Affidavit of Heirship

I Shandra Lewis ("Affiant"), residing at 713 27th Avenue N, Nashville, Tennessee 37208, duly sworn, and state:

1. I am over the age of eighteen years and have personal knowledge of the following facts.

2. I knew the decedent, Shirley Cole, who died on April 11, 2012, from May 10, 1959 to April 14, 2014. Shirley Cole was my Mother. Shirley Cole's place of death was Nashville, Tennessee.

3. No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.

4. Shirley Cole left the following items of real property and did not leave a Last Will and Testament:

> 713 27th Avenue N, Nashville, Tennessee, 37208, located in Davidson County and legally described as Being Lot 12 on the map of J.W. Turner's Subdivision of Lot No. 21 of Boyd McNairy's Plan as of Record in Book 87, Page 129, Registers Office for Davidson County, Tennessee.
> Said Lot No. 12 fronts 50 Feet on the Westerly Side of Lena Avenue and runs back between parallel lines 184 feet to an Alley.

5. At the time of death, Shirley Cole's marital history was as follows:

Harold E Cole, who Shirley Cole married on December 31, 1979 and who died on April 22, 1997.

6. At the time of death, Shirley Cole's sole surviving heirs were as follows:

Shandra Lewis, 713 27th Avenue N, Nashville, Tennessee 37208, a Daughter, born May 10, 1959.

Affiant declares by signature that, subject to the penalty for perjury, this affidavit is not false or misleading and that the Affiant is mindful of all duties imposed upon the Affiant.

I declare that, to the best of my knowledge and belief, the information herein is true, correct and complete as of 12·5·22, the date I affixed my signature to this Affidavit.

Shandra Lewis

Karen Johnson Davidson County
Batch# 948185 AFFIDAVITH
12/06/2022 09:47:53 AM 3 pgs
Fees: $17.00 Taxes: $0.00
20221206-0127094

Prepared by
Shandra Lewis-Holmes
713 27th Ave N 37208

STATE OF TENNESSEE, COUNTY OF DAVIDSON, ss:

On this 5 day of December, 2022, before me personally appeared Shandra Lewis-Holmes to me known to be the person described in and who executed the foregoing Affidavit, and, being first duly sworn on oath according to law, deposes and says that he/she has read the foregoing Affidavit subscribed by him/her, and that the matters stated herein are true to the best of his/her information, knowledge and belief.

Shandra Lewis-Holmes

Notary Public

Notary public

Title (and Rank)

My commission expires 04/28/2025

SEAN SCOTT
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

STATE OF TENNESSEE
Office of Vital Records

1202254

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUM 2012 017559

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Shirley Lewis Cole
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): April 14, 2012
4. TIME OF DEATH (Approx.): 10:16pm
5a. AGE-Last Birthday (Years): 76
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): January 18, 1936
7. BIRTHPLACE (City and State or Foreign Country): Franklin, 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): Alive Hospice
8c. CITY OR TOWN: Nashville 094
8d. COUNTY OF DEATH: Davidson 19

NAME OF DECEDENT (For use 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: Secretary
11b. KIND OF BUSINESS/INDUSTRY: Metro Development Housing Authority
12. SOCIAL SECURITY NUMBER: -4405
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 2431 Underwood St Nash TN
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37208
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): Willie Ratcliffe
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Margarett Parrish

DISPOSITION

20a. INFORMANT'S NAME: Shandra L. Lewis
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 7113 87th Ave North Nash TN 37208
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Middle Tennessee (Cemetery) (Veteran)
21c. LOCATION - City or Town and State: Degram, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: Dwight Pate
22b. LICENSE NUMBER: 5614
22c. SIGNATURE OF EMBALMER: Arthur Jackson
22d. LICENSE NUMBER: 4967
23a. NAME AND ADDRESS OF FUNERAL HOME: Henry Louis Smith F.D. 1503 Buchanan St Nash. TN 37208
23b. LICENSE NUMBER OF FUNERAL HOME: 1206

REGISTRAR

24. REGISTRAR'S SIGNATURE: Linda L. Bowers, DR
25. DATE FILED (Month, Day, Year): April 19, 2012

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
27b. LICENSE NUMBER: 44186
27c. DATE SIGNED (Month, Day, Year): 4-19-2012
27d. NAME AND ADDRESS: David B. Tuttle, MD — 1718 Patterson Street, Nashville, TN 37203

MEDICAL CERTIFICATION

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☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
☐ No ☒ Unknown
☐ 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)

PH-1659 (Rev. 10/2011) RDA 1399

14552203

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

Morgan McDonald, MD, FAAP, FACP
Commissioner

1455203

Date Issued: Dec-05-2022

CERTIFICATION OF VITAL RECORD