Karen Johnson Davidson County
Batch# 327230 AFFIDAVITH
12/09/2019 03:44:11 PM 8 pgs
Fees: $42.00 Taxes: $0.00
20191209-0126989

This Instrument Was Prepared By:
Adams and Reese LLP
424 Church Street, Suite 2700
Nashville, TN 37219

AFFIDAVIT OF HEIRSHIP TO REAL PROPERTY

Address New Owner As Follows:	Send Tax Bills To:	Map-Parcel Number:
Alma J. Diaz, a 7/8 interest 792 Rowan Drive Nashville, TN 37207 Bertha Brown, a 1/32 interest P.O. Box 3183 Murfreesboro, TN 37133-3183 Barbara C. J. Batey, a 1/32 interest 8014 Minehead Drive Smyrna, TN 37167 James Harry Johnson, Jr., a 1/32 interest 8014 Minehead Drive Smyrna, TN 37167 Reginald D. Johnson, a 1/32 interest 8014 Minehead Drive Smyrna, TN 37167	Alma J. Diaz 792 Rowan Drive Nashville, TN 37207	10514023000

Decedent: James Harry Johnson, Sr.

Heirs: Bertha Brown, Barbara C. J. Batey, James Harry Johnson, Jr., Reginald D. Johnson

Property: 792 Rowan Drive, Nashville, TN 37207

County: Davidson, Tennessee

The undersigned, Bertha Brown, being duly sworn according to law, and being eighteen years of age or older, makes the oath as follows:

1. This Affidavit of Heirship is submitted in accordance with Tennessee Code Annotated ("T.C.A.") §30-2-712.

2. On May 28, 2002, Jennie Mai Brownlow ("Brownlow") died intestate a resident of Davidson County, State of Tennessee, survived by eight children, Alma J. Diaz, Elizabeth Ann Gooch, Gail A. Hughes, Claudia J. Gordon, Paul G. Brownlow, Arthur V. Brownlow, Brent I. Riley, and Janice R. Johnson.

3. At the time of her death, Brownlow owned real property located in Davidson County, Tennessee, known as 792 Rowan Drive, Nashville, TN 37207, and which is more fully described in Exhibit 1 attached hereto (the "Property").

4. Brownlow did not leave a will. There was no administration of the estate within ten years of Brownlow's death.

5. Pursuant to T.C.A. §30-2-104, Brownlow's eight children surviving at her death became the owners of the Property upon her death, with one of the individual one-eighth (1/8) interests vested collectively in the heirs of Janice R. Johnson.

6. On September 16, 2002 Janice B. Johnson ("Johnson") died intestate a resident of Davidson County, State of Tennessee, survived by her husband, James Harry Johnson.

7. Pursuant to T.C.A. §30-2-101, Johnson's spouse surviving at her death became the owner of the Decedent's one-eighth interest in the Property.

8. On May 30, 2003 James Harry Johnson, (the "Decedent") died (in)testate a resident of Rutherford County, Tennessee, survived by four (4) children, Bertha Brown, Barbara C. J. Batey, James Harry Johnson, Jr., and Reginald Johnson.

9. Decedent did not leave a will, and his estate was administrated within ten (10) years of his death. However, Decedent's heirs, including the undersigned, were unaware of Decedent's one-eighth (1/8) ownership interest in the Property.

10. Pursuant to T.C.A. §30-2-104, Decedent's four children surviving at his death became the owners of Decedent's one-eighth (1/8) ownership interest in the Property, with one-thirty-second (1/32) ownership interest now vested in each heir.

11. A copy of the Death Certificates of each Jennie Mai Brownlow, Janice R. Johnson, and James Harry Johnson are attached hereto as Exhibit 2.

12. Affiant makes this Affidavit of her own free will, without collusion with any person, and of her own knowledge. Affiant had no interest, legal or otherwise, in said property prior to Decedent's death, it having been owned, in part, by Decedent and Brownlow's heirs.

AFFIANT

Bertha Brown

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

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

WITNESS my hand and official seal at Nashville, Tennessee, this the 6th day of December, 2019.

Notary Public

My Commission expires 3-7-2023

SARAH W. MCGEHEE
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 3-7-2023

EXHIBIT 1

DESCRIPTION OF THE PROPERTY

Land in Davidson County, Tennessee, being Lot No. 224 on the Plan of Haynes Estates, Section IV, as of record in Book 4300, page 44, Register's Office for said County.

Said Lot No. 224 is described as follows: Beginning at a point in the westerly margin of Rowan Drive at the common dividing line between Lots Nos. 224 and 225 on said Plan; thence westerly along said dividing line 348.70 feet to a point; thence southerly 18.81 feet to a point in the northerly margin of Buena Vista Pike; thence easterly along the northerly margin of said Buena Vista Pike 299.90 feet to the beginning of a curve; thence around said curve a distance of 47.12 feet to a point in the westerly margin of Rowan Drive; thence northerly along the westerly margin of said Rowan Drive 115.38 feet to the point of beginning.

Being all of the interests in the same property conveyed to Jennie Mai Brownlow, by deed from W. L. Bainbridge Company of record in Book 4439, Page 763, Register's Office of Davidson County; the said Jennie Mai Brownlow having died May 22, 2002 as evidenced by an Affidavit of Heirship of Record as Instrument No. 20160714-0072521, Register's Office of Davidson County, Tennessee, and the undivided interest conveyed to Alma J. Diaz by Quitclaim Deed from Gail A. Hughes the undivided interest in the said Property as inherited by Gail A. Hughes as evidenced by the aforesaid Affidavit of Heirship and additionally those undivided interests conveyed to Gail A. Hughes by Quitclaim Deed from Elizabeth Ann Gooch of record as Instrument No. 20160715-0072868, Register's Office of Davidson County, Tennessee, from Paul G. Brownlow by Quitclaim Deed of record as Instrument No. 20160715-0072871, Register's Office of Davidson County, Tennessee, from Arthur V. Brownlow by Quitclaim Deed of record as Instrument No. 20160715-0072870, Register's Office of Davidson County, Tennessee, from Brent Riley by Quitclaim Deed of record as Instrument No. 20160715-0072872, Register's Office of Davidson County, Tennessee, and from Claudia J. Gordon by Quitclaim Deed of record as Instrument No. 20160715-0072869, Register's Office of Davidson County, Tennessee, and Alma J. Diaz now being the owner of a 7/8 interest in said property.

This is improved property known as 792 Rowan Drive, Nashville, TN 37207.

EXHIBIT 2

1. Death Certificate of Jennie Mai Brownlow
2. Death Certificate of Janice R. Johnson
3. Death Certificate of James Harry Johnson

STATE OF TENNESSEE
Office of Vital Records

02630 18

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT PERMANENT BLACK INK IN HANDWRITING SEE INSTRUCTIONS

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Jennie Brownlow
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): May 27, 2002
4. SOCIAL SECURITY NUMBER (or Deceased): -8888
5a. AGE - LAST BIRTHDAY (Years): 86
5b. UNDER 1 YEAR - MONTHS: 5c. UNDER 1 DAY - DAYS: 5d. UNDER 1 DAY - HOURS: 5e. UNDER 1 DAY - MIN.:
6. DATE OF BIRTH (Month, Day, Year): May 18, 1916
7. BIRTHPLACE (City and State, or Foreign Country): Lynnville, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 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): Baptist Hospital
9c. CITY, TOWN OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name): None
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Cook
12b. KIND OF BUSINESS/INDUSTRY: Private Family
13a. RESIDENCE - STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 792 Rowan Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 Yes 2 No
13f. ZIP CODE: 37207
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes or No
15. RACE - American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 9 College (1-4 or 5+):
NAME OF DECEDENT: For use by physician or jurisdiction

PARENTS

17. FATHER'S NAME (First, Middle, Last): Harvey Brownlow
18. MOTHER'S NAME (First, Middle, Maiden Surname): Josie Wilkerson

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Alma Diaz
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 792 Rowan Drive Nashville, TN 37207

DISPOSITION

20a. METHOD OF DISPOSITION: 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Greenwood Cemetery
20c. LOCATION - City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR OR AGENT: Linda D. Johnson
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4063
21c. SIGNATURE OF EMBALMER: Eric M. Johnson
21d. LICENSE NUMBER OF EMBALMER: 3829
22a. NAME AND ADDRESS OF FUNERAL HOME: Johnson's House of Atena, 1107 Buchanan Street, Nashville TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 704

REGISTRAR

23. REGISTRAR'S SIGNATURE: Mickie L. Bates
24. DATE FILED (Month/Day/Year): June 4, 2002

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 Signature and Title of Physician:
25b. LICENSE NUMBER: MD016946
25c. DATE SIGNED (Month, Day, Year): 6/3/02
25a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 2 Signature and Title of Medical Examiner:
25b. LICENSE NUMBER:
25c. DATE SIGNED (Month, Day, Year):
PHYSICIAN: DO - MED. EXAMINER: IF CERTIFIER IS NEITHER, SEE INSTRUCTIONS FOR MORE CLINICAL OR MEDICAL EXAMINER CONTACT.
26. NAME AND ADDRESS OF CERTIFIER PHYSICIAN OR MEDICAL EXAMINER (Type/Print): Dr. Stephen J. Heyman, MD, 300 20th Avenue North, Ninth Floor, Nashville, TN 37203

CAUSE OF DEATH

27. 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. Respiratory Failure — 2 wks
DUE TO (OR AS A CONSEQUENCE OF): b. Alzheimers Disease — 3 yrs
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: c. Cerebrovascular Disease — 7 yrs
DUE TO (OR AS A CONSEQUENCE OF): d.

SEE INSTRUCTIONS ON OTHER SIDE

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

28a. WAS AN AUTOPSY PERFORMED? 1 Yes 2 No
28b. WERE AUTOPSY FINDINGS USED IN DETERMINATION 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
30a. DATE OF INJURY (Month, Day, Year):
30b. TIME OF INJURY:
30c. INJURY AT WORK? 1 Yes 2 No
30d. DESCRIBE HOW INJURY OCCURRED:
30e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):
30f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

BIRTH NO.

FH-1350 REV: P-113

RDA 1398

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8428938

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

8428938

3/1/2016

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued

CERTIFICATION OF VITAL RECORD

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0205216

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Janice Brownlow Johnson
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): 09/16/2002
4. SOCIAL SECURITY NUMBER: -1923
5. AGE-Last Birthday: 46
6. IF UNDER 1 YEAR: Months / Days
7. IF UNDER 24 HOURS: Hours / Min.
8. DATE OF BIRTH (Month, Day, Year): 08/06/1956
9. BIRTHPLACE (City and State or Foreign Country): Nashville, TN
10. WAS DECEDENT EVER IN U.S. ARMED FORCES? No
11. MARITAL STATUS: Married
12. SURVIVING SPOUSE (If wife, give maiden name): James Johnson
13a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Office Manager
13b. KIND OF BUSINESS/INDUSTRY: State Farm
14. RESIDENCE STATE: Tennessee
15. COUNTY: Davidson
16. CITY, TOWN, OR LOCATION: Antioch
17. STREET AND NUMBER OR RURAL LOCATION: 3290 Anderson Road
18. RESIDENCE INSIDE CITY LIMITS? Yes
19. ZIP CODE: 37013
20. WAS DECEDENT OF HISPANIC ORIGIN? No
21. RACE: Black
22. DECEDENT'S EDUCATION: 2

PARENTS

23. FATHER'S NAME (First, Middle, Last): Jim Renfro
24. MOTHER'S NAME (First, Middle, Maiden Surname): Jennie M. Brownlow

INFORMANT

25. INFORMANT'S NAME (Type/Print): James Johnson
26. RELATIONSHIP TO DECEASED: Husband
27. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3290 Anderson Rd. Antioch, TN 37013

DISPOSITION

28. METHOD OF DISPOSITION: Burial
29. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Greenwood Cemetery
30. LOCATION (City or Town, State): Nashville, TN
31a. SIGNATURE OF FUNERAL DIRECTOR: Linda D. Johnson
31b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4063
31c. SIGNATURE OF EMBALMER: Patrick Tucker
31d. LICENSE NUMBER OF EMBALMER: 5072
32a. NAME AND ADDRESS OF FUNERAL HOME: Johnson's House of Atena, 1107 Buchanan Street, Nashville, TN 37208
32b. LICENSE NUMBER OF FUNERAL HOME: 704

REGISTRAR

33. REGISTRAR'S SIGNATURE:
34. DATE FILED (Month, Day, Year):

CERTIFIER

35a. EMBALMER: To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.
35b. SIGNATURE AND TITLE OF FUNERAL DIRECTOR:
35c. LICENSE NUMBER:
35d. DATE SIGNED (Month, Day, Year):
36a. 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 as stated.
36b. SIGNATURE AND TITLE OF MEDICAL EXAMINER: John E Gerber MD
36c. LICENSE NUMBER: 29698
36d. DATE SIGNED (Month, Day, Year): 09/16/2002
37. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): John E. Gerber, M.D., 850 R.S. Gass Blvd., Nashville, TN 37216; MEC02-2394

