Heirship Affidavit

Prepared by: Ann Price **3838 Crouch Drive** **Nashville, TN 37207** **If recorded, return to:** **Deborah E. Easley** **Carl M. Easley**	Karen Johnson Davidson County Batch# 570551 **AFFIDAVITH** 02/08/2021 03:25:27 PM 6 pgs Fees: $32.00 Taxes: $0.00 20210208-0018030 **——————above this line for official use only——————**

AFFIDAVIT OF HEIRSHIP

(Heirship of Fannie Lue Easley (Deceased)

STATE OF TENNESSEE)
COUNTY OF Davidson)

BEFORE ME, the undersigned authority, on this day personally appeared Deron Ray Fuqua, ("AFFIANT") who is personally known to me (or, if not being personally known to me, did confirm his identity presenting drivers license number as identification), and appearing to be fully competent and of sufficient age, upon being duly sworn, stated upon Affiant's oath the following:

1. My name is Deron Ray Fuqua, and I live at 3957 Lloyd Rd. Whites Creek TN 37189. I am personally familiar with the family and marital history of Fannie Lue Easley ("Decedent"), and I have personal knowledge of the facts stated in this affidavit.

2. I knew decedent from September 20,1974 until March 26, 2000. I was personally well acquainted with the named decedent during his/her lifetime.

3. The Decedent died on March 26, 2000 at the following place of death: Nashville, Davidson (County), Tennessee (Baptist Hospital). At the time of decedent's death, decedent's residence address was 4221 Homehaven Drive, Nashville, Tennessee, 37218.

4. I was well acquainted with the family and near relatives of the said decedent, and with all those who would under the laws of the State of Tennessee, be his/her heirs. The following statements and the information contained herein, including my answers to named questions below, are based upon my personal knowledge and are true and correct.

QUESTION 1 - Did the decedent leave a will? **ANSWER**: YES

QUESTION 2 - If the decedent left a will, has the will been admitted to probate?

ANSWER: NO If YES, at what place, and when? No

ANSWER: N/A COUNTY, Tennessee **N/A** CAUSE NUMBER **N/A** DATE

QUESTION 3 - If the decedent left no will, has an administrator or personal representative been appointed for the estate of said deceased? **ANSWER**: NO

QUESTION 4 - If an administrator or personal administrator has been appointed, give the County in which the proceedings are pending, and the name and address of the administrator or personal representative.

ANSWER: N/A

Heirship Affidavit

COUNTY CAUSE NUMBER	NAME N/A	ADDRESS N/A

QUESTION 5 - Give the name and address of the surviving widow or widower of decedent.

ANSWER:

NAME	ADDRESS	If not now living, state date of death:
John Thomas Easley Sr.	Deceased	March 21, 1999

QUESTION 6 - If the decedent was married more than once, give the name(s) of the former husband or wife, and state whether said former spouse is dead or divorced.

ANSWER:

NAME	STATUS (Dead or Divorced)
N/A	N/A

QUESTION 7 - Give the names and places of residence of all the surviving children of deceased, together with the other information called for:

ANSWER: (Give names of surviving children only)

NAME OF CHILD	ADDRESS	DATE OF BIRTH	IF NOT LIVING DATE OF DEATH	HUSBAND OR WIFE NAME
Deborah E. Easley	4221 Homehaven Drive , Nashville, TN 37218	9/19/1959	N/A	N/A
Carl M. Easley	2964 Owendale Drive, Antioch, TN 37013	2/10/1965	N/A	Avis. S. Easley
John T. Easley, Jr.	1634 Lakeshore Drive Murfreesboro, TN 37130	4/1/1961	N/A	Divorced

Heirship Affidavit

QUESTION 8 - Give the name and address of any deceased children of the decedent, together with the other information called for:

ANSWER:

NAME OF CHILD	DATE OF BIRTH	DATE OF DEATH	SURVIVING HUSBAND OR WIFE NAME	DATE OF DEATH OF SPOUSE, IF APPLICABLE
N/A				

QUESTION 9 - Give the names and addresses of the children of any deceased son or daughter of the decedent:

ANSWER:

NAME OF CHILD	ADDRESS OF IF NOT LIVING DATE OF DEATH	DATE OF BIRTH	NAME OF FATHER OR MOTHER
N/A			

Heirship Affidavit

QUESTION 10 - Did the decedent have any adopted children, or step-children taken into his home?

