Prepared by Rhonda Bernhardt after consultation with William Timothy Hill Attorney at Law

Affidavit of Heirship Form

This Affidavit of Heirship must be completed by a third disinterested party (Affiant) who will not benefit from the decedent's estate. Do not complete this form if the decedent left a will that was probated in court or there has been some other type of court determination to the estate.

Affidavit of facts concerning the identity of Heirs for the Estate of:

Nellie Katherine Walker Mayes

Before me, the undersigned authority, on this day personally appeared:

Marion Watts

("Affiant") who, being first duly sworn, upon his/her oath states:

Karen Johnson Davidson County
Batch# 978214 **AFFIDAVITH**
03/08/2023 11:25:42 AM 4 pgs
Fees: $22.00 Taxes: $0.00



20230308-0016688

1. My name is: Marion Watts.

I live at: 514 Hunting Hills Dr. Mt. Juliet, TN

I am personally familiar with the family and marital history of:

Nellie Mayes (Decedent), and I have personal knowledge of the facts stated in this Affidavit.

2. I knew the decedent from 1951 until 2009. Decedent died on *July 1, 2009*.

Decedent's place of death:

Nashville, TN Davidson County

At the time of decedent's death, decedent's residence was:

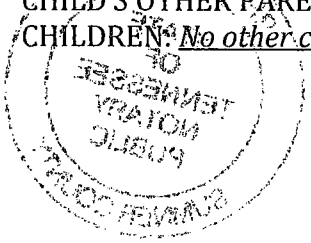
Jackson Park Christian Home (previously 217 Kennith Dr.) Nashville Tn Davidson County

3. Provide the following information on the deceased's marital history:
(If never married, please state that below.)

NAME OF SPOUSE: *Everette L. Mayes* / DATE OF MARRIAGE: *June 4, 1931 till death* /
DATE OF SPOUSE'S DEATH: *September 11, 1982*

4. Provide the following information on the deceased's natural born and adopted children:
(If there are none, please state that below. If additional space is needed, please provide information as an attachment.)

NAME OF CHILD: *Marianna Mayes Andrews* / ADDRESS: *208 W Due West Ave #338, Madison, TN (previously 3907 Brick Church Pk Nashville, TN)* / DATE OF BIRTH: *May 3, 1933* / NAME OF CHILD'S OTHER PARENT: *Everette L. Mayes* / DATE OF CHILD'S DEATH: *living* / OTHER CHILDREN: *No other children living or deceased or adopted*



5. Provide the following information on the deceased's grandchildren, born only to the deceased children in Item 4, above: (If there are none, please state that below.)

NAME OF CHILD / ADDRESS / DATE OF BIRTH / NAME OF GRANDCHILD'S DECEASED PARENT: *There are none.*

6. If the decedent never married and did not have any children, provide the following information on the deceased's parents:

DECEASED'S PARENT'S NAMES / PARENT'S CURRENT ADDRESS / PARENT'S DATE OF DEATH

The decedent, Nellie Mayes was married only to Everette L. Mayes.

7. Provide the following information on the deceased's brothers and/or sisters: (If there are none, please state that below.)

8. Provide the following information on the deceased's nieces and/or nephews born only to the deceased brothers/sisters in Item 7, above: (If there are none, please state that below. If additional space is needed, please provide information as an attachment.)

Since the Last Will and Testament of Nellie Mayes Everette L. Mayes left the property at 217 Kennith Dr. Nashville TN Davidson County to Marianna Mayes Andrews, I am not providing the names of the syblings and nieces and nephews of Nellie Katherine Walker Mayes.

Signed this 6 day of March 2023.

Marian Watts

(SIGNATURE OF AFFIANT)

State of Tennessee

County of Sumner

Sworn to and subscribed to before me

on March 6, 2023
(DATE)

by Marian Watts

(NAME OF AFFIANT)

Rhonda Ladd LPN/LTWP

(NOTARY SIGNATURE)
(Notary Seal)
My commission expires: 7th day of December, 2024.

RHONDA LADD
STATE OF TENNESSEE
NOTARY PUBLIC
SUMNER COUNTY

THIS AFFIDAVIT OF HEIRSHIP FORM MUST BE FILED IN THE COUNTY CLERK'S BOARD.

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Nellie Katherine Mayes
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): July 1, 2009
4. SOCIAL SECURITY NUMBER (of Deceased): -5528
5a. AGE-LAST BIRTHDAY (Years): 95
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Sept 19 1913
7. BIRTHPLACE (City and State or Foreign Country): Robertson Co., TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [X] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Jackson Park Christian Home
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed Divorced (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name):
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life, Do not use retired.): Sales
12b. KIND OF BUSINESS/INDUSTRY: Retail
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 3907 Brick Church Pike
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37207
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No. Specify, if yes:
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

NAME OF DECEDENT'S (For use by physician or institution)

PARENTS

17. FATHER'S NAME (First, Middle, Last): William Deaux Walker
18. MOTHER'S NAME (First, Middle, Maiden Surname): Margaret Amy Corkran

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Marianna Andrews
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3907 Brick Church Pike Nashville, TN 37207

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Spring Hill
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4249
21c. SIGNATURE OF EMBALMER: Reid Y. VanNess
21d. LICENSE NUMBER OF EMBALMER: 4275
22a. NAME AND ADDRESS OF FUNERAL HOME: Gardner Memorial Chapel, 2302 Buchanan Street Nashville, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 1036

