Karen Johnson Davidson County
Batch# 761324 AFFIDAVITH
11/24/2021 04:08:19 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20211124-0156631

This instrument was prepared by:
Bruce H. Gardner
309 Kate St.
Madison TN 37115

GRANTEE(S): DANIELCEE WHIDBY

SEND TAX NOTICES TO: 307 KATE ST, MADISON TN 37115
MAP PARCEL NUMBER: 043-09-0-312.00

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 Shannon L. Cagle. I will refer to myself in this Affidavit as the Affiant.

2. I reside at 235 Aurora Ave, Madison TN 37115.

3. I have personal knowledge of the matters stated in this Affidavit. I am a friend of the family, having known the decedent for over 25 years.

5. The real property to which this Affidavit applies is located at 307 Kate St., Madison TN, 37115, in Davidson County, Tennessee, more fully described as:

   Land in Davidson County, Tennessee, Being Lots No. 22 and 23 of Block "M" on the Map of Woodlawn Estates, as of record in Book 843, Page 82, Register's Office for said County.

   Being the same property conveyed to Clayton L. Blaylock and wife, Mary Elizabeth Blaylock by warranty deed from Union Trust Company, a Tennessee Corporation, dated February 25, 1981, and recorded on March 9, 1981, in Book 5718, Page 855, of the Register's Office for Davidson County, Tennessee.

   The said Clayton L. Blaylock has since died in December 14, 1988, leaving Mary Elizabeth Blaylock as surviving tenant by the entirety.

   Mary Elizabeth Blaylock conveyed this property to Mary Elizabeth Blaylock, a single person and Barbara Ruth Blaylock Chalmers, a single person, as joint tenants with right of survivorship, by Quitclaim Deed dated May 6, 2011, and recorded May 10, 2011 in Instrument Number 20110510-0035736, of the Register's Office for Davidson County, Tennessee.

Mary Elizabeth Blaylock died on July 28, 2016, leaving her daughter, Barbara Ruth Blaylock Chalmers, as surviving tenant.

Barbara Ruth Blaylock Chalmers had only one child, being Daniel Cee Whidby, in her lifetime. The said Barbara Ruth Blaylock Chalmers died unmarried and intestate on December 12, 2016, possessed of this property, vesting title in Daniel Cee Whidby as her only heir.

6. At the time of the Decedent's death, the Decedent resided at 307 Kate St., Madison TN 37115.

7. The estate of the Decedent was not administered in a proceeding supervised by a court.

Affiant

Sworn to and subscribed before me this 20 day of Oct, 2021.

My Commission expires: 5-6-24

Notary Public



STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: 2016 039045

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Mary Elizabeth Blaylock
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): July 28, 2016
4. TIME OF DEATH (Approx.): 6
5a. AGE-Last Birthday (Years): 80
5b. UNDER 1 YEAR — Months: Days:
5c. UNDER 1 DAY — Hours: Minutes:
6. DATE OF BIRTH (Month, Day, Year): May 10, 1936
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)

IF DEATH OCCURRED IN A HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: [ ] Hospice facility [ ] Nursing home/Long term care facility [ ] Decedent's home [ ] Other residence [ ] Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): Skyline Medical Center 004
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: [ ] Married [ ] Married, but separated [X] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: Salesperson
11b. KIND OF BUSINESS/INDUSTRY: Retail
12. SOCIAL SECURITY NUMBER: -5189
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Madison
13d. STREET AND NUMBER: 307 Kate Street
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37115
14. WAS DECEDENT EVER IN US ARMED FORCES? [ ] Yes [X] No

NAME OF DECEDENT (If not by Physician, or Informant)

