P-PARCEL NUMBERS
147-08-0-047.00

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Comes the Affiant, Joesph H. Watson, Jr., being first duly sworn according to law, and being of lawful age and a resident of the State of Tennessee for the past 62 years, pursuant to Tennessee Code Annotated § 30-2-712, hereby swears to the following of his own free will and based upon his personal knowledge and familiarity:

1. Willis R. Plunk died on January 13, 2017.

2. At the time of his death, Willis R. Plunk owned an interest in property located 4832 Hopedale Drive, Nashville, Tennessee 37211 with Willie B. Plunk, as tenants in common, and more particularly described as follows:

LAND in Davidson County, Tn. Being Lot No. 56 on the plan of Section IT, Beverly Heights, of record in Book 2331, Page 42, Register's Office for Davidson County, Tn.

Said Lot No. 56 fronts 147 feet on the northeasterly side of Hopedale Drive and runs back 188 feet on the westerly line and 205.3 feet on the easterly line to a dead line on which it measures 87.3 feet.

BEING the same property quitclaimed by Willis Ronald Plunk to Willie Berry Plunk, of record in Book 8503, Page 200, Register's Office for Davidson County, Tennessee. Willis Ronald Plunk and Willis R. Plunk are one and the same person. Willie B. Plunk and Willie Berry Plunk are one and the same person.

This is improved property known as 4832 Hopedale Drive, Nashville, Tennessee 37211.

Karen Johnson Davidson County
Batch# 479132 AFFIDAVITH
09/21/2020 08:30:00 AM 3 pgs
Fees: $17.00 Taxes: $0.00
20200921-0107502

3. The Decedent, Willis R. Plunk, left no surviving spouse.

4. The Decedent, Willis R. Plunk died leaving three (3) children, Linda Christine Plunk, Willie B. Plunk, and Montie David Plunk. The Decedent had no other children.

5. At the time of his death, the Decedent owned property located in Nashville, Tennessee,

6. This Affidavit will confirm the vesting of the ownership interest of Willis R. Plunk to the real property described herein, after the death of Willis R. Plunk in Linda Christine Plunk, Willie B. Plunk, and Montie David Plunk.

FURTHER AFFIANT SAYETH NAUGHT.

AFFIANT

Sworn to and subscribed before me this 17th day of July, 2020

NOTARY PUBLIC

My commission expires: 5/3/2021

PREPARED BY:

PAULA OGLE BLAIR, #15862
Attorney for Willie B. Plunk
211 Donelson Pike, Suite 214
Nashville, TN 37214
(615) 882-0190
Pblairlaw@comcast.net

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Willis Ronald Plunk	2. SEX: Male	3. DATE OF DEATH (Month, Day, Year): January 13, 2017	
4. TIME OF DEATH (Hours): 9:13 pm	5a. AGE-Last Birthday (Years): 86	5b. UNDER 1 YEAR: Months / Days	5c. UNDER 1 DAY: Hours / Minutes	6. DATE OF BIRTH (Month, Day, Year): July 15, 1930	7. BIRTHPLACE (City and State or Foreign Country): Jacks Creek, TN

8a. 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)

8b. FACILITY NAME (If not institution, give street and number): Bethany Health & Rehab Center	8c. CITY OR TOWN: Nashville	8d. 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)	11a. DECEDENT'S USUAL OCCUPATION: Aircraft Fabrication	11b. KIND OF BUSINESS/INDUSTRY: AVCO Aerostructures
12. SOCIAL SECURITY NUMBER: I-3154	13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee	13b. COUNTY: Davidson	13c. CITY OR TOWN: Antioch
13d. STREET AND NUMBER: 3361 Old Franklin Road	13e. INSIDE CITY LIMITS? ☒ Yes ☐ No	13f. ZIP CODE: 37013	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

18. FATHER'S NAME (First, Middle, Last): Homer James Plunk	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Eva Smith	
20a. INFORMANT'S NAME: Montie Plunk	20b. RELATIONSHIP TO DECEDENT: Son	20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 3361 Old Franklin Road, Antioch, TN 37013
21a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)	21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Middle Tennessee Cremation Center	21c. LOCATION - City or Town and State: Mt. Juliet, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Wendell L. Byrd	22b. LICENSE NUMBER: 2556	22c. SIGNATURE OF EMBALMER: ▶ NONE	22d. LICENSE NUMBER:
23a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Hickory Chapel, 5852 Nolensville Road, Nashville, TN 37211			23b. LICENSE NUMBER OF FUNERAL HOME: 760
24. REGISTRAR'S SIGNATURE: ▶ DR		25. DATE FILED (Month, Day, Year): 1/18/17	

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.

27a. SIGNATURE OF CERTIFIER: ▶ Ralf Habermann MD	27b. LICENSE NUMBER: 27476	27c. DATE SIGNED (Month, Day, Year): 1/17/17
	27d. NAME AND ADDRESS: Ralf Habermann MD, Vanderbilt MCE 7 Fl., #4, Nashville, TN 37232	

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. Cerebral anoxia	
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): CHF	
	c. due to (or as a consequence of): AS (V)	
	d. due to (or as a consequence of): HTN	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
Vascular Dementia DM II, PVD

28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☐ No
28b. 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)

TH-1656 (Rev. 10/2011) RDA 1300

08989539

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.

JAN 18 2017

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

Lori B. Ferranti, PhD, MSN, MBA, RN
State Registrar/Asst. Commissioner

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

0 8 9 8 9 5 3 9
Date Issued

CERTIFICATION OF VITAL RECORD