Karen Johnson Davidson County
Batch # 1092882 AFFIDAVITH
01/23/2024 01:19:38 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20240123-0004179

This Instrument prepared by:
Christopher A. Taylor
1404 Kirkland Ave.
Nashville, TN 37216

AFFIDAVIT AS TO HEIRS
(Pursuant to T.C.A. §30-2-712)

STATE OF TN
COUNTY OF DAVIDSON

On this 3rd day of January 2024, before me personally appeared Katherine E. McKay, to me personally known, who being by me duly sworn, on oath did say that Affiant is over eighteen (18) years of age, resides at 213 Manzano Rd., Madison, TN 37115 and is familiar with the family history of Robert W Douglas Jr., deceased, who was the owner of the following property:

213 Manzano Road
Madison, TN 37115

And that said decedent died on the 12th day of July 2023, and that the place of residence and homestead, at the time of death, was as follows:

213 Manzano Road
Madison, TN 37115

And Affiant further states that said deceased left surviving the following persons, as heirs or persons otherwise Interested in the estate,

NAME ADDRESS

1. a. Surviving Spouse

   NONE

   b. Children

   Katherine E. McKay
   213 Manzano Rd.
   Madison, TN 37115

   c. Children of deceased children

   d. Adopted children

   e. Children of deceased adopted children

(if none above, go to 2)

2. Parent(s)

(if none above, go to 3)

3. a. Brother(s)/sister(s)

b. Children of deceased brother(s)/sister(s)

(if none above, go to 4)

4. a. Paternal grandparent(s)

   b. Children of deceased paternal grandparent(s)
   i.e. aunt(s)/uncle(s)

   c. Children of deceased paternal aunt(s)/uncle(s)
   i.e. cousins

   d. Maternal grandparent(s)

   e. Children of deceased maternal grandparent(s)
   i.e. aunt(s)/uncle(s)

   f. Children of deceased maternal aunt(s)/uncle(s)
   i.e. cousins

And Affiant further states that said decedent left no other children or adopted children or descendants of deceased children or adopted children.

And that all of the above parties are over the age of eighteen years, except the following:

Names of minors:

And said deceased _ left a will / X did not leave a will.

And that the debts against said estate _ have been paid / _ have not been paid.

Katherine E. McKay

Signature

STATE OF Tennessee
COUNTY OF Davidson

Sworn and subscribed before me this 9 day of January, 2024.

William Brigman

Notary Public

My Commission Expires: 08/08/2025

WILLIAM AUSTIN TAYLOR BRIGMAN
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2023 042498

1. Decedent's Legal Name: ROBERT WAYNE DOUGLAS JR			2. Sex: MALE	3. Date of Death: 07/12/2023
4. Time of Death (Approx.): 10:29 PM	5a. Age: 67	6. Date of Birth: 04/09/1956	7. Birthplace: NASHVILLE, TN	
8a. Place of Death: DECEDENT'S HOME				
8b. Facility Name: 213 MANZANO ROAD		8c. City or Town: MADISON		8d. County of Death: DAVIDSON
9. Marital Status: WIDOWED	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation: E-BID SPECIALIST		11b. Kind of Business/Industry: METRO GOVERNMENT
12. Social Security Number: -1323	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: MADISON
13d. Street and Number: 213 MANZANO ROAD		13e. Inside City Limits?: YES	13f. Zip Code: 37115	14. Was Decedent ever in US Armed Forces?: NO
15. Decedent's Education: SOME COLLEGE CREDIT, BUT NO DEGREE	16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO		17. Decedent's Race: WHITE	
18. Father's Name: ROBERT WAIN DOUGLAS SR			19. Mother's Name Prior to First Marriage: MARGURITE LOUISE HARRINGTON	
20a. Informant's Name: ANTHONY DALE DOUGLAS	20b. Relationship to Decedent: BROTHER	20c. Mailing Address: 1644 PAWNEE TRAIL, MADISON, TN 37115		
21a. Method of Disposition: BURIAL	21b. Place of Disposition: SPRING HILL CEMETERY		21c. Location: NASHVILLE, TN	
22a. Signature of Funeral Director: ▶ /e/ YASAMIN DYE	22b. License Number: 20552	22c. Signature of Embalmer: ▶ /e/ Taryn Jean Closen		22d. License Number: 20437
23a. Name and Address of Funeral Home: SPRING HILL FUNERAL HOME AND CEMETERY, 5110 GALLATIN PIKE, NASHVILLE, TN 37216				23b. License Number: 1046
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III			25. Date Filed: 07/17/2023	

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: ▶ /e/ JOEL SHACKSON	27b. License Number: 66385	27c. Date Signed: 07/14/2023
27d. Name and Address: JOEL SHACKSON 1718 PATTERSON ST, 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. CONGESTIVE HEART FAILURE	
	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: NATURAL	31. Did Tobacco Use Contribute to Death?: NO	32. If Female: 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.

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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: Jul-17-2023

CERTIFICATION OF VITAL RECORD