1. DECEDENT'S LEGAL NAME			2. SEX	3. DATE OF DEATH
ANNIE BOSTIC FISHBACK			FEMALE	11/03/2018

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
06:24 AM	73					06/20/1945	ARRINGTON, TN

8a. PLACE OF DEATH	8b. FACILITY NAME	8c. CITY OR TOWN	8d. COUNTY OF DEATH
NURSING HOME/LONG TERM CARE	MADISON REHABILITATION AND NURSING CENTER	MADISON	DAVIDSON

9. MARITAL STATUS	10. SURVIVING SPOUSE (name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION	11b. KIND OF BUSINESS/INDUSTRY
WIDOWED		DOMSTIC	DOMESTIC

12. SOCIAL SECURITY NUMBER	13a. RESIDENCE-STATE OR FOREIGN COUNTRY	13b. COUNTY	13c. CITY OR TOWN
-8337	TENNESSEE	DAVIDSON	MADISON

13d. STREET AND NUMBER	13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT EVER IN US ARMED FORCES?
431 LARKIN SPRINGS ROAD	YES	37115	NO

15. DECEDENT'S EDUCATION	16. DECEDENT OF HISPANIC ORIGIN?	17. DECEDENT'S RACE
8TH GRADE OR LESS	NO, NOT SPANISH/HISPANIC/LATINO	BLACK OR AFRICAN AMERICAN

PARENTS

18. FATHER'S NAME	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE
EDWARD BOSTIC	TOMMIE MAE WRIGHT

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS
VALERIE BOSTIC	DAUGHTER	721 DUE WEST AVE. NORTH APT. C-104. MADISON, TN 37115

DISPOSITION

21a. METHOD OF DISPOSITION	21b. PLACE OF DISPOSITION	21c. LOCATION
BURIAL	MIDDLE TN STATE VETERANS CEMETERY	PEGRAM, TN

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
/e/ GEORGE M BAKER JR	4695	/e/ Patrick Lamont Tucker	5072

23a. NAME AND ADDRESS OF FUNERAL HOME	23b. LICENSE NUMBER
HIGHLAND HILLS FUNERAL HOME AND CREMATORY, 2422 BRICK CHURCH PIKE, NASHVILLE, TN 37207-4406	1258

REGISTRAR

24. REGISTRAR'S SIGNATURE	25. DATE FILED
/e/ EDWARD G. BISHOP III	11/07/2018

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/ THOMAS B MILLER	7539	11/06/2018

27d. NAME AND ADDRESS: THOMAS B MILLER 166 E. MAIN STREET, HENDERSONVILLE, TN 37075

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. END STAGE RENAL DISEASE	1-2 YEARS
DUE TO (OR A CONSEQUENCE OF)	b. NEPHROSCLEROSIS	5-10 YEARS
DUE TO (OR A CONSEQUENCE OF)	c.	
DUE TO (OR A CONSEQUENCE OF)	d.	

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

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	NO	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-1650 (Rev. 8-2017) RDA 10112

10489096

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.

NOV 07 2018

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

1048909 6

Edward G. Bishop III
State Registrar

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date

EXHIBIT
Lackey
C

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

13 5617

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Vernon Bostic
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): September 11, 2013
4. TIME OF DEATH (Actual): 6:47AM
5a. AGE-Last Birthday (Years): 53
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): January 3, 1960
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee

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)

NAME OF DECEDENT (For use by Physician or Institution)

8b. FACILITY NAME (If not institution, give street and number): Skyline Madison Campus
8c. CITY OR TOWN: Madison
8d. COUNTY OF DEATH: Davidson

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: Laborer
11b. KIND OF BUSINESS/INDUSTRY: Laborer

12. SOCIAL SECURITY NUMBER: -2116
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessean
13b. COUNTY: Davidson
13c. CITY OR TOWN: Madison
13d. STREET AND NUMBER: 133 Archwood Place
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37115
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): Joe Fishback
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Annie Bostic

20a. INFORMANT'S NAME: Valerie Bostic
20b. RELATIONSHIP TO DECEDENT: Sister
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 133 Archwood Place; Madison, TN 37115

DISPOSITION

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

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ George Baker, Jr.
22b. LICENSE NUMBER: 4695
22c. SIGNATURE OF EMBALMER: ▶ Patrick L. Tucker
22d. LICENSE NUMBER: 5072

23a. NAME AND ADDRESS OF FUNERAL HOME: Highland Hills Funeral Home & Crematory-2422 Brick Church Pike; Nash. TN 37207
23b. LICENSE NUMBER OF FUNERAL HOME: 1258

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Leah Rhodes
25. DATE FILED (Month, Day, Year): September 16, 2013

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: ▶
27b. LICENSE NUMBER: 38347
27c. DATE SIGNED (Month, Day, Year): 9/17/13
27d. NAME AND ADDRESS: DIERINGER — 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.	Liver Failure	Unknown
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.	Hepatitis C	Unknown
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)

RDA 1399

PH-1659 (Rev 10/2011)

6161114

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.

6161114

SEP 16 2013
Date Issued

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

CERTIFICATION OF VITAL RECORD

EXHIBIT
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