Karen Johnson Davidson County
Batch# 992878 AFFIDAVITH
04/17/2023 01:57:30 PM 8 pgs
Fees: $42.00 Taxes: $0.00
20230417-0028043

This Instrument Prepared By:

SPENCER FANE BONE MCALLESTER (app)
511 Union Street, Suite 1000
Nashville, Tennessee 37219

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Before me personally appeared Stanley Southall ("Affiant"), being first duly sworn according to law, pursuant to Section 30-2-712 of the Tennessee Code Annotated, hereby swears to the following of his own free will and based upon his personal knowledge and familiarity:

1. **That Affiant understands that this affidavit is given under penalty of perjury for any false information provided herein.**

2. That Affiant is at least eighteen (18) years of age and is a resident citizen of Davidson County, residing at 3233 Dove Place, Nashville, Tennessee 37218.

3. That Affiant was personally acquainted with Dorothy Mai Gause Scott ("Decedent" or "Mrs. Scott") during Decedent's lifetime and is familiar with Decedent's family history.

4. That Hazel Emmett Scott, Sr. ("Mr. Scott") was married to Decedent. Together they owned a certain parcel improved real property located in Davidson County, Tennessee at 3231 Dove Place, Nashville, Tennessee (the 'Property").

5. That during their lifetime, Mr. Scott and Mrs. Scott had five children: Hazel Emmett Scott, Jr., Raymond Scott, William Barry Scott Sr., Doris Jones and Gayle Dobbins. Neither had any other biological children, nor did either legally adopt any other children.

6. That Mr. Scott died on January 25, 1987. A copy of his death certificate attached hereto as **Exhibit 1**. He was survived by the Decedent and all of his children. He died intestate and a probate estate was not opened.

7. That at the time of Mr. Scott's death, title to the real property described in paragraph 15 was solely vested in his wife, the Decedent.

8. That the Decedent died on August 7, 2016. A copy of her death certificate is attached hereto as **Exhibit 2**. She died intestate and a probate estate was not opened. The Decedent was preceded in death by two of her children, Hazel Emmett Scott, Jr., and Raymond Scott. Neither Hazel Emmett Scott, Jr. nor Raymond Scott were married or had children.

9. That at the time of Decedent's death, pursuant to Tennessee's laws of intestate succession and transferring real property rights, ownership of the property described in paragraph 15 vested in her heirs as follows:

Doris Jones – One-third (1/3)
Gayle Dobbins – One-third (1/3)
William Barry Scott, Sr. – One-third (1/3)

10. That William Barry Scott Sr. ("Barry Scott") died on September 10, 2020. A copy of his death certificate is attached hereto as **Exhibit 3**. Barry Scott is survived by his wife, Schuronda Scott, and his three children, Whitney Scott, Courtney Scott, and William Scott Jr. He died intestate and a probate was not opened.

11. That to Affiant's knowledge, there are no outstanding claims, monies due to TennCare, or any State or Federal taxing authority.

12. That pursuant to Tennessee's laws of intestate succession and transferring real property rights, ownership of the property described in paragraph 15 vested in the heirs of Decedent immediately upon her death. Barry Scott's interest then transferred to his heirs immediately upon his death. Thus, interest in the property is as follows:

Doris Jones – 33.33%
Gayle Dobbins – 33.33%
Schuronda Scott – 11.11%
Whitney Scott – 7.41%
Courtney Scott – 7.41%
William Scott, Jr. – 7.41%

13. That all person's named are at least eighteen (18) years if age, except:

Name(s) of Minor(s), if any: **None**

14. That Affiant acknowledges and agrees that all statements and representations in this Affidavit will be relied upon by a title underwriter in the issuance of its title policy covering the Property.

15. This affidavit of heirship is given for general purposes, and specifically to confirm the vesting of title in the heirs at law of that certain improved tract or parcel of real property located at 3231 Dove Place, Nashville, Davidson County, Tennessee 37218, as more particularly described as follows (the "Property"):

Being Lot No. 71 on the Map of Treppard Heights, Section XI, as of record in Book 3842, page 26, Register's Office for said County. Said Lot No. 71 fronts 167 feet on the southerly side of Dove Place and extends back 266.3 feet on the easterly line and 278.5 feet on the westerly line to a dead line in the rear on which it measures 130 feet thereon. Being the same property conveyed to Hazel Emmett

Scott, Sr., and Wife, Dorothy Mai Scott by Installment Deed, as of record in Book 4436, and Page 519 of the Register's Office for Davidson County, Tennessee.

16. Affiant further understands that whoever willfully, corruptly and falsely swears to any statement in any such affidavit known by such person to be false, or about which such person does not have sufficiently definite knowledge to justify the making of such sworn statement, and such statement is false, commits a Class E Felony (T.C.A. Section 30-2-701(f)). Affiant also understands that these statements may be relied upon by a subsequent lender, settlement agent and or title underwriter/company for the purpose of proceeding with the closing of a loan as well. Affiant further agrees to indemnify any and all parties relying on the statements made herein, that incurs damages arising directly from any false or misleading statement herein made.

[Signature page below]

FURTHER AFFIANTS SAYETH NOT.

Sworn this 18 day of ~~February~~ March, 2023.

AFFIANT:

Stanley Southall

Stanley Southall

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Before me, the undersigned, a Notary Public, within and for the State and County aforesaid, personally appeared Stanley Southall, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and upon oath acknowledged he executed the within instrument for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said County, on this 18 day of ~~February~~ March, 2023.

Lisa R Caldwell

Notary Public

My commission expires: Jan 11, 2026

LISA R CALDWELL
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON
My Commission Expires Jan. 11, 2026

STATE OF TENNESSEE
Office of Vital Records

0401268

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2004 010565

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1 DECEDENT'S NAME (First, Middle, Last)			2 SEX	3 DATE OF DEATH (Month, Day, Year)
Hazel	Emmett	Scott, Jr	Male	March 4, 2004

4 SOCIAL SECURITY NUMBER	5a AGE LAST BIRTHDAY (Years)	5b UNDER 1 YEAR MOS / DAYS	5c UNDER 1 DAY HOURS / MIN	6 DATE OF BIRTH (Month/Day/Year)	7 BIRTHPLACE (City and State or Foreign Country)
-3752	52			July 28, 1951	Ripley, TN

8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No

8a PLACE OF DEATH (Check only one) — HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)

8b FACILITY NAME (If not institution, give street and number)	8c CITY, TOWN, OR LOCATION OF DEATH	8d COUNTY OF DEATH
3231 Dove Place	Nashville	Davidson

9 MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify)	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.)	12b KIND OF BUSINESS/INDUSTRY
Married	Ann Scott	Security Officer	Security

13a RESIDENCE STATE	13b COUNTY	13c CITY, TOWN OR LOCATION	13d STREET AND NUMBER OR RURAL LOCATION
TN	Davidson	Nashville	3231 Dove Place

CENSUS TRACT

13e INSIDE CITY LIMITS?	13f ZIP CODE	14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.)	15 RACE (American Indian, Black, White, etc.) (Specify)	16 DECEDENT'S EDUCATION (Specify only highest grade completed)
1 [X] Yes 2 [ ] No	37218	[ ] Yes [X] No	Black	Elementary/Secondary (0-12): — College (1-4 or 5+): 4

NAME OF DECEDENT (For use by providers or funeralists)

PARENTS

17 FATHER'S NAME (First, Middle, Last)	18 MOTHER'S NAME (First, Middle, Maiden Surname)
Hazel Emmett Scott, Sr	Dorothy Gause

INFORMANT

19a INFORMANT'S NAME (Type/Print)	19b RELATIONSHIP TO DECEASED	19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
Dorothy Scott	Mother	3231 Dove Place Nashville, TN 37218

DISPOSITION

20a METHOD OF DISPOSITION	20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c LOCATION — City or Town, State
1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)	Middle TN State Veterans Cem	Nashville, TN

21a SIGNATURE OF FUNERAL DIRECTOR	21b LICENSE NUMBER OF FUNERAL DIRECTOR	21c SIGNATURE OF EMBALMER	21d LICENSE NUMBER OF EMBALMER
Linda Johnson	4063	Patrick Tucker	5072

22a NAME AND ADDRESS OF FUNERAL HOME	22b LICENSE NUMBER OF FUNERAL HOME
Johnson's House of Atena 1107 Buchanan Street Nashville, TN 37208	704

REGISTRAR

23 REGISTRAR'S SIGNATURE	24 DATE FILED (Month, Day, Year)
Robert A. Rhodes	March 11, 2004

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 [ ] SIGNATURE AND TITLE OF PHYSICIAN	25b LICENSE NUMBER	25c DATE SIGNED (Month, Day, Year)
Fernando T. Miranda	H0113 79	3-9-04

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)

27 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)
FERNANDO T. MIRANDA 3443 Brokeman Rd, Nashville, TN 37207

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

---

08868456

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.

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

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

0 8 8 6 8 4 5 6

Date Issued Oct-27-2016

CERTIFICATION OF VITAL RECORD

20230417002804 3

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): Dorothy Mai Gause Scott
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): August 7, 2016
4. TIME OF DEATH (Approx.):
5a. AGE-Last Birthday (Years): 91
5b. UNDER 1 YEAR: Months: Days:
5c. UNDER 1 DAY: Hours: Minutes:
6. DATE OF BIRTH (Month, Day, Year): January 31, 1925
7. BIRTHPLACE (City and State or Foreign Country): Ripley, Tennessee

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): Trevecca Health & Rehab Center
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

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: Teacher
11b. KIND OF BUSINESS/INDUSTRY: School System
12. SOCIAL SECURITY NUMBER: -4970
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 3231 Dove Place
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37218
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

NATURE OF DECEDENT (For use by Physician or Medical Examiner)

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): John Alonzo Gause
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Pauline Halleburton

DISPOSITION

20a. INFORMANT'S NAME: Barry Scott
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 3231 Dove Place, Nashville,Tn. 37218
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Nashville National Cemetery
21c. LOCATION - City or Town and State: Nashville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Byrettia L. Broady
22b. LICENSE NUMBER: 5130
22c. SIGNATURE OF EMBALMER: ▶ Terrell Broady
22d. LICENSE NUMBER: 4117
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: ▶ DR
25. DATE FILED (Month, Day, Year): 8/23/16

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

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.
27a. SIGNATURE OF CERTIFIER: ▶ MD
27b. LICENSE NUMBER: 27476
27c. DATE SIGNED (Month, Day, Year): 8/11/16
27d. NAME AND ADDRESS: Ralf Habermann MD, TMCE, Vumc, Nashville, Tn

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.	CVA	
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. ASCVD Due to (or as a consequence of)	
	c. HTN 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.
PVD, Alzheimers Dementia, resp failure

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

8512708

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 23 2016

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

8512708
Date Issued

CERTIFICATION OF VITAL RECORD

2023041/0028043

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2020 056187

1. Decedent's Legal Name			2. Sex	3. Date of Death
WILLIAM BARRY SCOTT SR.			MALE	09/10/2020
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**	
02:00 AM	65	01/27/1955	NASHVILLE, TN	
8a. Place of Death				
ER/OUTPATIENT				
8b. Facility Name		**8c. City or Town**	**8d. County of Death**	
TRISTAR SKYLINE MEDICAL CENTER		NASHVILLE	DAVIDSON	
9. Marital Status	**10. Surviving Spouse (name prior to first marriage)**	**11a. Decedent's Usual Occupation**	**11b. Kind of Business/Industry**	
MARRIED	SCHURONDA HODGE	SELF EMPLOYED	THEATER INDUSTRLY	
12. Social Security Number	**13a. Residence-State or Foreign Country**	**13b. County**	**13c. City or Town**	
4790	TENNESSEE	DAVIDSON	NASHVILLE	
13d. Street and Number	**13e. Inside City Limits?**	**13f. Zip Code**	**14. Was Decedent ever in US Armed Forces?**	
3231 DOVE PLACE	YES	37218	NO	
15. Decedent's Education	**16. Decedent of Hispanic Origin?**	**17. Decedent's Race**		
BACHELOR'S DEGREE	NO, NOT SPANISH/HISPANIC/LATINO	BLACK OR AFRICAN AMERICAN		
18. Father's Name		**19. Mother's Name Prior to First Marriage**		
HAZEL EMMETT SCOTT SR.		DOROTHY MAI GAUSE		
20a. Informant's Name	**20b. Relationship to Decedent**	**20c. Mailing Address**		
SCHURONDA SCOTT	WIFE	3231 DOVE PLACE, NASHVILLE, TN 37218		
21a. Method of Disposition	**21b. Place of Disposition**	**21c. Location**		
BURIAL	GREENWOOD CEMETERY NORTH	NASHVILLE, TN		
22a. Signature of Funeral Director	**22b. License Number**	**22c. Signature of Embalmer**	**22d. License Number**	
▶ /e/ BYRETTIA LAWRENCE BROADY	5130	▶ /e/ Terrell Andre Broady	4117	
23a. Name and Address of Funeral Home			**23b. License Number**	
TERRELL BROADY FUNERAL HOME, INC , 3855 CLARKSVILLE PIKE, NASHVILLE, TN 37218-2219			1137	
24. Registrar's Signature		**25. Date Filed**		
▶ /e/ EDWARD G BISHOP III		09/16/2020		

26. Certifier

26a. ☒ **PHYSICIAN** - TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, 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, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.

27a. Certifier	27b. License Number	27c. Date Signed
▶ /e/ ROBERT S QUINN	010455	09/16/2020

27d. Name and Address: ROBERT S QUINN 4200 STAMMER PLACE, NASHVILLE, TN 37215

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) 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	a. METASTATIC COLON CANCER	2 YEARS AGO
	b. ADENOCARCINOMA OF THE COLON	2 YEARS AGO
	c.	
	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? NO

29b. Were Autopsy Findings Available to Complete the Cause of Death?

30. Manner of Death	31. Did Tobacco Use Contribute to Death?	32. If Female:
NATURAL	NO	N/A

33. If Transportation Injury, Specify	34a. Date of Injury	34b. Time of Injury	34c. Injury at Work?	34d. Place of Injury
	34e. Describe How Injury Occurred			34f. Location of Injury

PH-1659E RDA 10112

11932129

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

Lisa Piercey, MD, MBA, FAAP
Commissioner

1 1 9 3 2 1 2 9

Date Issued: Sep-16-2020

CERTIFICATION OF VITAL RECORD

2023041700280043

CERTIFICATE OF AUTHENTICITY

I, Abena Echternach, do hereby make oath that I am a licensed attorney and/or the custodian of the original version of the electronic document tendered for registration herewith and that this electronic document is a true and exact copy of the original document executed and authenticated according to law on March 18, 2023 (date of document).

Affiant Signature

4/5/23
Date

STATE OF TENNESSEE

COUNTY OF Davidson

Sworn to and subscribed before me this 5th day of April, 2023.

Kimberley J. Raymond
Notary's Signature

My Commission Expires: 5-5-25.

KIMBERLEY J. RAYMOND
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY