This Instrument prepared by: Elizabeth V. Newland 2261 W. Jefferson Pike Murfreesboro, Tn. 37129

AFFIDAVIT AS TO HEIRS
(Pursuant to T.C.A. §30-2-712)

STATE OF TN
COUNTY OF Davidson

On this 6 day of Oct, 2021, before me personally appeared Elizabeth V. Newland, 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 2261 W Jefferson Pike Murfreesboro Tn 37129 and is familiar with the family history of James Wesley Bennett Sr. deceased, who was the owner of the following property: 2916 Glencliff Rd. Nashville Tn. 37211

And that said decedent died on the 13 day of Sept, 2021 and that the place of residence and homestead, at the time of death, was as follows:

And Affiant further states that said deceased left surviving the following persons, as heirs or persons otherwise Interested in the estate,

	NAME	ADDRESS
1. a. Surviving Spouse	NONE	
b. Children	Candi Chase	1735 Tradewinds Tr. Murfreesboro Tn. 37128
	James Bennett Jr.	5608 Hickory Meadows Ct. Brentwood Tn. 37027
c. Children of deceased children	NONE	
d. Adopted children	NONE	
e. Children of deceased adopted children	NONE	

(if none above, go to 2)

2. Parent(s)

(if none above, go to 3)

3. a. Brother(s)/sister(s)

b. Children of deceased brother(s)/sister(s)

(if none above, go to 4)

Karen Johnson Davidson County
Batch# 731114 **AFFIDAVITH**
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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. cousins

   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. cousins

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 years, except the following:

Names of minors:

And said deceased _ left a will / _ did not leave a will.

And that the debts against said estate _ have been paid / _ have not been paid.

Elizabeth V. Haviland

Signature

STATE OF Tennessee
COUNTY OF Rutherford

Sworn and subscribed before me this 6th day of October, 2021.

Leslie Milley

Notary Public

My Commission Expires: 5/23/2023

LESLIE MILLEY
STATE OF TENNESSEE NOTARY PUBLIC
RUTHERFORD COUNTY

My Commission Expires May 23, 2023

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2021 067572

1. Decedent's Legal Name: JAMES WESLEY BENNETT SR		2. Sex: MALE	3. Date of Death: 09/13/2021
4. Time of Death (Approx.): 06:08 AM	5a. Age: 76	6. Date of Birth: 01/11/1945	7. Birthplace: NASHVILLE, TN
8a. Place of Death: ER/OUTPATIENT			
8b. Facility Name: TRISTAR SOUTHERN HILLS MEDICAL CENTER		8c. City or Town: NASHVILLE	8d. County of Death: DAVIDSON
9. Marital Status: DIVORCED	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation: SWITCHER	11b. Kind of Business/Industry: TRUCKING COMPANY
12. Social Security Number: -4264	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON	13c. City or Town: NASHVILLE
13d. Street and Number: 2916 B GLENCLIFF ROAD	13e. Inside City Limits?: YES	13f. Zip Code: 37211	14. Was Decedent ever in US Armed Forces?: YES
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: CHARLES WESLEY BENNETT		19. Mother's Name Prior to First Marriage: VERA PEARL JUDKINS	
20a. Informant's Name: CANDI CHASE	20b. Relationship to Decedent: DAUGHTER	20c. Mailing Address: 1735 TRADEWINDS TRAIL, MURFREESBORO, TN 37128	
21a. Method of Disposition: BURIAL	21b. Place of Disposition: WOODLAWN MEMORIAL PARK	21c. Location: NASHVILLE, TN	
22a. Signature of Funeral Director: ▶ /e/ J. DAVID DIAL	22b. License Number: 5144	22c. Signature of Embalmer: ▶ /e/ Rebecca Smith	22d. License Number: 6672
23a. Name and Address of Funeral Home: WOODBINE FUNERAL HOME, INC., 3620 NOLENSVILLE ROAD, NASHVILLE, TN 37211			23b. License Number: 396
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III		25. Date Filed: 10/01/2021	

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: ▶ /e/ MARK BYRAM	27b. License Number: 28482	27c. Date Signed: 09/27/2021
27d. Name and Address: MARK BYRAM 391 WALLACE, NASHVILLE, TN 37211		

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	
	b.	
	c.	
	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: N/A	
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

Edward G Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

1 3 5 8 3 0 6 1

Date Issued: Oct-01-2021

CERTIFICATION OF VITAL RECORD