Prepared By: Pamela Rutledge
1224 London Bridge Rd
Madison TN 37115

Karen Johnson Davidson County
Batch# 374365 AFFIDAVITH
03/18/2020 01:59:43 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20200318-0030039

AFFIDAVIT OF DEATH AND HEIRSHIP

Pamela Rutledge (the "Affiant"), being duly sworn upon oath, deposes and states that the Affiant resides at 1224 London Bridge Rd, Madison, Tennessee 37115 located in the County of Davidson. The Affiant is the daughter to Mrs. Sybiel Ailene Jones (Christy) (the "Decedent").

The Decedent died on 02/04/2020 in the County of Davidson in the State of Tennessee. A copy of the Official Death Certificate is attached.

When the Decedent passed he or she owned an interest in the property legally described below:

Property Owned:	Lot 1 Haynies Dudley Bell Sub & P/O closed Alley
Address:	439 Haynie Ave Nashville, Tennessee 37207
County:	Davidson
Property Owned:	Dist. 8 Map 029 C-Map 029 Parcel 062.00 2.28 acres Dist. 8 Map 029 C-Map 029 Parcel 068.00 1 acre Dist. 8 Map 029 C-Map 029 Parcel 059.00 0.4 acres with trailer
Address:	New Dry Hollow Rd Cumberland Furnace, Tennessee 37051
County:	Dickson

In the event that the Decedent passed leaving a Last Will and Testament, a copy of said Last Will and Testament shall be attached. If there is no Last Will and Testament attached hereto, then the Decedent passed intestate.

In the event that the Decedent was married, listed below will be the name of the spouse and current status of said marriage.

Name of Spouse	Status
Clyde E. Jones	Deceased

The following children were born to or adopted by the Decedent:

Name of Child	Birth Date	Status
Sallie Anne Jones Adcock	05/12/1973	Living
Melinda Ann Rutledge-Mote	06/09/1971	Living
Pamela Lorraine Rutledge	02/24/1970	Living

The estimated approximate total value of the estate of the Decedent, including the taxable interest in the aforesaid property, is $100,000.00.

No claims have been filed against the Decedent and all expenses related to medical and/or funeral expenses have been paid in full.

The Affiant will ensure that the Federal Estate Tax shall be prepared and pay in full any said amount which may be due and payable.

I declare that the information contained herein is true and correct to the best of my knowledge.

(AFFIANT SIGNATURE)

3-18-2020
(DATE SIGNED)

Pamela Rutledge
(AFFIANT NAME)

State of Tennessee

ss.

County of Davidson

This instrument was subscribed and sworn to before me on 03/18/2020 by Pamela Rutledge.

Jessica Singer
(NOTARY PUBLIC SIGNATURE)

Jessica Singer
(NOTARY PRINTED NAME)

My Commission Expires: 7/9/2022



STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER 2020 007052

1. Decedent's Legal Name: SYBIL AILENE JONES		2. Sex: FEMALE	3. Date of Death: 02/04/2020
4. Time of Death (Approx): 11:20 AM	5a. Age: 92	6. Date of Birth: 07/01/1927	7. Birthplace: DICKSON, TN
8a. Place of Death: NURSING HOME/LONG TERM CARE			
8b. Facility Name: SIGNATURE HEALTHCARE OF MADISON		8c. City or Town: MADISON	8d. County of Death: DAVIDSON
9. Marital Status: WIDOWED	10. Surviving Spouse (name, prior to first marriage)	11a. Decedent's Usual Occupation: LINE SEAMSTRESS	11b. Kind of Business/Industry: HORACE SMALL MANUFACTURING
12. Social Security Number: -4646	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON	13c. City or Town: MADISON
13d. Street and Number: 1224 LONDON BRIDGE RD	13e. Inside City Limits? YES	13f. Zip Code: 37115	14. Was Decedent ever in US Armed Forces? NO
15. Decedent's Education: 9TH - 12TH GRADE, NO DIPLOMA	16. Decedent of Hispanic Origin? NO, NOT SPANISH/HISPANIC/LATINO	17. Decedent's Race: WHITE	
18. Father's Name: RICHARD W. CHRISTY		19. Mother's Name Prior to First Marriage: SALLIE VANCE NIBLETT	
20a. Informant's Name: PAMELA RUTLEDGE	20b. Relationship to Decedent: DAUGHTER	20c. Mailing Address: 1224 LONDON BRIDGE RD., MADISON, TN 37115	
21a. Method of Disposition: BURIAL	21b. Place of Disposition: CUMBERLAND FURNACE CEMETERY	21c. Location: CUMBERLAND FURNANCE, TN	
22a. Signature of Funeral Director: ▶ /e/ WILLIAM L. HOOD	22b. License Number: 20075	22c. Signature of Embalmer: ▶ /e/ CHARLES D. CARTER	22d. License Number: 3985
22e. Name and Address of Funeral Home: TAYLOR FUNERAL HOME, INC., 214 NORTH MAIN ST, DICKSON, TN 37055			22f. License Number: 689
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III		25. Date Filed: 02/10/2020	

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.

27a. Certifier	27b. License Number	27c. Date Signed
▶ /e/ SASHA L. BOWERS	052952	02/07/2020

27d. Name and Address: SASHA L. BOWERS 1718 PATTERSON STREET, NASHVILLE, TN 37203

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 Ln a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	a. ALZHEIMERS DEMENTIA, LATE-ONSET	
	b.	
	c.	
	d.	

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: CHRONIC OBSTRUCTIVE PULMONARY DISEASE

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	PROBABLY	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

VH-1658 (Rev. 8/2017) RDA 10112

11707633

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

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Edward G. Bishop III, State Registrar — Lisa Piercey, MD, MBA, FAAP, Commissioner — Date Issued: Feb 10 2020

CERTIFICATION OF VITAL RECORD