Karen Johnson Davidson County
Batch# 540136 AFFIDAVITH
12/22/2020 12:35:01 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20201222-0152216

This instrument was prepared by:
Gary Hutcherson [*name*]
5550 Fairway Court [*street or postal address*]
Pegram, TN 37143 [*city, state, zip code*]

GRANTEE(S): Gary Wade Hutcherson [*names*]

SEND TAX NOTICES TO: 5550 Fairway Court, Pegram, TN 37143 [*postal address, city, state, zip code*]

MAP PARCEL NUMBER: 091-09-0 217.00

AFFIDAVIT OF HEIRSHIP

Tennessee Code Annotated § 30-2-712.

STATE OF TENNESSEE
COUNTY OF Davidson

The undersigned, being duly sworn, deposes and says:

1. My full name is June Roberson. I will refer to myself in this Affidavit as the Affiant.
2. I reside at 507 River Rouge Dr Nashville, Tn 37209. [*street address, city, state, zip code*]
3. I have personal knowledge of the matters stated in this Affidavit.
4. On 3/26/19 [*date of death*], AnnaClaire Hutcherson [*full name of decedent*] died at alive Hospice [*place of death*]. I will refer to this person as the Decedent.
5. The real property to which this Affidavit applies is located at 6324 Alamo Place [*address*] in Davidson County, Tennessee, more fully described as: [*complete legal description*] control # 94 162-519-00 Map/Par 091-09-0 217.00 SA/FB 08DA 29600 Lot 24 Blk C Sec 2 Crolewood
For prior title, see Book 1438 [*number*], Page 598 [*number*] in the Register's Office of Davidson County, Tennessee.
6. At the time of the Decedent's death, the Decedent resided at 6324 Alamo Place Nashville, Tn 37209 [*street address, city, state, zip code*]
7. The estate of the Decedent ..... [*select one*]
   - ☒ Was not administered in a proceeding supervised by a court.
   - ☐ Was administered in a proceeding supervised by a court in _____ [*county and state*] in the _____ [*court*] in case no. _____.

8. Facts concerning my relationship to the Decedent are: Niece

9. Additional facts pertinent to determine who is legally entitled to the estate of the Decedent at the time of the Decedent's death are: Gary Wade Hutcherson is only child of Anna & Harold Hutcherson both deceased

Affiant

Sworn to and subscribed before me this 13th day of Dec, 2020

My Commission expires: 22 May 2022

Notary Public

D. DOWNEY
STATE OF TENNESSEE NOTARY PUBLIC
CHEATHAM COUNTY

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 016710

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEDENT'S LEGAL NAME: ANNA CLAIRE HUTCHERSON					2. SEX: FEMALE	3. DATE OF DEATH: 03/26/2019
4. TIME OF DEATH (Approx.): 09:45 AM	5a. AGE: 85	5b. UNDER 1 YEAR: Months / Days	5c. UNDER 1 DAY: Hours / Minutes	6. DATE OF BIRTH: 10/22/1933	7. BIRTHPLACE: NASHVILLE TN	
8a. PLACE OF DEATH: HOSPICE FACILITY						
8b. FACILITY NAME: ALIVE HOSPICE		8c. CITY OR TOWN: NASHVILLE			8d. COUNTY OF DEATH: DAVIDSON	
9. MARITAL STATUS: WIDOWED	10. SURVIVING SPOUSE (name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION: ACCOUNTING ASSISTANT			11b. KIND OF BUSINESS/INDUSTRY: TELECOMMUNICATIONS	
12. SOCIAL SECURITY NUMBER: -6612	13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE	13b. COUNTY: DAVIDSON	13c. CITY OR TOWN: NASHVILLE			
13d. STREET AND NUMBER: 6324 ALAMO PLACE	13e. INSIDE CITY LIMITS?: YES	13f. ZIP CODE: 37209	14. WAS DECEDENT EVER IN US 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				
18. FATHER'S NAME: JAMES EVERETT FULGHUM	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: SADIE BAILEY					
20a. INFORMANT'S NAME: GARY HUTCHERSON	20b. RELATIONSHIP TO DECEDENT: SON	20c. MAILING ADDRESS: 5550 FAIRWAY COURT, PEGRAM TN 37143				
21a. METHOD OF DISPOSITION: BURIAL	21b. PLACE OF DISPOSITION: HARPETH HILLS MEMORY GARDENS	21c. LOCATION: NASHVILLE, TN				
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ /s/ TRUDY RIGGS	22b. LICENSE NUMBER: 6873	22c. SIGNATURE OF EMBALMER: ▶ /s/ Justin Drew Marshall	22d. LICENSE NUMBER: 6269			
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			
24. REGISTRAR'S SIGNATURE: ▶ /s/ EDWARD G. BISHOP III	25. DATE FILED: 03/28/2019					

