Affidavit of Heirship

I JAMES COURE ("Affiant"), residing at 112 REVEILLE COURT, FRANKLIN, Tennessee 37064, 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, DOROTHY J. COURE, who died on March 30, 1992, from May 06, 1976 to March 30, 1992. DOROTHY J. COURE was my Wife. DOROTHY J. COURE'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. DOROTHY J. COURE left the following items of real property and did not leave a Last Will and Testament:

AUGUSTA DRIVE, NASHVILLE, Tennessee, 37207, located in DAVIDSON County and legally described as N OF REVELS DR W OF ROWAN DRIVE

5. At the time of death, DOROTHY J. COURE's marital history was as follows:

JAMES COURE, who DOROTHY J. COURE married on May 06, 1976 and who died on March 30, 1992.

6. At the time of death, DOROTHY J. COURE's sole surviving heirs were as follows:

N/A, James Coure, _____
_____, a _____, born _____.

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 April 10, 2025, the date I affixed my signature to this Affidavit.

J Coure

prepared by Veronica Vaughn
468 Ponderi 109
Nashville, TN 37228

Karen Johnson Davidson County
Batch # 1270557 AFFIDAVITH
05/08/2025 11:01:27 AM 3 pgs
Fees: $17.00 Taxes: $0.00
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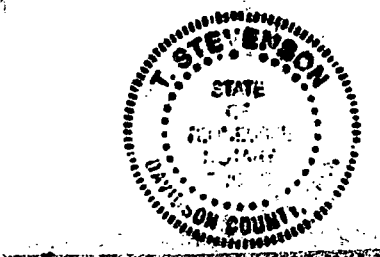
STATE OF TENNESSEE, COUNTY OF DAVIDSON, ss:

On this 10th day of April, 2025, before me personally appeared James Caule, 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.

T. Stevenson
Notary Public

Title (and Rank)

My commission expires 5/31/26



STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
CERTIFICATE OF DEATH

9201784 — STATE FILE NUMBER: 92 010814

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS, SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): DOROTHY J. COURE
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): March 30, 1992
4. SOCIAL SECURITY NUMBER (of Deceased): -3189
5a. AGE – LAST BIRTHDAY (Years): 48
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): JUD 2, 1943
7. BIRTHPLACE (City and State or Foreign Country): ROSSVILLE, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): BAPTIST HOSPITAL 079
9c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): JAMES S. COURE
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): HOUSEWIFE
12b. KIND OF BUSINESS/INDUSTRY: HOME
13a. RESIDENCE – STATE: TN
13b. COUNTY: DAVIDSON 19
13c. CITY, TOWN OR LOCATION: NASHVILLE 091
13d. STREET AND NUMBER OR RURAL LOCATION: 700 REVELS DR.
13a. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37207
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No — Specify, if yes:
15. RACE – American Indian, Black, White, etc. (Specify): BLACK
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+): 4
17. FATHER'S NAME (First, Middle, Last): JOHNNY ARNETT
18. MOTHER'S NAME (First, Middle, Maiden Surname): DONNIE STONE

NAME OF DECEDENT 0108143192

INFORMANT

19a. INFORMANT'S NAME (Type/Print): OWANA R. SLOCUM
19b. RELATIONSHIP TO DECEDENT: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 207 CHASE LANE, NORCROSS, GA 30093

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): BETHLEHAM CHURCH CEMETERY
20c. LOCATION – City or Town, State: ROSSVILLE, TN
21a. SIGNATURE OF FUNERAL DIRECTOR
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3568
21c. SIGNATURE OF EMBALMER
21d. LICENSE NUMBER OF EMBALMER: 4136
22a. NAME AND ADDRESS OF FUNERAL HOME: M. J. Edwards Funeral Home, 1165 Airways Blvd., Memphis, TN 38114
22b. LICENSE NUMBER OF FUNERAL HOME: 0720

REGISTRAR

23. REGISTRAR'S SIGNATURE: Mary C. Pentecost
24. DATE FILED (Month, Day, Year): April 24, 1992

CERTIFIER

25a. PHYSICIAN – To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 [ ] SIGNATURE AND TITLE OF PHYSICIAN:
25b. LICENSE NUMBER: MD20164
25c. DATE SIGNED (Month, Day, Year): 4/24/92
26a. MEDICAL EXAMINER – On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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)

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): ERIC RAEFSKY MD, 342 21 AVENUE N., NASHVILLE, TN 37203

CAUSE OF DEATH

SEE INSTRUCTIONS ON OTHER SIDE

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 arrest, shock, or heart failure. List only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	Respiratory Failure	2 weeks
DUE TO (OR AS A CONSEQUENCE OF):		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: b.	Lung Cancer	3 weeks
DUE TO (OR AS A CONSEQUENCE OF):		
c.		
DUE TO (OR AS A CONSEQUENCE OF):		
d.		

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PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [X] Natural 5 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY: M
31c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No
31d. DESCRIBE HOW INJURY OCCURRED
31e. PLACE OF INJURY – At home, farm, street, factory, office building, etc. (Specify)
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

BIRTH NO.

PH-1659 REV. 1/93

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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

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Edward G. Bishop III, State Registrar
Lisa Piercey, MD, MBA, FAAP, Commissioner

Date Issued: Jan-19-2022

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796 1936

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD