This Instrument prepared by: Veronica Vaughn 468 Ponder Pl 109 Nashville, TN 37228

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

STATE OF Tennessee
COUNTY OF Davidson

On this 8th day of May, 2025, before me personally appeared James Coure, 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 112 Reveille Ct. Franklin TN and is familiar with the family history of Donnie B. Arnett, deceased, who was the owner of the following property:
August Drive Nashville, TN 37207, N. of Revels Dr W of Rowan Dr

And that said decedent died on the 16th day of April, ~~20~~ 1991, and that the place of residence and homestead, at the time of death, was as follows:

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	NONE	
c.	Children of deceased children	NONE	
d.	Adopted children	NONE	
e.	Children of deceased adopted children	NONE	

(if none above, go to 2)

2. Parent(s) NONE

(if none above, go to 3)

3. a. Brother(s)/sister(s) NONE

Karen Johnson Davidson County
Batch # 1273353 AFFIDAVITH
05/14/2025 02:47:25 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20250514-0038044

4. a. Paternal grandparent(s) NONE

b. Children of deceased paternal grandparent(s) NONE
i.e. aunt(s)/uncle(s)

c. Children of deceased paternal aunt(s)/uncle(s) NONE
i.e. cousins

d. Maternal grandparent(s) NONE

e. Children of deceased maternal grandparent(s) NONE
i.e. aunt(s)/uncle(s)

f. Children of deceased maternal aunt(s)/uncle(s) NONE
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: NONE

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

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

Signature

STATE OF TENNESSEE
COUNTY OF Davidson

Sworn and subscribed before me this 8th day of May, 2025.

Notary Public

My Commission Expires: 5/31/26

STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

STATE OF TENNESSEE
CERTIFICATION OF VITAL RECORD

9101816 — TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT — 91 009864

CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Donnie B. Arnett
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): 4-10-91
4. SOCIAL SECURITY NUMBER (of Deceased): 413-
5a. AGE-LAST BIRTHDAY (Years): 72
5b. UNDER 1 YEAR — MOS. / DAYS
5c. UNDER 1 DAY — HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): 9-12-18
7. BIRTHPLACE (City and State or Foreign Country): Moscow, 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-2000 Church St Nash TN 079
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville, TN
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name): N/A
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Cook
12b. KIND OF BUSINESS/INDUSTRY: School System
13a. RESIDENCE—STATE: Tenn.
13b. COUNTY: Davidson 19
13c. CITY, TOWN OR LOCATION: Nashville 094
13d. STREET AND NUMBER OR RURAL LOCATION: 700 Revels Drive
CENSUS TRACT
13e. 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 [ ] No [X]
15. RACE—American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 4yrs; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Lee Stone
18. MOTHER'S NAME (First, Middle, Maiden Surname): Nannie Brown

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Margaree Dean
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 606 Cadraca Spt. 3-Memphis, TN 38122

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): Bethlehem Cemetery
20c. LOCATION—City or Town, State: Moscow, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Evelyn Cooper
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3568
21c. SIGNATURE OF EMBALMER: Edmund Ford
21d. LICENSE NUMBER OF EMBALMER: 4136
22a. NAME AND ADDRESS OF FUNERAL HOME: M.J. Edwards & Sons Funeral Home, 1165 Airways Blvd.-Memphis, TN 38114
22b. LICENSE NUMBER OF FUNERAL HOME: 720

REGISTRAR

23. REGISTRAR'S SIGNATURE: Marsha H. Jones
24. DATE FILED (Month, Day, Year): April 23, 1991

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 [X] SIGNATURE AND TITLE OF PHYSICIAN: Cheryl A Savelli MD
25b. LICENSE NUMBER: MD 17897
25c. DATE SIGNED (Month, Day, Year): 4-10-91
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)

CAUSE OF DEATH

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. pancreatic carcinoma
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: 1579
b. DUE TO (OR AS A CONSEQUENCE OF):
c. DUE TO (OR AS A CONSEQUENCE OF):
d.
SEE INSTRUCTIONS ON OTHER SIDE

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

30. MANNER OF DEATH: 1 Natural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation 6 Could not be Determined
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY
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. 1/89

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.

Date Issued: Apr 17 2025

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

017112567

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE