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tax statements to:
Roscoe Jerome Hamby
4096 Kings Lane
Nashville, TN 37218

Karen Johnson Davidson County
Batch# 607447 AFFIDAVITH
04/06/2021 12:31:23 PM 5 pgs
Fees: $27.00 Taxes: $0.00
20210406-0044924

This instrument prepared by:
Geraldine Hamby
4096 Kings Lane
Nashville, TN 37218

AFFIDAVIT OF HEIRSHIP
Under T.C.A § 30-2-712

STATE OF Tennessee
COUNTY OF Davidson

On this 26 day of March , 2021 , before me personally appeared
Roscoe Jerome Hamby
to me personally known, who being by me duly sworn, on oath did say that Affiant is over eighteen (18) years of age, resides at 4096 Kings Lane, Nashville, Tennessee 37218 and is familiar with the family history of Mary Lean Hamby , deceased.

And that said decedent died on the 27 day of May , 2020 , residing at 4096 Kings Lane , Nashville, Tennessee 37218 and owning an interest in the following described real estate in Davidson County, Tennessee:
See Exhibit A

And Affiant further states that said decedent left surviving the following persons, as heirs or persons otherwise interested in the estate:

1. a. Surviving Spouse:

   b. Children:
   Roscoe Jerome Hamby, 4096 Kings Lane, Nashville, Tennessee 37218
   c. Children of deceased children:

   d. Adopted children:

   e. Children of deceased adopted children:

(if none above, see 2)

2. Parents:

(if none above, see 3)

3. a. Sibling(s):

   b. Children of deceased sibling(s):

(if none above, see 4)

4. a. Paternal grandparent(s):

   b. Children of deceased paternal grandparent(s)
   i.e. aunt(s)/uncle(s):

   c. Children of deceased paternal aunt(s)/uncle(s)
   i.e. cousin(s)

   d. Maternal grandparent(s):

   e. Children of deceased maternal grandparent(s)
   i.e. aunt(s)/uncle(s):

   f. Children of deceased maternal aunt(s)/uncle(s)
   i.e. cousin(s):

Exhibit A

Map & Parcel: 058 14 0 108.00
Current Owner: Roscoe and Geraldine Hamby
Address: 4096 Kings Lane, Nashville, TN 37218
Zone: 4
Neighborhood: 3532
Deed Reference: 00004832-0000248

LOT 6 GOLD KEY ADDITION SEC 1 105X150XIR

And Affiant further states that said decedent left no other children or adopted children or descendants of deceased children or adopted children.

And that all of the above parties are over the age of eighteen (18) years, except the following:
Names of minors:

And said decedent ☐ left a will / ☒ did not leave a will.

And that the debts against the estate ☒ have been paid / ☐ have not been paid.

Affiant

Roscoe Jerome Hamby

Print name

STATE OF Tennessee
COUNTY OF Davidson

Sworn to and subscribed before me this 26 day of MARCH, 2021.

Eileen L. Redmond

Signature

Eileen L. Redmond

Print name

Notary

Title

My commission expires: 11/08/2024



STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2020 034750

1. Decedent's Legal Name: MARY LEAN HAMBY		2. Sex: FEMALE	3. Date of Death: 05/27/2020
4. Time of Death (Approx.): 12:38 AM	5a. Age: 98	6. Date of Birth: 08/30/1921	7. Birthplace: NASHVILLE, TN
8. Place of Death: DECEDENT'S HOME			
8b. Facility Name: 4096 KINGS LANE	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: GUIDANCE COUNSELOR	11b. Kind of Business/Industry: METROPOLITAN BOARD OF
12. Social Security Number: 3429	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON	13c. City or Town: NASHVILLE
13d. Street and Number: 4096 KINGS LANE	13e. Inside City Limits? YES	13f. Zip Code: 37218	14. Was Decedent ever in US Armed Forces? NO
15. Decedent's Education: MASTER'S DEGREE	16. Decedent of Hispanic Origin? NO, NOT SPANISH/HISPANIC/LATINO	17. Decedent's Race: BLACK OR AFRICAN AMERICAN	
18. Father's Name: DEMPSEY FARR		19. Mother's Name Prior to First Marriage: MARTHA ELIZABETH DAVIDSON	
20a. Informant's Name: ROSCOE J. HAMBY, JR.	20b. Relationship to Decedent: SON	20c. Mailing Address: 4096 KINGS LANE, NASHVILLE, TN 37218	
21a. Method of Disposition: BURIAL	21b. Place of Disposition: GREENWOOD CEMETERY	21c. Location: NASHVILLE, TN	
22a. Signature of Funeral Director: ▶ /s/ BRANDON STARKS	22b. License Number: 4453	22c. Signature of Embalmer: ▶ /s/ Michael A Miller	22d. License Number: 03957
23a. Name and Address of Funeral Home: DIXIE FUNERAL HOME, 750 BILLS ST, BOLIVAR, TN 38008-2508			23b. License Number: 300
24. Registrar's Signature: ▶ /s/ EDWARD G BISHOP III		25. Date Filed: 06/16/2020	

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	27b. License Number	27c. Date Signed
▶ /s/ DANIEL CARMODY	037163	06/14/2020

27d. Name and Address: DANIEL CARMODY 2000 CHURCH STREET BOX 102, NASHVILLE, TN 37236

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. CHRONIC DIASTOLIC HEART FAILURE	YEARS
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.	
	c.	
	d.	

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: SECONDARY PULMONARY HYPERTENSION, SEVERE OBSTRUCTIVE SLEEP APNEA, CHRONIC KIDNEY DISEASE

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

TH-9699 (Rev. 8/2017) RDA 10112

12096198

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.

Edward G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

120961698

Date Issued: Jun-16-2020

CERTIFICATION OF VITAL RECORD