Karen Johnson Davidson County
Batch# 1023661 AFFIDAVITH
07/07/2023 12:11:01 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20230707-0052049

Affidavit of Heirship

I Heather Heard ("Affiant"), residing at 32 Hillview Drive, Lobelville, Tennessee 37097, 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, Orville Albert Heard, who died on May 18, 2023, from September 25, 1984 to May 18, 2023. Orville Albert Heard was my Father. Orville Albert Heard'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. Orville Albert Heard left the following items of real property and did not leave a Last Will and Testament:

> 162 Dellway drive, Nashville, Tennessee, 37207, located in Davidson County and legally described as Residence

5. Orville Albert Heard never married.

6. At the time of death, Orville Albert Heard's sole surviving heirs were as follows:

Heather Heard, 32 Hillview Drive, Lobelville, Tennessee 37097, a Daughter, born September 25, 1984.

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 July 06, 2023, the date I affixed my signature to this Affidavit.

Heather Heard

Prepared by
Heather Heard
32 Hillview Dr.
Lobelville TN 37097

This is a RocketLawyer.com document.

STATE OF TENNESSEE, COUNTY OF DAVIDSON, ss:

On this 7th day of July 2023, before me personally appeared Heather Heard, 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.

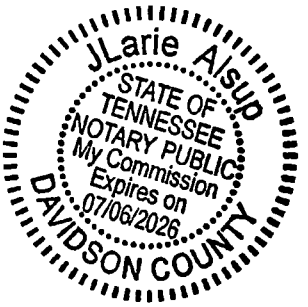
JLarie Aisup

Notary Public

Notary Public

Title (and Rank)

My commission expires 07/06/2026



STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2023 030960

1. Decedent's Legal Name			2. Sex	3. Date of Death
ORVILLE ALBERT HEARD			MALE	05/18/2023
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**	
20:51	82	05/10/1941	NASHVILLE, TN	

8a. Place of Death			
HOSPICE FACILITY			
8b. Facility Name	**8c. City or Town**	**8d. County of Death**	
ALIVE HOSPICE	NASHVILLE	DAVIDSON	

9. Marital Status	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation	11b. Kind of Business/Industry
DIVORCED		PAINTER	CONSTRUCTION

12. Social Security Number	13a. Residence-State or Foreign Country	13b. County	13c. City or Town
4113	TENNESSEE	DAVIDSON	NASHVILLE

13d. Street and Number	13e. Inside City Limits?	13f. Zip Code	14. Was Decedent ever in US Armed Forces?
162 DELLWAY DRIVE	YES	37216	YES

15. Decedent's Education	16. Decedent of Hispanic Origin?	17. Decedent's Race
HIGH SCHOOL GRADUATE OR GED COMPLETED	NO, NOT SPANISH/HISPANIC/LATINO	WHITE

18. Father's Name	19. Mother's Name Prior to First Marriage
ORVILLE HEARD	MARY PEACH

20a. Informant's Name	20b. Relationship to Decedent	20c. Mailing Address
HEATHER HEARD	DAUGHTER	32 HILLVIEW DRIVE, LOBELVILLE, TN 37097

21a. Method of Disposition	21b. Place of Disposition	21c. Location
BURIAL	SPRING HILL CEMETERY	NASHVILLE, TN

22a. Signature of Funeral Director	22b. License Number	22c. Signature of Embalmer	22d. License Number
▶ /e/ LAUREN ELIZABETH GRIFFIN-ROACH	20220	▶	

23a. Name and Address of Funeral Home	23b. License Number
SPRING HILL FUNERAL HOME AND CEMETERY, 5110 GALLATIN PIKE, NASHVILLE, TN 37216	1046

24. Registrar's Signature	25. Date Filed
▶ /e/ EDWARD G BISHOP III	05/23/2023

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/ LAURA THARPE	048448	05/23/2023

27d. Name and Address: LAURA THARPE 1718 PATTERSON STREET, NASHVILLE, TN 37203

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. STROKE	
	b.	
	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

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.

14999108

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

Edward G Bishop III
Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

Date Issued: May 24 2023

CERTIFICATION OF VITAL RECORD