Karen Johnson Davidson County
Batch# 573897 AFFIDAVITH
02/12/2021 11:06:47 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20210212-0020268

AFFIDAVIT OF DEATH AND HEIRSHIP

Diedra Renelle Jones (the "Affiant"), being duly sworn upon oath, deposes and states that the Affiant resides at 6414 Tungsten, Killeen, Texas 76542 located in the County of Bell. The Affiant is the daughter to Ms. Carlene Jones Norris (the "Decedent").

The Decedent died on 12/28/2020 in the County of Davidson in the State of Tennessee. A copy of the Official Death Certificate is attached.

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
Portor Boyd Jones	Deceased
Sam Beasley	Deceased
James Norris	Deceased

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

Name of Child	Birth Date	Status
Derek Renod Jones	03/21/1956	Living
Diedra Renelle Jones	01/04/1958	Living
Adrain Denairs Jones-Wells	08/05/1960	Living

The estimated approximate total value of the estate of the Decedent, including the taxable interest in the aforesaid property, is $245,000.00.

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.

Diedra R. Jones
(AFFIANT SIGNATURE)

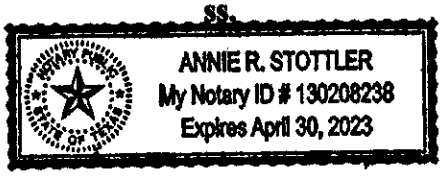
19 Jan 2021
(DATE SIGNED)

Diedra Renelle Jones
(AFFIANT NAME)

PREPARED By:
DIEDRA RENELLE JONES
6414 TUNGSTEN DRIVE
KILLEEN, TX 76542

State of Texas

County of Bell ss.



This instrument was subscribed and sworn to before me on by Diedra Renelle Jones.

Annie L. Stottler
(NOTARY PUBLIC SIGNATURE)

Annie R. Stottler
(NOTARY PRINTED NAME)

My Commission Expires: April 30, 2023

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: 2020 085799

1. Decedent's Legal Name: CARLENE MORRIS			2. Sex: FEMALE	3. Date of Death: 12/28/2020
4. Time of Death (Approx.): 17:10	5c. Age: 84	6. Date of Birth: 06/30/1936	7. Birthplace: COLUMBIA, TN	
8a. Place of Death: ER/OUTPATIENT				
8b. Facility Name: TRISTAR SKYLINE MEDICAL CENTER		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: PHLEBOTOMIST		11b. Kind of Business/Industry: HEALHCARE
12. Social Security Number: [redacted]-1471	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: NASHVILLE
13d. Street and Number: 2526 ALLENWOOD DRIVE		13e. Inside City Limits?: YES	13f. Zip Code: 37207	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: BLACK OR AFRICAN AMERICAN	
18. Father's Name: JOHN WESLEY MATTHEWS		19. Mother's Name Prior to First Marriage: MAGNOLIA COBBLE BRADEN		
20a. Informant's Name: DIEDRA JONES	20b. Relationship to Decedent: DAUGHTER	20c. Mailing Address: 6414 TUNGSTEN DRIVE, KILLEEN, TX 76542		
21a. Method of Disposition: BURIAL	21b. Place of Disposition: JOHNSON CHAPEL CEMETERY		21c. Location: CULLEOKA, TN	
22a. Signature of Funeral Director: /s/ TONYA SCALES HAYNES	22b. License Number: 5881	22c. Signature of Embalmer: /s/ Tonya Scales Haynes		22d. License Number: 5682
23a. Name and Address of Funeral Home: NEW GENERATION FUNERAL HOME, 2930 MURFREESBORO PIKE, ANTIOCH, TN 37013-2226				23b. License Number: 1217
24. Registrar's Signature: /s/ EDWARD G BISHOP III			25. Date Filed: 01/05/2021	

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: /s/ JONATHAN KING	27b. License Number: 55780	27c. Date Signed: 01/05/2021

27d. Name and Address: JONATHAN KING 3441 DICKERSON PIKE, NASHVILLE, TN 37207

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 line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	a. CARDIAC ARREST	IMMEDIATE
	b. HYPERKALEMIA	HOURS
	c. AKI	DAYS
	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: 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	

PH-1659E RDA 10112

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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

1 2 5 7 1 9 6 1

Edward G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

Date Issued: Jan 06 2021

CERTIFICATION OF VITAL RECORD