REGISTRAR

23. REGISTRAR'S SIGNATURE: Suzette Clay R.R.
24. DATE FILED (Month, Day, Year): July 9, 2009

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.
1 [X] SIGNATURE AND TITLE OF PHYSICIAN: [signature] MD
25b. LICENSE NUMBER: 27211
25c. DATE SIGNED (Month, Day, Year): 7-8-09
26a. 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 as stated.
2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER
26c. DATE SIGNED (Month, Day, Year)

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): STEPHEN MAY MD, 500 ZONAREZ NASHVILLE TN 37203

CAUSE OF DEATH

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. (Approximate Interval Between Onset and Death)

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. FAILURE TO THRIVE — Weeks
DUE TO (OR AS A CONSEQUENCE OF): b. DEMENTIA — YRS
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
DUE TO (OR AS A CONSEQUENCE OF): c.
DUE TO (OR AS A CONSEQUENCE OF): 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? 1 [ ] Yes 2 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [X] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY
31c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No
31d. DESCRIBE HOW INJURY occurred
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

PH-1659 (REV. 6/99)
BIRTH NO.
RDA 1399

3496938

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

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

Sharon M. Leinbach
STATE REGISTRAR

Date Issued JUL 9 2009

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

Metropolitan Government

Richard H. Fulton, Mayor

J. M. BISTOWISH, M.D., REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY

SEP 22 1982

J. M. Bistowish M.D.

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

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COMMENTS

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

BIRTH NO. _____ STATE FILE NO.

DECEASED—NAME (First, Middle, Last)	DATE OF DEATH (Month, Day, Year)
1. Everette Lawrence Mayes	2. Sept. 11, 1982

3a. AGE—Last Birthday (Years)	Under 1 Year: Mos.	Days	Under 1 Day: Hours	Min.	DATE OF BIRTH (Month, Day, Year)	RACE (White, Black, American Indian, etc. (Specify))	ORIGIN OR DESCENT—Italian, Mexican German etc (Specify)	SEX
76	3b.		3c.		4. Sept. 27, 1905	5. White	6. American	7. Male

COUNTY OF DEATH	CITY, TOWN OR LOCATION	INSIDE CITY LIMITS (Specify YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, specify private residence, business, street, etc.)	If hosp. or inst. indicate DOA, Clinic, Dec., Inpatient (Specify)
7a. Davidson	7b. Nashville	7c. Yes	7d. University Health Care	7e. Inpatient

STATE OF BIRTH (If not in U.S.A., name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)
8. Tennessee	9. U.S.A.	10. Married	11. Nellie Walker

SOCIAL SECURITY NUMBER (If none, specify)	SERVICE IN ARMED FORCES (Specify branch and dates of service)	USUAL OCCUPATION (Give kind of work done during most of working life. Give if retired)	KIND OF BUSINESS OR INDUSTRY
12a. -4176 A	12b. N8	13a. Retired Bus Driver	13b. Nashville Transit Ath.

RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify YES OR NO)	CENSUS TRACT NO.
14a. Tennessee	14b. Davidson	14c. Nashville	14d. 217 Kenneth Dr,	14e. Yes	14f.

FATHER—NAME	MOTHER—MAIDEN NAME	INFORMANT—NAME	MAILING ADDRESS
15. Eugene Mayes	16. Dora Marlin	17. Nellie Mayes; Same	

BURIAL, CREMATION, REMOVAL, OTHER (Specify)	DATE (Month, Day, Year)	CEMETERY OR CREMATORY—NAME	LOCATION—CITY OR TOWN	STATE
18a. Burial	18b. Sept. 13, 1982	18c. Spring Hill	18d. Nashville, Tn.	

FUNERAL DIRECTOR (Signature)	LICENSE NO.	EMBALMER (Signature)	LICENSE NO.
19a. Carney R Bell	19b. 1969	19c. Randy E McCrad	19d. 3746

FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	REGISTRAR—SIGNATURE	DATE ACCEPTED BY LOCAL REGISTRAR (Month, Day, Year)
20. Associated; Springfield, Tn. 37172	21a. Esther D. Green	21b. 9-22-82

PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED

SIGNATURE: B.H. Webster, M.D. DEGREE

22a. DATE SIGNED (Month, Day, Year): 22b. 9/15/82

MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.

SIGNATURE _____ TITLE _____

23a. DATE SIGNED (Month, Day, Year) 23b.

CERTIFIER—NAME (Type or Print)	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)
24a. B.H. Webster M.D.	24b. 2315 Valley Brook Dr. Nashville, Tn. 37215

25. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) — INTERVAL BETWEEN ONSET AND DEATH

(a) IMMEDIATE CAUSE: Cerebral vascular accident

DUE TO, OR AS A CONSEQUENCE OF:

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST

(b) Parkinson's disease

DUE TO, OR AS A CONSEQUENCE OF:

(c)

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

26. AUTOPSY (Yes or No): No

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (Specify)	DATE OF INJURY (Month, Day, Year)	HOUR	DESCRIBE HOW INJURY OCCURRED
27a.	27b.	27c.	27d.

INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY (At home, farm, street, factory, office bldg., etc. (Specify))	LOCATION (Street or R.F.D. No., City or Town, State)
27e.	27f.	27g.

08-018 (4/80)