Karen Johnson Davidson County
Batch# 409877 AFFIDAVITH
06/03/2020 03:40:57 PM 5 pgs
Fees: $27.00 Taxes: $0.00
20200603-0057258

This instrument prepared based on information
provided by the parties and not independent verification by:
C. Michael Robinson
Harrington Law Office
1215 Seventh Avenue North
Nashville, Tennessee 37208-2605
Telephone: (615) 320-9977
Facsimile: (615) 320-9929

Map & Parcel: 043 14 0 157.00
Address Owner: Cynthia Sullivan, 800 E Old Hickory Blvd
Madison, TN 37115

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

The undersigned having been first duly sworn according to law, deposes and states as follows:

1. That they have personal knowledge of the matters stated in this Affidavit.

2. That Herman Sullivan, Jr. (hereinafter "the Decedent") died intestate on September 27, 2018 leaving no spouse, no children, no parents surviving him, and one sister: Cynthia Sullivan.

3. That the Death Certificates of the Decedent and his predeceased parents are attached hereto.

4. That at the time of his death, Herman Sullivan, Jr. was sole owner of fee simple interest in the property located at 800 E. Old Hickory Blvd. Madison, TN 37115 and more particularly described as follows:

> Land in Davidson County, Tennessee, being Lot Nos. 3 and 4, Block B on the Plan of Yowell Place, of record in Book 974, page 61, Register's Office for said County.
>
> Said property fronts together 50 feet on the southerly margin of Old Hickory Boulevard and extends back between parallel lines, 227 feet to a dead line.
>
> Being the same property conveyed to Allan B. Kennedy and wife, Deborah K. Kennedy, by Deed from Marjorie B. Kennedy of record in Deed Book 5670, page 340, Register's Office for Davidson County, Tennessee.
>
> Being the same property conveyed to Herman Sullivan, Jr. by Deed from Allan B. Kennedy and wife, Deborah K. Kennedy in Deed

Book 6111 Page 823, Register's Office for Davidson County, Tennessee.

This is improved property known as 800 E. Old Hickory Blvd. Madison, TN 37115.

5. That Cynthia Sullivan is the sole surviving heir of the Decedent.

6. That Cynthia Sullivan owns the above referenced property in fee simple interest.

7. That *Tenn. Code Ann.*§ 67-4-409(a)(3)(D) exempts this instrument from tax and *Tenn. Code Ann.* § 67-4-409(a)(5) further provides the valuation oath is unnecessary, said Affidavit being use to evidence transfer of title to the property to a beneficiary.

FURTHER, AFFIANT SAY NOT.

Dated this the 3rd day of June, 2020.

Katherine Robinson Sloan

KATHERINE ROBINSON SLOAN

OATH

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Before me a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared, **KATHERINE ROBINSON SLOAN,** to me known or proved to me on the basis of satisfactory evidence to be the person described in and who executed the foregoing instrument and acknowledged that he or she executed the same as his or her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said County, on this the 3rd day of June, 2020.

CHARLES MICHAEL ROBINSON
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 12-7-2020

Cm Robinson

NOTARY PUBLIC

My Commission Expires: 12-7-20

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 053948

DECEDENT (TYPE OR PRINT IN PERMANENT BLACK INK)

1. DECEDENT'S LEGAL NAME: HERMAN BENJAMIN SULLIVAN JR
2. SEX: MALE
3. DATE OF DEATH: 09/27/2018
4. TIME OF DEATH (Approx.): 13:19
5a. AGE: 68
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH: 07/19/1950
7. BIRTHPLACE: NASHVILLE, TN
8a. PLACE OF DEATH: INPATIENT
8b. FACILITY NAME: CENTENNIAL MEDICAL CENTER
8c. CITY OR TOWN: NASHVILLE
8d. COUNTY OF DEATH: DAVIDSON
9. MARITAL STATUS: NEVER MARRIED
10. SURVIVING SPOUSE (name prior to first marriage):
11a. DECEDENT'S USUAL OCCUPATION: SKILLED LABOR
11b. KIND OF BUSINESS/INDUSTRY: HVAC
12. SOCIAL SECURITY NUMBER: 1240
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY OR TOWN: MADISON
13d. STREET AND NUMBER: 900 EAST OLD HICKORY BLVD
13e. INSIDE CITY LIMITS?: YES
13f. ZIP CODE: 37115
14. WAS DECEDENT EVER IN THE ARMED FORCES?: NO
15. DECEDENT'S EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
16. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO
17. DECEDENT'S RACE: WHITE

PARENTS

18. FATHER'S NAME: HERMAN BENJAMIN SULLIVAN SR
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: JUANITA JUNE REYNOLDS

INFORMANT

20a. INFORMANT'S NAME: CYNTHIA Y SULLIVAN
20b. RELATIONSHIP TO DECEDENT: SISTER
20c. MAILING ADDRESS: 800 EAST OLD HICKORY BLVD, MADISON, TN 37115

DISPOSITION

21a. METHOD OF DISPOSITION: CREMATION
21b. PLACE OF DISPOSITION: AFFILIATED CREMATORY
21c. LOCATION: NASHVILLE, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: /s/ CHARLES WORRELL
22b. LICENSE NUMBER: 2480
22c. SIGNATURE OF EMBALMER:
22d. LICENSE NUMBER:
23a. NAME AND ADDRESS OF FUNERAL HOME: PHILLIPS-ROBINSON FUNERAL HOME, 2707 GALLATIN PIKE, NASHVILLE, TN 37216
23b. LICENSE NUMBER: 331

REGISTRAR

24. REGISTRAR'S SIGNATURE: /s/ EDWARD G. BISHOP III
25. DATE FILED: 10/01/2018

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: /s/ KEITH HABEEB
27b. LICENSE NUMBER: 3291
27c. DATE SIGNED: 10/01/2018
27d. NAME AND ADDRESS: KEITH HABEEB 2300 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. HEMORRHAGIC SHOCK	HOURS
DUE TO (OR A CONSEQUENCE OF)	b. DIAGNOSTIC THORACENTESIS	HOURS
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?: NO
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?

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:

TH-1659 (Rev. 8/2017) RDA 10112

10483786

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.

OCT 02 2018

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

Edward G. Bishop III
State Registrar

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

1048371816
Date Issued

CERTIFICATION OF VITAL RECORD

PRINT
J
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TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Herman Benjamin Sullivan
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): May 27, 1993
4. SOCIAL SECURITY NUMBER: 3259
5a. AGE – LAST BIRTHDAY (Years): 66
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): 3-10-1927
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. 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): DVA Medical Center
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): Juanita Reynolds
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Security Guard
12b. KIND OF BUSINESS/INDUSTRY: Tobacco Company
13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Madison
13d. STREET AND NUMBER OR RURAL LOCATION: 800 Old Hickory Blvd
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37115
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): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 10; College (1-4 or

PARENTS

17. FATHER'S NAME (First, Middle, Last): Robert L. Sullivan
18. MOTHER'S NAME (First, Middle, Maiden Surname): Ethel L. Vaughn

INFORMANT

19a. INFORMANT'S NAME (Type/Print): DVA Files
19b. RELATIONSHIP TO DECEASED: None
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1310 24th Avenue 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 Veteran's Cemetery
20c. LOCATION—City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Robb Robinson
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 346
21c. SIGNATURE OF EMBALMER: ▶ Don Garrison
21d. LICENSE NUMBER OF EMBALMER: 4287
22a. NAME AND ADDRESS OF FUNERAL HOME: Phillips & Robinson FH 2707 Gallatin Road, Nashville, TN 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 331

REGISTRAR

23. REGISTRAR'S SIGNATURE ▶
24. DATE FILED (Month, Day, Year)

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 ▶
25b. LICENSE NUMBER: MD 005878
25c. DATE SIGNED (Month, Day, Year): June 3, 1993
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):
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Roger M. Des Prez, M.D. 1310 24th Avenue 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
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	Chronic Renal Failure	
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: b.	Diabetes and Hypertension	
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? 1 [ ] Yes 2 [X] 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: 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)

BIRTH NO

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH — STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Juanita June Sullivan
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): July 20, 2016
4. TIME OF DEATH (Military): 10:34 PM
5a. AGE-Last Birthday (Years): 87
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): February 25, 1929
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee

Typewriter or Permanent Black Ink

6e. 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)

6a. FACILITY NAME (If not institution, give street and number): Creekside Health and Rehab
6b. CITY OR TOWN: Madison
6d. 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): N/A
11a. DECEDENT'S USUAL OCCUPATION: Skilled Labor
11b. KIND OF BUSINESS/INDUSTRY: Shoe Factory

12. SOCIAL SECURITY NUMBER: -3050
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Madison
13d. STREET AND NUMBER: 800 Old Hickory Blvd.East
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37115
14. WAS DECEDENT EVER IN U.S. 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): Clayborne Reynolds
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Synthia Margaret Stanford

INFORMATION

20a. INFORMANT'S NAME: Cynthia Sullivan
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 800 Old Hickory Blvd.East Madison, TN 37115

21a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removed from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Affiliated Crematory
21c. LOCATION – City or Town and State: Nashville,TN

22a. SIGNATURE OF FUNERAL DIRECTOR: [signature] 3 pc + IP
22b. LICENSE NUMBER: 6054
22c. SIGNATURE OF EMBALMER
22d. LICENSE NUMBER

23a. NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Funeral Home, 2707 Gallatin Road, Nashville, Tennessee 37216
23b. LICENSE NUMBER OF FUNERAL HOME: 331

REGISTRAR

24. REGISTRAR'S SIGNATURE: [signature] Hawi DR
25. DATE FILED (Month, Day, Year): 7/26/2016

CERTIFIER

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.

PHYSICIAN OR MEDICAL EXAMINER/CNM/CNP: CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS

27a. SIGNATURE OF CERTIFIER: [signature] MD
27b. LICENSE NUMBER: 17891
27c. DATE SIGNED (Month, Day, Year): 7/22/16
27d. NAME AND ADDRESS: Robert Berkompas, M.D. 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. Stroke	
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. 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: Alzheimer's dementia

28e. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
28f. 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)

TN-165R (Rev. 10/2011) — RDA 1366

8356132

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.

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

8356132

Date Issued: JUL 26 2016

CERTIFICATION OF VITAL RECORD