Karen Johnson Davidson County
Batch# 327222 AFFIDAVITH
12/09/2019 03:27:59 PM 5 pgs
Fees: $27.00 Taxes: $0.00
20191209-0126980

This instrument was prepared by:
Ophra L. McCray [name]
218 Ewing Dr [street or postal address]
Nashville, TN 37207 [city, state, zip code]

GRANTEE(S): Lawrence Turner, Jr and Barbara Turner-Perry [names]

SEND TAX NOTICES TO: 1004 Pewter Court, Madison, TN 37115 [postal address, city, state, zip code]

MAP PARCEL NUMBER: 071 02 0 168.00

AFFIDAVIT OF HEIRSHIP

Tennessee Code Annotated § 30-2-712.

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The undersigned, being duly sworn, deposes and says:

1. My full name is Lawrence Turner, Jr and Barbara Turner-Perry. I will refer to myself in this Affidiant.
2. I reside at 1300 North Avondale Circle, Nashville, TN 37207 1004 Pewter Court, Madison, TN 37115. [*street address, city, state, zip code*]
3. I have personal knowledge of the matters stated in this Affidavit.
4. On 5/20/2019 [*date of death*], Bertha Turner [*full name of decedent*] died at Nashville, TN [*place of death*]. I will refer to this person as the Decedent.
5. The real property to which this Affidavit applies is located at 1300 North Avondale Circle [*address*] in Davidson County, Tennessee, more fully described as: [*complete legal description*] Lot No. 10 on the Plan of Trinity Hills Village, Sec. 1

   For prior title, see Book 175 [*number*], Page 62 [*number*] in the Register's Office of Davidson County, Tennessee.
6. At the time of the Decedent's death, the Decedent resided at 1300 North Avondale Circle Nashville, TN 37207 [*street address, city, state, zip code*]
7. The estate of the Decedent ..... [*select one*]
   - ☑ Was not administered in a proceeding supervised by a court.
   - ☐ Was administered in a proceeding supervised by a court in _____ [*county and state*] in the _____ [*court*] in case no. _____.

8. Facts concerning my relationship to the Decedent are: Children

9. Additional facts pertinent to determine who is legally entitled to the estate of the Decedent at the time of the Decedent's death are: LAWRENCE TURNER, JR AND BARBARA TURNER-PERRY

Lawrence Turner Jr.
Barbara Turner-Perry
Affiant

Sworn to and subscribed before me this 25th day of November, 2019.

My Commission expires: My Commission Expires March 08, 2022

Notary Public

DAVIDSON COUNTY AMESIA FLEMING STATE OF TENNESSEE NOTARY PUBLIC

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 029274

TYPE/PRINT IN PERMANENT BLACK INK

NAME OF DECEDENT

1. DECEDENT'S LEGAL NAME					2. SEX	3. DATE OF DEATH
BERTHA TURNER					FEMALE	05/20/2019
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
15:45	89					04/09/1930	NASHVILLE, TN

8a. PLACE OF DEATH: INPATIENT

8b. FACILITY NAME	8c. CITY OR TOWN	8d. COUNTY OF DEATH
SAINT THOMAS MIDTOWN HOSPITAL	NASHVILLE	DAVIDSON

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

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

13d. STREET AND NUMBER	13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT EVER IN US ARMED FORCES?
1300 N. AVONDALE CIR	YES	37207	NO

15. DECEDENT'S EDUCATION	16. DECEDENT OF HISPANIC ORIGIN?	17. DECEDENT'S RACE
9TH - 12TH GRADE, NO DIPLOMA	NO, NOT SPANISH/HISPANIC/LATINO	BLACK OR AFRICAN AMERICAN

PARENTS

18. FATHER'S NAME	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE
RICHARD SNOWDEN	HATTIE LOU CANTRELL

INFORMANT

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS
BARBARA PERRY	DAUGHTER	1004 PEWTER COURT, MADISON, TN 37115

DISPOSITION

21a. METHOD OF DISPOSITION	21b. PLACE OF DISPOSITION	21c. LOCATION
BURIAL	HILLS OF CALVARY	NASHVILLE, TN

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
▶ /e/ PARNEICE JOHNSON	3714	▶ /e/ Patrick Lamont Tucker	5072

23a. NAME AND ADDRESS OF FUNERAL HOME	23b. LICENSE NUMBER
DAVIS-CAMPBELL FUNERAL HOME, 1404 JEFFERSON ST, NASHVILLE, TN 37208	403

REGISTRAR

24. REGISTRAR'S SIGNATURE	25. DATE FILED
▶ /e/ EDWARD G. BISHOP III	05/28/2019

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/ RICHARD GARMAN	913402	05/28/2019

27d. NAME AND ADDRESS: RICHARD GARMAN 300 20TH AVE N 9TH FLOOR, NASHVILLE, TN 37066

CAUSE OF DEATH

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. SEPSIS	
	DUE TO (OR A CONSEQUENCE OF)	
	b. URINARY TRACT INFECTION	
	DUE TO (OR A CONSEQUENCE OF)	
UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST	c. END STAGE POLYMYALGIA RHEUMATICA	
	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

ACUTE ON CHRONIC KIDNEY INJURY, DIABETES MELLITUS WITH CHRONIC KIDNEY DISEASE, RHEUMATOID ARTHRITIS

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-1659 (Rev. 8/2017) RDA 10112

11120839

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

Date Issued MAY 30 2019

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

9203187 — STATE FILE NUMBER: 92 022747

1. DECEDENT'S NAME (First, Middle, Last): Lawrence Turner
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): June 18, 1992
4. SOCIAL SECURITY NUMBER: -3853
5a. AGE-LAST BIRTHDAY (Years): 61
6. DATE OF BIRTH: 04-27-1931
7. BIRTHPLACE (City and State or Foreign Country): Huntsville, Alabama
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 2 [X] No
9a. PLACE OF DEATH (Check only one): 1 [X] Inpatient
9b. FACILITY NAME: Saint Thomas Hospital 080
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS: Married
11. SURVIVING SPOUSE: Bertha Snowden
12a. DECEDENT'S USUAL OCCUPATION: Welder
12b. KIND OF BUSINESS/INDUSTRY: McMurray Steel Co.
13a. RESIDENCE—STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville 094
13d. STREET AND NUMBER OR RURAL LOCATION: 1300 Avondale Circle
12a. INSIDE CITY LIMITS? 1 [X] Yes
13f. ZIP CODE: 37217
14. WAS DECEDENT OF HISPANIC ORIGIN? 0 [X] No
15. RACE: Black
16. DECEDENT'S EDUCATION: Elementary/Secondary (0-12): 9
17. FATHER'S NAME: Allen Turner
18. MOTHER'S NAME: Lee Anna Wordlaw
19a. INFORMANT'S NAME: Bertha Turner
19b. RELATIONSHIP TO DECEASED: Spouse
19c. MAILING ADDRESS: 1300 Avondale Circle Nashville, Tn. 37217
20a. METHOD OF DISPOSITION: 1 [X] Burial
20b. PLACE OF DISPOSITION: Greenwood Cemetery
20c. LOCATION: 1428 Elm Hill Road Nashville, Tn. 37210
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Henry L. Smith
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3167
21c. SIGNATURE OF EMBALMER: ▶ Delmas Bogus
21d. LICENSE NUMBER OF EMBALMER: 3687
22a. NAME AND ADDRESS OF FUNERAL HOME: SMITH FUNERAL DIRECTORS, INC. 706 Monroe Street Nashville, Tennessee 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 809
23. REGISTRAR'S SIGNATURE: ▶ Mary C. Pentecost
24. DATE FILED: July 14, 1992
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
25b. LICENSE NUMBER: MD 19154
25c. DATE SIGNED: 7.11.92
26a. 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:
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER):

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

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. CHRONIC KIDNEY FAILURE
DUE TO (OR AS A CONSEQUENCE OF): b. DIABETES MELLITUS
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: 2500
DUE TO (OR AS A CONSEQUENCE OF): c.
DUE TO (OR AS A CONSEQUENCE OF): d.

Approximate Interval Between Onset and Death:

SEE INSTRUCTIONS ON OTHER SIDE

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: CEREBRAL - VASCULAR DISEASE, HEPATITIS, HEART FAILURE

28a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [ ] No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [ ] Natural 5 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY: M
31c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No
31c. 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-1569 REV. 1/89

NAME OF DECEDENT: For use by physician or medical examiner

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11622443

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

Edward G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

1 1 6 2 2 4 4 3

Date Issued: Oct-24-2019

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

INSTRUCTIONS FOR ITEM 28. — CAUSE OF DEATH

Item 28. — Cause of Death
The cause of death means the disease, abnormality, injury, or poisoning that caused the death, NOT the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure.

In Part I, the immediate cause of death as reported on line (a). Antecedent conditions, if any, which gave rise to the cause are reported on lines (b), (c), and (d). The underlying cause should be reported on the last line used in Part I. No entry is necessary on lines (b), (c), and (d) if the immediate cause of death on line (a) describes completely the train of events. ONLY ONE CAUSE SHOULD BE ENTERED ON A LINE. Additional lines may be added if necessary. Provide the best estimate of the interval between the onset of each condition and death. Do not leave interval blank, if unknown, so specify.

In Part II, enter other important diseases or conditions that may have contributed to death but did not result in the underlying cause of death given in Part I.

See examples below.

SEE INSTRUCTIONS ON OTHER SIDE

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.	Rupture of myocardium	Mins.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Acute myocardial infarction	6 days
	c. Coronary atherosclerosis	5 years
	d.	

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

Diabetes, Chronic obstructive pulmonary disease, smoking

28e. WAS AN AUTOPSY PERFORMED? 1 ☒ Yes 2 ☐ No

28f. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ☒ Yes 2 ☐ No

29. MANNER OF DEATH: 1 ☐ 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? (Yes or 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)

SEE INSTRUCTIONS ON OTHER SIDE

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.	Cerebral laceration	10 mins.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Open skull fracture	10 mins.
	c. Automobile accident	10 mins.
	d.	

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

28e. WAS AN AUTOPSY PERFORMED? 1 ☐ Yes 2 ☒ No

28f. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ☐ Yes 2 ☒ No

29. MANNER OF DEATH: 1 ☐ 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? (Yes or No)	31d. DESCRIBE HOW INJURY OCCURRED
11/15/89	1 p. M.	No	2-car collision—driver

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)
Street	Route 4, Nashville, TN

ADDITIONAL INFORMATION BY PHYSICIAN

FOR OFFICIAL USE ONLY:

11622444

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Date Issued: Oct-24-2019

CERTIFICATION OF VITAL RECORD