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
[ ] 8th grade or less
[X] 9th – 12th grade, no diploma
[ ] High school graduate or GED completed
[ ] Some college credit, but no degree
[ ] Associate degree (e.g., AA, AS)
[ ] Bachelor's degree (e.g., BA, AB, BS)
[ ] Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
[ ] Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
[ ] Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
[X] No, not Spanish/Hispanic/Latino
[ ] Yes, Mexican, Mexican American, Chicano
[ ] Yes, Puerto Rican
[ ] Yes, Cuban
[ ] Yes, other Spanish/Hispanic/Latino (Specify)
[ ] Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
[X] White
[ ] Black or African American
[ ] American Indian or Alaska Native (Name of the enrolled or principal tribe)
[ ] Asian Indian
[ ] Chinese
[ ] Filipino
[ ] Japanese
[ ] Korean
[ ] Vietnamese
[ ] Other Asian (Specify)
[ ] Native Hawaiian
[ ] Guamanian or Chamorro
[X] Samoan
[ ] Other Pacific Islander (Specify)
[ ] Other (Specify)
[ ] Unknown

PARENTS

18. FATHER'S NAME (First, Middle, Last): Alfred Stephens
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Lena May Conner

DISPOSITION

20a. INFORMANT'S NAME: Barbara Chalmers
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 307 Kate Street, Madison, Tennessee 37115
21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Spring Hill Cemetery
21c. LOCATION - City or Town and State: Nashville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Lindsey Stuffle
22b. LICENSE NUMBER: 16203
22c. SIGNATURE OF EMBALMER: ▶ Lindsey Stuffle
22c. LICENSE NUMBER: 16222
23a. NAME AND ADDRESS OF FUNERAL HOME: Spring Hill Funeral Home & Cemetery 5110 Gallatin Road Nashville, TN 37216
23b. LICENSE NUMBER OF FUNERAL HOME: 1046

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ [signature] DR
25. DATE FILED (Month, Day, Year): 8/9/16

CERTIFIER

25. CERTIFIER (Check only one):
[X] 26a. PHYSICIAN - To the best of my knowledge, death occurred at the date 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, 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. SIGNATURE OF CERTIFIER: ▶ Orlando Antonio Rodriguez
27b. LICENSE NUMBER: 35567 TN
27c. DATE SIGNED (Month, Day, Year): August 01, 2016
27d. NAME AND ADDRESS: Orlando Rodriguez MD 3443 Dickerson Pike Ste 100 Nashville, TN 37207-

COPY

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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

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Edward G. Bishop III, State Registrar
Lisa Piercey, MD, MBA, FAAP, Commissioner
Date Issued: Nov-18-2021

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: 2016 085911

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Barbara Chalmers
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): December 12, 2016
4. TIME OF DEATH (Military): [illegible]
5a. AGE-Last Birthday (Years): 61
5b. UNDER 1 YEAR - Months: | Days:
5c. UNDER 1 DAY - Hours: | Minutes:
6. DATE OF BIRTH (Month, Day, Year): March 22, 1955
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: [ ] Hospice facility [ ] Nursing home/Long term care facility [ ] Decedent's home [ ] Other residence [ ] Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): TriStar Centennial Medical Center 083
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: [ ] Married [ ] Married, but separated [ ] Widowed [X] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage):
11a. DECEDENT'S USUAL OCCUPATION: Stock Room
11b. KIND OF BUSINESS/INDUSTRY: Kroger

12. SOCIAL SECURITY NUMBER: -5152
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Madison
13d. STREET AND NUMBER: 307 Kate Street
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37115
14. WAS DECEDENT EVER IN US ARMED FORCES? [ ] Yes [X] No

NAME OF DECEDENT (For use by Physician or Institution)

