Karen Johnson Davidson County
Batch# 915172 AFFIDAVITH
09/12/2022 09:36:09 AM 3 pgs
Fees: $17.00 Taxes: $0.00
20220912-0101584

State of Tennessee

Rev. 133EE92

AFFIDAVIT OF HEIRSHIP

This affidavit concerns the Heirs of the Estate of Beatrice Kirkpatrick ("Decedent"). I, Tasha Darice Kirkpatrick Polk, being duly sworn, hereby affirm under penalty of perjury, on this 10 day of September, 2022, that:

1. My date of birth is March 04, 1983. I have personal knowledge of the facts herein and am a disinterested third party. I am not an heir, successor, executor, nor do I have an interest in heirship of any heir, successor, or executor of the Decedent's estate.

2. I knew the Decedent from March 04, 1983 until their death.

3. The Decedent, Beatrice Kirkpatrick, died on September 30, 2015. The place of death was St Thomas MidTown, 2000 Church St., Nashville, TN 37203. At the time of death, the Decedent's legal residence was 1652 Liberty Hill Dr., Madison, County of Davidson, State of Tennessee _____.

4. I am familiar with the Decedent's marital history. It is as follows:

   - The Decedent was married to Richard Kirkpatrick II, from September 08, 2022 until September 08, 2022.

5. The Decedent did not leave behind a last will and testament.

6. Below, please find a list of the surviving heirs and their relationships to the Decedent:

   - Tonia Denise Kirkpatrick, Daughter of Decedent
   - Richard Eugene Kirkpatrick III, Son of Decedent
   - Monica Yvette Kirkpatrick, Daughter of Decedent
   - Tasha Darice Kirkpatrick Polk, Daughter of Decedent

Prepared By
TASHA DARICE KIRKPATRICK POLK
501 BEN ALLEN RD. APT 208
NASHVILLE, TN 37216

Signature

Signature

Signature

Signature

NOTARY ACKNOWLEDGMENT

State of Tennessee)
) **(Seal)**
County of Davidson)

The foregoing instrument was acknowledged before me this 10th day of Sept, 2022, by the undersigned, Tasha Darice Kirkpatrick Polk, who is personally known to me or satisfactorily proven to me to be the person whose name is subscribed to the within instrument.

Signature

Notary Public

My Commission Expires: 3/19/25

REBECCA COOTS
STATE OF TENNESSEE NOTARY PUBLIC
WILSON COUNTY

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): Beatrice Kirkpatrick
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): September 30, 2015
4. TIME OF DEATH (Hours):
5a. AGE-Last Birthday (Years): 69
5b. UNDER 1 YEAR (Months / Days):
5c. UNDER 1 DAY (Hours / Minutes):
6. DATE OF BIRTH (Month, Day, Year): May 9, 1946
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee

TYPE/PRINT IN PERMANENT BLACK INK

8a. IF DEATH OCCURRED IN A HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA
8b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: [ ] Hospice facility [ ] Nursing home/Long term care facility [ ] Decedent's home [ ] Other residence [ ] Other (Specify)
8c. FACILITY NAME (If not institution, give street and number): St. Thomas Mid Town
8d. CITY OR TOWN: Nashville
8e. COUNTY OF DEATH: Davidson

NAME OF DECEDENT - For use by Physician or Institution

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: Nurse Tech
11b. KIND OF BUSINESS/INDUSTRY: Hospital
12. SOCIAL SECURITY NUMBER: -4587
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Madison
13d. STREET AND NUMBER: 1652 Liberty Hill Drive
13e. INSIDE CITY LIMITS?: [X] Yes [ ] No
13f. ZIP CODE: 37115
14. WAS DECEDENT EVER IN U.S. ARMED FORCES?: [ ] Yes [X] 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
[X] 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 of 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):
[ ] White
[X] 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): William Hunter
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Katie Mae Hunter

20a. INFORMANT'S NAME: Tonia Kirkpatrick
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 5390 Skip Jack Dr., Antioch, TN.37013

DISPOSITION

21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Greenwood Cemetery
21c. LOCATION - City or Town and State: Nashville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Byrellia L. Broady
22b. LICENSE NUMBER: 5130
22c. SIGNATURE OF EMBALMER: ▶ Terrell Broady
22d. LICENSE NUMBER: 5130
23a. NAME AND ADDRESS OF FUNERAL HOME: Terrell Broady Funeral Home, Inc. 3855 Clarksville Pike, Nashville, Tn. 37218
23b. LICENSE NUMBER OF FUNERAL HOME: 1137

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Deniah Rivers (DR)
25. DATE FILED (Month, Day, Year): October 12, 2015

CERTIFIER

26. CERTIFIER (Check only one):
26a [X] 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.

MEDICAL CERTIFICATION

27a. SIGNATURE OF CERTIFIER: ▶ [signature]
27b. LICENSE NUMBER: 26029
27c. DATE SIGNED (Month, Day, Year): 10-7-15
27d. NAME AND ADDRESS: 300 20th Ave N

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. Lymphoma	6 mos
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):	
	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.

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

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

F16-1659 (Rev. 10/2011) RDA 1329

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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.

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

8235021

Date Issued OCT 12 2015

CERTIFICATION OF VITAL RECORD