Karen Johnson Davidson County
Batch # 1173435 AFFIDAVITH
08/23/2024 10:07:23 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20240823-0064880

AFFIDAVIT OF DEATH AND HEIRSHIP

MARGIE B COOKSEY & KEISHA R COOKSEY (the "Affiant"), being duly sworn upon oath, deposes and states that the Affiant resides at 2004 Straightway Ave, Nashville, Tennessee 37206 located in the County of Davidson. The Affiant is the spouse and daughter to Mr. EARL D. COOKSEY (the "Decedent").

The Decedent died on 07/20/2024 in the County of DAVIDSON in the State of Tennessee. A copy of the Official Death Certificate is attached.

When the Decedent passed he or she owned an interest in the property legally described below:

Property Owned:	HOUSE (STILL MAKING PAYMENTS THRU CHASE BANK)
Address:	2004 Straightway Ave Nashville, Tennessee 37206
County:	Davidson
Personal Property Owned:	HOUSE
Location:	2004 STRAIGHTWAY AVE NASHVILLE, TN 37206
Personal Property Owned:	
Location:	
Personal Property Owned:	
Location:	

In the event that the Decedent passed leaving a Last Will and Testament, a copy of said Last Will and Testament shall be attached. If there is no Last Will and Testament attached hereto, then the Decedent passed intestate.

In the event that the Decedent was married, listed below will be the name of the spouse and current status of said marriage.

Name of Spouse	Status
MARGIE B. COOKSEY	Currently Married To Decedent

The following children were born to or adopted by the Decedent:

Name of Child	Birth Date	Status

KEISHA R. COOKSEY 12/24/1980 Living

The estimated approximate total value of the estate of the Decedent, including the taxable interest in the aforesaid property, is $250,000.00.

No claims have been filed against the Decedent and all expenses related to medical and/or funeral expenses have been paid in full.

The Affiant will ensure that the Federal Estate Tax shall be prepared and pay in full any said amount which may be due and payable.

I declare that the information contained herein is true and correct to the best of my knowledge.

Margie B. Cooksey
Keisha R. Cooksey
(AFFIANT SIGNATURE) (DATE SIGNED) 8/23/2004

MARGIE B COOKSEY & KEISHA R COOKSEY
(AFFIANT NAME)

State of Tennessee

ss.

County of DAVIDSON

This instrument was subscribed and sworn to before me on by MARGIE B COOKSEY & KEISHA R COOKSEY.

Destyne Sanders
(NOTARY PUBLIC SIGNATURE)

Destyne Sanders
(NOTARY PRINTED NAME)

My Commission Expires: 3/20/28



Prepared by:
Keisha R. Cooksey
2004 Straightway Ave.
Nashville, TN 37206

STATE OF TENNESSEE

CERTIFICATION OF VITAL RECORD

void void void

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 2024 044394

1. Decedent's Legal Name: EARL DOUGLAS COOKSEY			2. Sex: MALE	3. Date of Death: 07/20/2024
4. Time of Death (Approx.): 02:56	5a. Age: 76	6. Date of Birth: 09/22/1947	7. Birthplace: ERIN, TN	
8a. Place of Death: DECEDENT'S HOME				
8b. Facility Name: 2004 STRAIGHT WAY AVE.		8c. City or Town: NASHVILLE		8d. County of Death: DAVIDSON
9. Marital Status: MARRIED	10. Surviving Spouse (name prior to first marriage): MARGIE FRENCH	11a. Decedent's Usual Occupation: CONTRACTOR		11b. Kind of Business/Industry: CONSTRUCTION
12. Social Security Number: 4563	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: NASHVILLE
13d. Street and Number: 2004 STRAIGHT WAY AVE.		13e. Inside City Limits?: YES	13f. Zip Code: 37206	14. Was Decedent ever in US Armed Forces?: NO
15. Decedent's Education: 9TH - 12TH GRADE, NO DIPLOMA	16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO	17. Decedent's Race: BLACK OR AFRICAN AMERICAN		
18. Father's Name: VELMORE COOKSEY		19. Mother's Name Prior to First Marriage: LAURA TURNER		
20a. Informant's Name: MARGIE COOKSEY	20b. Relationship to Decedent: WIFE	20c. Mailing Address: 2004 STRAIGHT WAY AVE., NASHVILLE, TN 37206		
21a. Method of Disposition: BURIAL	21b. Place of Disposition: FOREST LAWN CEMETERY	21c. Location: NASHVILLE, TN		
22a. Signature of Funeral Director: ▶ /e/ BYRETTIA LAWRENCE BROADY	22b. License Number: 5130	22c. Signature of Embalmer: ▶ /e/ TERRELL ANDRE BROADY		22d. License Number: 4117
23a. Name and Address of Funeral Home: TERRELL BROADY FUNERAL HOME, INC., 3855 CLARKSVILLE PIKE, NASHVILLE, TN 37218-2219				23b. License Number: 1137
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III			25. Date Filed: 07/23/2024	

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: 07/22/2024
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. PROBABLE LUNG CANCER WITH METASTASES	
	b.	
	c.	
	d.	

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: CHRONIC OBSTRUCTIVE PULMONARY DISEASE; HEART DISEASE

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 certify that this is a true and correct representation of the original certificate on file with the Tennessee Office of Vital Records. This copy is not valid unless prepared on security paper displaying the state seal and signature of the State Registrar.

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

Date Issued: Jul-23-2024

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE