Karen Johnson Davidson County
Batch# 328701 AFFIDAVITH
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Fees: $22.00 Taxes: $0.00
20191212-0128236

STATE OF TENNESSEE)
) **ss:**
COUNTY OF WILLIAMSON)

This Instrument Prepared By:
KNIGHT LEGAL
751 Cool Springs Blvd., Ste. 106
Franklin, TN 37067

AFFIDAVIT OF HEIRSHIP PURSUANT TO T.C.A. § 30-2-712

COMES NOW Pamela C. Rawls ("Affiant") who, first being duly sworn, and being of lawful age and a resident of the county and state set forth above, and pursuant to Section 30-2-712 of the Tennessee Code Annotated, hereby swears to the following of her own free will and based upon her personal knowledge and familiarity:

1. **DECEDENT.** Decedent Barry Lynn Rawls died intestate in Davidson County, Tennessee on May 3, 2019. *Death Certificate of Barry Lynn Rawls is Attached.*

2. **DECEDENT'S SPOUSE.** The decedent died with a surviving spouse, Pamela C. Rawls.

3. **DECEDENT'S HEIRS.** Decedent died leaving no issue.

4. **DECEDENT'S REAL PROPERTY.** At the time of his death, the decedent owned a house and located at 810 Bellevue Road, Unit 231, Nashville, Tennessee 37221. The property located at 810 Bellevue Road, Unit 231is more particularly described as follows:

> Certain real estate in Davidson County, Tennessee, as follows: Building No. 36, Unit No. 231, and Garage No. 4 on the Plan of "Peppertree", Creekside Meadows Condominiums of record in Book 4675, page 128 through 130, Register's Office for Davidson County, Tennessee ("RODC") together with all fixtures, appliances, wallcoverings, carpets or other improvements therein and the undivided interest in the common elements appurtenant thereto, all being more particularly described in the Master Deed and By-Laws of record in Book 4834, pages 257 through 312, as amended in Book 4984, page 174, Book 5045, page 800, Book 5086, page 80, and Book 5259, page 5, RODC, and the Charter of Creekside Meadows Association, Inc., of record in Book 4836, page 610, RODC.
>
> Being the same property conveyed to Barry L. Rawls by deed from Malcom R. Lewis and wife, Martha G. Lewis of record in Book 6831, page 650, Register's Office for Davidson County, Tennessee.
>
> This is improved property known as 810 Bellevue Road, Unit 231, Nashville, Tennessee 37221.

5. **VESTING OF PROPERTY CONFIRMED.** This affidavit will confirm the vesting of title to the real property located at 810 Bellevue Road, Unit 231, Nashville, Tennessee 37221, after the death of decedent Barry Lynn Rawls, in Pamela C. Rawls.

FURTHER AFFIANT SAYETH NOT.

Pamela C Rawls
Pamela C. Rawls, *Affiant*

June 20, 2019
Date

NOTARY ACKNOWLEDGEMENT

Now having first been sworn, Pamela C. Rawls, appeared before me and proved her identity to me by a government issued photograph identification card, and gave the testimony in this Affidavit for the purpose(s) stated herein. The Affiant did not appear to be under any undue influence or duress and appeared to be competent to provide the information contained herein.

Notary Public

RYAN KNIGHT
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires MAR. 8, 2021

6/20/19
Date

My Commission Expires: 3/8/2021

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 025058

DECEDENT — TYPE/PRINT IN PERMANENT BLACK INK

1. DECEDENT'S LEGAL NAME: BARRY LYNN RAWLS				2. SEX: MALE	3. DATE OF DEATH: 05/03/2019
4. TIME OF DEATH (Approx.): 05:52 AM	5a. AGE: 65	5b. UNDER 1 YEAR: Months / Days	5c. UNDER 1 DAY: Hours / Minutes	6. DATE OF BIRTH: 01/10/1954	7. BIRTHPLACE: NASHVILLE, TN
8a. PLACE OF DEATH: INPATIENT					
8b. FACILITY NAME: SAINT THOMAS MIDTOWN HOSPITAL		8c. CITY OR TOWN: NASHVILLE			8d. COUNTY OF DEATH: DAVIDSON
9. MARITAL STATUS: MARRIED	10. SURVIVING SPOUSE (name prior to first marriage): PAMELA GAIL CREASY		11a. DECEDENT'S USUAL OCCUPATION: ADMINSTRATION		11b. KIND OF BUSINESS/INDUSTRY: TN DEPT OF TRANSPORTATION
12. SOCIAL SECURITY NUMBER: 000	13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE		13b. COUNTY: DAVIDSON		13c. CITY OR TOWN: NASHVILLE
13d. STREET AND NUMBER: 608 FERRINGDON COURT		13e. INSIDE CITY LIMITS?: YES	13f. ZIP CODE: 37221		14. WAS DECEDENT EVER IN US ARMED FORCES?: NO
15. DECEDENT'S EDUCATION: MASTER'S DEGREE	16. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO		17. DECEDENT'S RACE: WHITE		

NAME OF DECEDENT (First, Middle, Surname, Suffix)

PARENTS

18. FATHER'S NAME: DAVID E. RAWLS, JR.	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: LEOTA ALLEN

20a. INFORMANT'S NAME: PAMELA CREASY RAWLS	20b. RELATIONSHIP TO DECEDENT: WIFE	20c. MAILING ADDRESS: 608 FERRINGDON COURT, NASHVILLE, TN 37221

DISPOSITION

21a. METHOD OF DISPOSITION: BURIAL	21b. PLACE OF DISPOSITION: HARPETH HILLS MEMORY GARDENS	21c. LOCATION: NASHVILLE, TN

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ /e/ JUSTIN MARSHALL	22b. LICENSE NUMBER: 6288	22c. SIGNATURE OF EMBALMER: ▶ /e/ JESSICA LINEBERRY	22d. LICENSE NUMBER: 20075
23a. NAME AND ADDRESS OF FUNERAL HOME: HARPETH HILLS MEMORY GARDENS, FUNERAL HOME AND CREMATION CENTER, 9090 HIGHWAY 100, NASHVILLE, TN 37221-0242			23b. LICENSE NUMBER: 849

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ /e/ EDWARD G. BISHOP III	25. DATE FILED: 05/07/2019

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: ▶ /e/ MICHAEL NIEDERMEYER	27b. LICENSE NUMBER: 13364	27c. DATE SIGNED: 05/07/2019
27d. NAME AND ADDRESS: MICHAEL NIEDERMEYER 300 20TH AVE, NORTH SUITE G4, 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). 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. PULMONARY EMBOLUS	4 WEEKS
	DUE TO (OR A CONSEQUENCE OF)	
	b. PULMONARY SARCOMA	
	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?: YES
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?: YES

30. MANNER OF DEATH: NATURAL	31. DID TOBACCO USE CONTRIBUTE TO DEATH?: UNKNOWN	32. IF FEMALE: 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-3659 (Rev. 6/2017) RDA 10112

11118825

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

11118825
Date Issued: MAY 07 2019

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

201912120128236

CERTIFICATION

I, Ryan Knight, 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.

RK

STATE OF TENNESSEE)
COUNTY OF WILLIAMSON)

Personally appeared before me, Kailyn Weiss, a notary public for this county and state, Ryan Knight, who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Notary's Signature

MY COMMISSION EXPIRES: 7/27/2020