CAUSE OF DEATH

38. PART I. Enter the chain of events, 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): Multiple Blunt Force Injuries of Head, Torso, and Extremities
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to the immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST:
a. DUE TO (OR AS A CONSEQUENCE OF):
b. DUE TO (OR AS A CONSEQUENCE OF):
c.
d.
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
38b. WAS AN AUTOPSY PERFORMED? Yes
38c. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Yes
39. MANNER OF DEATH: Accident
40a. DATE OF INJURY (Month, Day, Year): 09/15/2002
40b. TIME OF INJURY: 11:40:00 PM
40c. INJURY AT WORK? No
40d. DESCRIBE HOW INJURY OCCURRED: Driver in single motor vehicle crash
40e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) (Specify): Front Yard
40f. LOCATION (Street and Number or Rural Route Number, City or Town, State): 3191 Anderson Road, Nashville

PH-1657 (REV. 6/00)

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 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.

SEP 18 2002

John P. Dunn

Rutherford Co. Dept. of Health
100 W. Burton Street P.O. Box 576
Murfreesboro, Tennessee 37133-0576

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): James Harry JOHNSON; SR.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): May 30, 2003
4. SOCIAL SECURITY NUMBER (of Deceased): 7511
5a. AGE-LAST BIRTHDAY (Years): 72
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Jul 28, 1930
7. BIRTHPLACE (City and State or Foreign Country): Murfreesboro, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [✓] No
9a. PLACE OF DEATH (Check Only One): HOSPITAL: 1 [✓] 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): MTMC
9c. CITY, TOWN, OR LOCATION OF DEATH: Murfreesboro
9d. COUNTY OF DEATH: Rutherford
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Divorced
11. SURVIVING SPOUSE (If wife, give maiden name):
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Factory Worker
12b. KIND OF BUSINESS/INDUSTRY: AVCO
13a. RESIDENCE - STATE: Tennessee
13b. COUNTY: Rutherford
13c. CITY, TOWN OR LOCATION: Antioch
13d. STREET AND NUMBER OR RURAL LOCATION: 3290 Anderson Road
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 Yes 2 [✓] No
13f. ZIP CODE: 37013
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes 0 [✓] 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): 07; College (1-4 or 5+):

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

PARENTS

17. FATHER'S NAME (First, Middle, Last): George Washington Johnson
18. MOTHER'S NAME (First, Middle, Maiden Surname): Julia

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Ms. Barbara Batey
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 8014 Minehead Drive Smyrna, TN 37167

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [✓] Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) _____
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Greenwood Cemetery
20c. LOCATION — City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Robert Scales, Jr.
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4101
21c. SIGNATURE OF EMBALMER: Patrick Tucker
21d. LICENSE NUMBER OF EMBALMER: 5072
22a. NAME AND ADDRESS OF FUNERAL HOME: H. Preston Scales & Sons P.O. Box 1371 Murfreesboro, TN 37133 1371
22b. LICENSE NUMBER OF FUNERAL HOME: 330

REGISTRAR

23. REGISTRAR'S SIGNATURE: Lisa Kilgore
24. DATE FILED (Month, Day, Year): 6-3-03

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 SIGNATURE AND TITLE OF PHYSICIAN:
25b. LICENSE NUMBER: MD020666
25c. DATE SIGNED (Month, Day, Year): 6/3/03
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 (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): Dr. A. Chihombori 527 N. Maple Street Murfreesboro, TN 37130

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. End Stage Lung Cancer — Due to (or as a Consequence of):
Sequentially list conditions, if any, leading to the immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
b. — 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

29a. WAS AN AUTOPSY PERFORMED? 1 Yes 2 No
29b. 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
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)

PH-1659
REV.2-93

BIRTH NO _____

RDA 1399

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND EXACT COPY OF THE RECORD FILED WITH THE DIVISION OF VITAL RECORDS, TENNESSEE DEPARTMENT OF HEALTH, BY THE LOCAL HEALTH DEPARTMENT. THIS IS VALID ONLY WHEN THE EMBOSSED SEAL OF THE ISSUING LOCAL HEALTH DEPARTMENT IS AFFIXED.

Lisa Kilgore — REGISTRAR
6/3/03 — DATE