ANSWER: YES/NO. If yes, provide their names, ages and addresses below:

NAME	ADDRESS	AGE
N/A		

QUESTION 11 - Did the decedent have any unpaid debts? **ANSWER**: NO.
If yes, provide as nearly as possible the amount of the debt and creditor and whether such debt has since been paid

ANSWER:

CREDITOR	AMOUNT OF DEBT	HAS DEBT NOW BEEN PAID
N/A		

QUESTION 12 - If the decedent left no children, then give below the names and addresses (together with other information called for), or his or her surviving father, mother, brothers, sisters:

ANSWER:

NAME	RELATIONSHIP	AGE	ADDRESS OR DATE OF DEATH
N/A			

QUESTION 13 - If the decedent left no children, spouse, mother, father, brother or sister, state all other known relatives:

ANSWER:

NAME	RELATIONSHIP	AGE	ADDRESS
N/A			

Heirship Affidavit

QUESTION 14: Did the decedent own any real estate in this State:

ANSWER: YES

If yes, list
Address or short description: 4221 Homehaven Drive, Nashville, TN 37218
County: _____
Address or short description: _____
County: _____
Address or short description: _____
County: _____
Address or short description: _____
County: _____
Address or short description: _____
County: _____

QUESTION 15: What is your relationship to the deceased?

ANSWER: Friend of family and Neighbor

Deron Fuqua 2-5-2021
AFFIANT SIGNATURE

State of Tennessee)
County of Davidson)

On this 5th day of February, 2021, before me personally appeared
Deron Ray Fuqua, to me known to be the person (or persons) described in and who executed the foregoing instrument, and acknowledged that such person (or persons) executed the same as such person (or person's) free act and deed.

Witness my hand, at office, this 5th day of February, 2021.

ANNIE S. PRICE
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 5-2-2022

Annie S Price
Notary's Signature

Seal

My commission expires May 2, 2022

Metropolitan Government of Nashville and Davidson County

Bill Purcell, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

John P. Dunn
LOCAL REGISTRAR

06-1247

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT: For use by physician or institution

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Fannie Lue Easley
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): March 26, 2000
4. SOCIAL SECURITY NUMBER (of Deceased): -4103
5a. AGE-LAST BIRTHDAY (Years): 73
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Jun 22, 1926
7. BIRTHPLACE (City and State or Foreign Country): Antioch, TN 37011
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [X] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Baptist Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed Divorced (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name): NONE
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Housewife
12b. KIND OF BUSINESS/INDUSTRY: Domestic
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 4221 Home Haven Dr.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37218
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): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Felix Ridley
18. MOTHER'S NAME (First, Middle, Maiden Surname): Willie Mable Covington

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Carl Easley
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2964 Owendale Dr., Antioch, TN 37013

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): Greenwood Cemetery
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Richard A. Lewis
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3633
21c. SIGNATURE OF EMBALMER: ▶ Delmas Bogus
21d. LICENSE NUMBER OF EMBALMER: 3687
22a. NAME AND ADDRESS OF FUNERAL HOME: LEWIS & WRIGHT FUNERAL DIRECTORS, 2500 Clarksville Hwy., Nashville, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 0812

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Kathleen L. Bowen
24. DATE FILED (Month, Day, Year): March 28, 2000

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 [ ] SIGNATURE AND TITLE OF PHYSICIAN: ▶ Donna D. Smith
25b. LICENSE NUMBER: MD.021906 / MD021956
25c. DATE SIGNED (Month, Day, Year): 3/28/00
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)

CAUSE OF DEATH

SEE INSTRUCTIONS ON OTHER SIDE

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. 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 [ ] 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
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-1659
REV. 2-93

RDA 1399