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	27b. LICENSE NUMBER	27c. DATE SIGNED
▶ /s/ LAURA THARPE	048448	03/28/2019

27d. NAME AND ADDRESS: LAURA THARPE 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 (First disease or condition resulting in death) →	a. CONGESTIVE HEART FAILURE	
	DUE TO (OR A CONSEQUENCE OF)	
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. ATHEROSCLEROTIC CARDIOVASCULAR DISEASE	
	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

28a. WAS AN AUTOPSY PERFORMED?: NO

28b. 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	NO	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		

FH-1659 (Rev. 8/2017) RDA 10712

11032071

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.

MAR 2 8 2019

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

Edward G. Bishop III
State Registrar

11032071
Date Issued

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

9200009 — STATE FILE NUMBER 92 000228

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Ernest Harold Hutcherson
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): January 5, 1992
4. SOCIAL SECURITY NUMBER: -1265
5a. AGE – LAST BIRTHDAY (Years): 62
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): April 24, 1929
7. BIRTHPLACE (City and State or Foreign Country): Fairview, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 6324 Alamo Place
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): Anna Fulghum
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Warehouse Man
12b. KIND OF BUSINESS/INDUSTRY: Holley Replacement Parts
13a. RESIDENCE—STATE: Tennessee
13b. COUNTY: Davidson 14
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 6324 Alamo Place
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37209
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 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Frank Hutcherson
18. MOTHER'S NAME (First, Middle, Maiden Surname): Ruby Stinson

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Anna Hutcherson
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 6324 Alamo Place, Nashville, Tennessee 37209

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): Harpeth Hills Memory Gardens
20c. LOCATION—City or Town, State: Nashville, Tennessee 37221

FUNERAL DIRECTOR

21a. SIGNATURE OF FUNERAL DIRECTOR: William Puckett
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3296
21c. SIGNATURE OF EMBALMER: William Puckett
21d. LICENSE NUMBER OF EMBALMER: 3663
22a. NAME AND ADDRESS OF FUNERAL HOME: Harpeth Hills Funeral Home, 9090 Highway 100, Nashville, Tennessee 37221
22b. LICENSE NUMBER OF FUNERAL HOME: 849

REGISTRAR

23. REGISTRAR'S SIGNATURE: Mary C. Penticost
24. DATE FILED (Month, Day, Year): January 7, 1992

PHYSICIAN

25a. 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: James E. Anderson MD
25b. LICENSE NUMBER: MD3576
25c. DATE SIGNED (Month, Day, Year): Jan 7, 1992

MEDICAL EXAMINER

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. James Anderson, 2611 West End Avenue, Nashville, Tennessee

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. Congestive Heart 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. DUE TO (OR AS A CONSEQUENCE OF):
c. 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

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 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

PH-1058 REV. 1/88

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 only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

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

Paula Taylor
State Registrar

APR 7 - 1997
Date Issued

CERTIFICATION OF VITAL RECORD