Karen Johnson Davidson County
Batch# 796330 AFFIDAVITH
01/27/2022 12:46:01 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20220127-0010014

AFFIDAVIT OF DEATH AND HEIRSHIP

Cynthia Lynne Parham (the "Affiant"), being duly sworn upon oath, deposes and states that the Affiant resides at 7641 Kemberton Dr E, Nolensville, Tennessee 37135 located in the County of Davidson. The Affiant is the daughter to Mrs. Elizabeth Carter Parham (the "Decedent").

The Decedent died on 08/08/2017 in the County of Davidson in the State of Tennessee. A copy of the Official Death Certificate is attached.

When the Decedent passed he or she owned an interest in the property legally described below:

Property Owned:	Residential
Address:	7641 Kemberton Dr E Nolensville, Tennessee 37135
County:	Davidson

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
Morris Parham	Deceased

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

Name of Child	Birth Date	Status
Cynthia Lynne Parham	12/08/1955	Living

The estimated approximate total value of the estate of the Decedent, including the taxable interest in the aforesaid property, is $433,600.00.

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.

Cynthia Lynne Parham
(AFFIANT SIGNATURE)

1-26-2022
(DATE SIGNED)

Cynthia Lynne Parham
(AFFIANT NAME)

Prepared by:
Cynthia Lynne Parham
7641 Kemberton Dr E.
Nolensville, TN 37135
615/444-1084

State of Tennessee

ss.

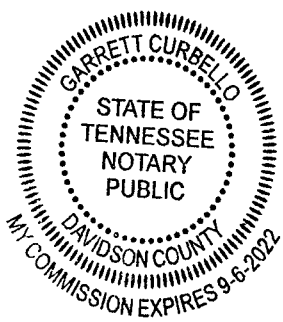
County of Davidson

This instrument was subscribed and sworn to before me on 01/26/2022 by Cynthia Lynne Parham.

1/26/22
(NOTARY PUBLIC SIGNATURE)

Garrett Curbello
(NOTARY PRINTED NAME)

My Commission Expires: 9-6-22



STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Elizabeth Carter Parham
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): August 8, 2017
4. TIME OF DEATH (Approx.):
5a. AGE-Last Birthday (Years): 89
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): August 17, 1927
7. BIRTHPLACE (City and State or Foreign Country): Friendship, TN

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: ☐ 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): Bethany Health and Rehab
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (To be completed by Physician or Institution)

9. MARITAL STATUS: ☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: Caregiver
11b. KIND OF BUSINESS/INDUSTRY: Nursing Home
12. SOCIAL SECURITY NUMBER: -2321
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nolensville
13d. STREET AND NUMBER: 7641 Kemberton Dr. East
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37135
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

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
☐ 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)
☒ 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)
☐ 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): Harvey Carter
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Lela Ward

20a. INFORMANT'S NAME: Cynthia Parham
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 7641 Kemberton Dr East Nolensville, 37135

DISPOSITION

21a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Nashville Funeral and Cremation
21c. LOCATION - City or Town and State: Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ J, Scott Keene
22b. LICENSE NUMBER: 5939
22c. SIGNATURE OF EMBALMER: ▶
22d. LICENSE NUMBER:
23a. NAME AND ADDRESS OF FUNERAL HOME: Nashville Funeral and Cremation 210 McMillin St., Nashville, TN 37203
23b. LICENSE NUMBER OF FUNERAL HOME: 1136

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ [signature]
25. DATE FILED (Month, Day, Year): 8/18/2017

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 EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

27a. SIGNATURE OF CERTIFIER: ▶ [signature] MD
27b. LICENSE NUMBER: 12533
27c. DATE SIGNED (Month, Day, Year): 8-15-17
27d. NAME AND ADDRESS: 7159 Vanderbilt Medical Ctr East Nashville TN 37232

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.

		Approximate interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	Cardiorespiratory Arrest	
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.	Due to (or as a consequence of): ESCVD	
c.	Due to (or as a consequence of):	
d.	Due to (or as a consequence of):	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
Alzheimer's Disease

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

30. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☒ Unknown
32. IF FEMALE: ☐ 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. 10/2011) RDA 1399

09486111

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.

AUG 18 2017

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Lori B. Ferranti, PhD, MSN, MBA, RN
State Registrar/Asst. Commissioner

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

0 9 4 8 6 1 1 1
Date Issued

CERTIFICATION OF VITAL RECORD