Karen Johnson Davidson County
Batch# 1147351 AFFIDAVIT
06/14/2024 01:32:30 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20240614-0044757

THIS INSTRUMENT PREPARED BY: Carolyn Dale, Attorney at Law* c/o Betters Law Firm PLLC 800 Town & Country Boulevard, Suite 500 Houston, Texas 77024	WHEN RECORDED RETURN TO: BCHH, 181 Montour Run Road, Coraopolis, PA 15108	Map & Parcel No. 050 14 0 028.00

Affidavit of Death

STATE OF TN
COUNTY OF Davidson

I, Susie D. Harris, residing at 3230 Healy Drive, Nashville, TN 37207, being of legal age, depose and say that:

That Leslie Gene Harris died on 05/31/2022 as evidenced by a certified copy of the Certificate of Death, attached hereto:

That I am the successor to the estate of the decedent and to the decedents interest in funds held by various institutions and no other person has a superior right to the interest of the decedent in the described property;

That no proceeding is being or has been conducted in Davidson, TN for administration of the decedent's estate;

That the funeral expenses, expenses of last illness, and all unsecured debts of decedent have been paid.

I certify under penalty of perjury under the laws of the State/Commonwealth of TN that I know the contents of this Affidavit signed by me and that the statements are true and correct.

EXECUTED this 24 day of May, 2024.

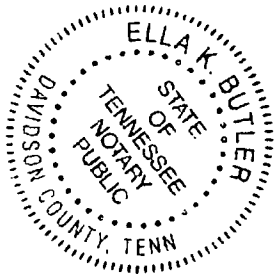
Susie D Harris
Susie D. Harris, Affiant

THE STATE OF TN §
§
COUNTY OF Davidson §

Sworn to and subscribed before me this 24 day of May, 2024, by Susie D. Harris.

Ella K Butler
NOTARY PUBLIC
My Commission Expires: 07/09/2024

(Seal)



Amended by Affidavit of Physician on 07/12/2022 /arc

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 2022 037469

1. Decedent's Legal Name			2. Sex	3. Date of Death
LESLIE GENE HARRIS			MALE	05/31/2022
4. Time of Death (Approx.)	5a. Age	6. Date of Birth	7. Birthplace	
05:15 AM	69	10/16/1952	KNOXVILLE, TN	
8a. Place of Death				
INPATIENT				
8b. Facility Name		8c. City or Town		8d. County of Death
TENNESSEE VALLEY HEALTHCARE SYSTEM - NASHVILLE VA		NASHVILLE		DAVIDSON
9. Marital Status	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation		11b. Kind of Business/Industry
MARRIED	SUSIE DANSBY	DISABLED		DISABLED
12. Social Security Number	13a. Residence-State or Foreign Country	13b. County		13c. City or Town
	TENNESSEE	DAVIDSON		NASHVILLE
13d. Street and Number		13e. Inside City Limits?	13f. Zip Code	14. Was Decedent ever in US Armed Forces?
3230 HEALY DR.		YES	37207	YES
15. Decedent's Education	16. Decedent of Hispanic Origin?		17. Decedent's Race	
ASSOCIATE DEGREE	NO, NOT SPANISH/HISPANIC/LATINO		WHITE	
18. Father's Name		19. Mother's Name Prior to First Marriage		
BROOKS LESLIE HARRIS		VERA BROCK		
20a. Informant's Name	20b. Relationship to Decedent	20c. Mailing Address		
SUSIE HARRIS	WIFE	3230 HEALY DR., NASHVILLE, TN 37207		
21a. Method of Disposition	21b. Place of Disposition		21c. Location	
CREMATION	MCDONALD FUNERAL HOME, INC.		CENTERVILLE, TN	
22a. Signature of Funeral Director	22b. License Number	22c. Signature of Embalmer		22d. License Number
▶ /e/ WILL CHESSOR	20081	▶		
23a. Name and Address of Funeral Home				23b. License Number
MCDONALD FUNERAL HOME, INC. - CENTERVILLE, 102 WEST END AVE, CENTERVILLE, TN 37033-0069				107
24. Registrar's Signature		25. Date Filed		
▶ /e/ EDWARD G BISHOP III		06/06/2022		

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/ MATTHEW FRANKLIN MART	58322	06/04/2022

27d. Name and Address: MATTHEW FRANKLIN MART 1211 21ST AVE SOUTH, NASHVILLE, TN 37232

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. ACUTE HYPOXIC RESPIRATORY FAILURE	
	b. CHRONIC INTERSTITIAL LUNG DISEASE	
	c. CHRONIC HYPERSENSITIVITY PNEUMONITIS	
	d.	

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I

ADENOCARCINOMA OF THE LEFT LUNG WITHOUT METASTASIS; CHRONIC SYSTOLIC HEART FAILURE; ESSENTIAL HYPERTENSION; ATRIAL FLUTTER; PSYCHOSIS; SCHIZOPHRENIA UNDIFFERENTIATED

29a. Was an Autopsy Performed? YES

29b. Were Autopsy Findings Available to Complete the Cause of Death? NO

30. Manner of Death	31. Did Tobacco Use Contribute to Death?	32. If Female:
NATURAL	PROBABLY	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.

14358463

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

Edward G. Bishop III
State Registrar

1435846 3

Date Issued: Jul-14-2022

202406140044757

Tennessee Certification of Electronic Document

I, Rob Newmar, 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 5-24-2024 (date of document).

Affiant Signature

6-13-2024
Date

State of Pennsylvania

County of Allegheny

Sworn to and subscribed before me this 13th day of June, 2024.

Notary's Signature

MY COMMISSION EXPIRES: 2-10-2025

NOTARY'S SEAL

Commonwealth of Pennsylvania - Notary Seal
THOMAS E. WORKMAN, Notary Public
Beaver County
My Commission Expires February 10, 2025
Commission Number 1391170