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
[ ] 8th grade or less
[X] 9th – 12th grade, no diploma
[ ] High school graduate or GED completed
[ ] Some college credit, but no degree
[ ] Associate degree (e.g., AA, AS)
[ ] Bachelor's degree (e.g., BA, AB, BS)
[ ] Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
[ ] Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
[ ] Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
[X] No, not Spanish/Hispanic/Latino
[ ] Yes, Mexican, Mexican American, Chicano
[ ] Yes, Puerto Rican
[ ] Yes, Cuban
[ ] Yes, other Spanish/Hispanic/Latino
(Specify) _____
[ ] Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
[X] White
[ ] Black or African American
[ ] American Indian or Alaska Native (Name of the enrolled or principal tribe) _____
[ ] Asian Indian
[ ] Chinese
[ ] Filipino
[ ] Japanese
[ ] Korean
[ ] Vietnamese
[ ] Other Asian (Specify) _____
[ ] Native Hawaiian
[ ] Guamanian or Chamorro
[ ] Samoan
[ ] Other Pacific Islander (Specify) _____
[ ] Other (Specify) _____
[ ] Unknown

PARENTS

18. FATHER'S NAME (First, Middle, Last): Clayton Leon Blaylock
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Mary Elizabeth Stephens

DISPOSITION

20a. INFORMANT'S NAME: Daniel Cee Whidby
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 307 Kate St Madison, TN 37115

21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Spring Hill Cemetery
21c. LOCATION - City or Town and State: Nashville, Tennessee

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Tara Bessling
22b. LICENSE NUMBER: 5007
22c. SIGNATURE OF EMBALMER: ▶ Eric Hendericks
22d. LICENSE NUMBER: 6126

23a. NAME AND ADDRESS OF FUNERAL HOME: Spring Hill Funeral Home & Cemetery 5110 Gallatin Road Nashville, TN 37216
23b. LICENSE NUMBER OF FUNERAL HOME: 1046

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ [signature] DR
25. DATE FILED (Month, Day, Year): 12/19/16

CERTIFIER

26. CERTIFIER (Check only one)
26a. [ ] PHYSICIAN - To the best of my knowledge, death occurred at the date 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, and place, and due to the cause(s) and manner stated.

PHYSICIAN OR MEDICAL EXAMINER/EXECUTIVE OF CAUSE OF DEATH MUST COMPLETE AND CERTIFY WITHIN 48 HOURS

27a. SIGNATURE OF CERTIFIER: ▶ [signature]
27b. LICENSE NUMBER: 53696
27c. DATE SIGNED (Month, Day, Year): 12/15/16
27d. NAME AND ADDRESS: Brad Goodrum 1516 Patterson St Nashville TN 37203

MEDICAL CERTIFICATION

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Septic Shock
Due to (or as a consequence of)
b. Pyelonephritis
Due to (or as a consequence of)
c. Urinary Tract Infection
Due to (or as a consequence of)
d. _____

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

Approximate interval Onset to death: a. _____ b. _____ c. _____ d. _____

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
Bronchogenic Cancer

29a. WAS AN AUTOPSY PERFORMED? [ ] Yes [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [ ] No

30. MANNER OF DEATH: [ ] Natural [ ] Homicide [X] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [ ] No [X] Unknown
32. IF FEMALE: [X] Not pregnant within past year [ ] Pregnant at time of death [ ] Not pregnant, but pregnant within 42 days of death [ ] Not pregnant, but pregnant 43 days to 1 year before death [ ] Unknown if pregnant within the past year

33. IF TRANSPORTATION INJURY, SPECIFY: [ ] Driver/Operator [ ] Passenger [ ] Pedestrian [ ] Other (Specify) _____
34a. DATE OF INJURY (Month, Day, Year):
34b. TIME OF INJURY:
34c. INJURY AT WORK? [ ] Yes [ ] No
34d. PLACE OF INJURY – at home, farm, street, factory, office, building, etc. (Specify):
34e. DESCRIBE HOW INJURY OCCURRED:
34f. LOCATION OF INJURY (Street and Number, City or Town, State):

PH-1659 (Rev. 9/2011) RDA 1359

13741512

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 3 7 4 1 5 1 2

Edward G. Bishop III, State Registrar
Lisa Piercey, MD, MBA, FAAP, Commissioner
Date Issued: Nov 18 2021

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD