Karen Johnson Davidson County
Batch # 1293066 DEEDQC
07/02/2025 12 03 35 PM 17 pgs
Fees $87 00 Taxes $0 00
20250702-0052331

This Instrument Prepared By: Marissa Knight, Esq.
2126 21st Avenue, South
Nashville, Tennessee 37212

Name & Address of New Owner:	Send Tax Bills To.	Map 70-4
Martha Dickerson & Susie Posey 2416 Gardner Ln Nashville, TN 37207	Martha Dickerson & Susie Posey 2416 Gardner Ln. Nashville, TN 37207	Parcel 144 *No title search was completed*

QUITCLAIM DEED

FOR AND IN CONSIDERATION of the sum of TEN DOLLARS ($10.00) cash in hand paid, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, and the mutual covenants and duties of the parties, Martha Dickerson, as POA[1] for Susie Posey (hereinafter "Grantor"), hereby conveys, remises, releases and forever quitclaims unto Martha Dickerson and Susie Posey (hereinafter "Grantees") as Tenants in Common with right of survivorship in a certain tract and parcel of land attached to the property located at 2317 Ilolo St. Nashville, Tennessee 3207 and being more particularly described as the following tract of real estates:

> LAND in Davidson County, Tennessee, being Lot No. 45 on the Plan of Dewey Heights Addition, as record in Book 161, page 94, Register's Office for Davidson County, Tennessee.
>
> SAID Lot No 45 fronts 50 feet on the northerly side of Ilolo Street and runs back between parallel lines 150 feet to a dead line in the rear.
>
> BEING the same property conveyed to Joe Babb and wife, Betty Babb, by Deed from Fred Lee Frazier and wife, Mary Annette Frazier, of record in Book 4332, Page 926, Register's Office for Davidson County, Tennessee The Parties having since been divorced and by Decree in the Probate Court for Davidson County, Tennessee, of record in Minute Book 25-A, Page 392, Probate Court Office, title was divested out of Joe Babb and vested in Betty James Babb, a copy of which is recorded in Book 6521, Page 64, Register's Office for Davidson County, Tennessee.
>
> Being the same property conveyed to William H Posey (now deceased[2]) and wife, Susie J Posey by Deed from Betty J. Babb, unmarried dated April 4, 1985 and recorded April 5, 1985 in Record Book 6527 pages 406-408, Register's Office for Davidson County, Tennessee.

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[1] See POA attached as *Exhibit A*
[2] See death certificate attached as *Exhibit B*

This instrument and the interest hereby released and quitclaimed are subject to such limitations, restrictions, encumbrances, any and all zoning regulations, building restrictions and setback lines, if any, and easements and rights-of-way for public utilities applicable to this property. Including but not limited to license for driveway use referenced in Book 6527 Page 406.

This conveyance is further subject to taxes for the year 2025, which have been assumed by the Grantees. Grantees further assumes responsibility for all rollback taxes, if any, assessed against the Property.

Witness my hand this 18th day of June, 2025. Martha Dickerson
Martha Dickerson, *as POA for Susie Posey*

STATE OF TENNESSEE)
COUNTY DAVIDSON)

Personally, appeared before me, the undersigned Notary Public, in and for said County and State, the within named Martha Dickerson as POA for Susie Posey, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), with whom presented documents sufficient to establish her power of authority to execute such document on behalf of Susie Posey, and who acknowledged that she executed the foregoing instrument for the purposes therein contained.

Witness my hand and official seal this the 18th day of June, 2025

CHRISLYN MAKENZIE CLARK TENNESSEE NOTARY PUBLIC COUNTY OF DAVIDSON

NOTARY PUBLIC: Chrislyn Clark

My commission expires: 03/08/2028

Witness my hand this 18th day of June, 2025. Martha Dickerson
Martha Dickerson, *individually*

STATE OF TENNESSEE)
COUNTY DAVIDSON)

Personally, appeared before me, the undersigned Notary Public, in and for said County and State, the within named Martha Dickerson, individually, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he executed the foregoing instrument for the purposes therein contained.

Witness my hand and official seal this the 18th day of June, 2025

CHRISLYN MAKENZIE CLARK TENNESSEE NOTARY PUBLIC COUNTY OF DAVIDSON

NOTARY PUBLIC: Chrislyn Clark

My commission expires: 03/08/2028

AFFIDAVIT

STATE OF TENNESSEE)
COUNTY DAVIDSON)

The undersigned parties, after being first duly sworn according to law, does make oath and affirm that the actual consideration of value of this transfer is $0.00.

Martha Dickerson
Martha Dickerson, *as POA for Susie Posey*

Chrislyn Clark
NOTARY PUBLIC

Witness my hand and official seal this the 18th day of June, 2025.

My Commission Expires: 03/08/2028

CHRISLYN MAKENZIE CLARK
TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON

AFFIDAVIT

STATE OF TENNESSEE)
COUNTY DAVIDSON)

The undersigned parties, after being first duly sworn according to law, does make oath and affirm that the actual consideration of value of this transfer is $0.00.

Martha Dickerson
Martha Dickerson, *individually*

Chrislyn Clark
NOTARY PUBLIC

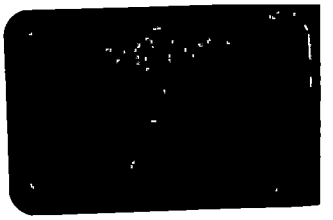
Witness my hand and official seal this the 18th day of June, 2025.

My Commission Expires: 03/08/2028

CHRISLYN MAKENZIE CLARK
TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON

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DURABLE POWER OF ATTORNEY

IMPORTANT INFORMATION

This Power of Attorney authorizes another person (your Agent) to make decisions concerning your property for you (the Principal) Your Agent will be able to make decisions and act with respect to your property (including your money) whether or not you are able to act for yourself. The meaning of authority over subjects listed on this form is explained in the Uniform Power of Attorney Act.

This Power of Attorney does not authorize the Agent to make healthcare decisions for you

You should select someone you trust to serve as your Agent. Unless you specify otherwise, generally the Agent's authority will continue until you die or revoke the Power of Attorney, or the Agent resigns or is unable to act for you.

Your Agent is entitled to reasonable compensation unless you state otherwise in the Special Instructions

This form provides for designation of one Agent. If you wish to name more than one Agent, you may name a Co-Agent in the Special Instructions Co-Agents are not required to act together unless you include that requirement in the Special Instructions

If your Agent is unable or unwilling to act for you, your Power of Attorney will end unless you have named a Successor Agent You may also name a second Successor Agent.

This Power of Attorney becomes effective immediately unless you state otherwise in the Special Instructions.

If you have questions about the Power of Attorney or the authority you are granting to your Agent, you should seek legal advice before signing this form.

1. **APPOINTMENT OF MY AGENT.** I, Susie J Posey (hereinafter referred to as "**Principal**"), hereby execute this Durable Power of Attorney appointing the following named individual as my "**Agent**" (also known as Attorney-in-Fact):

   Name: Martha M. Dickerson
   Address 2018 Straightway Ave

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Nashville , Tennessee 37206
Phone Number 6154030463

2. **EFFECTIVENESS.** This shall be effective from when I sign it. The authority of my Agent, when effective, shall not terminate or be void or voidable if I am or become disabled or in the event of later uncertainty as to whether I am dead or alive

3. **AGENT AS FIDUCIARY.** I give my Agent the powers specified in this Durable Power of Attorney with the understanding that they will be exercised for my benefit, on my behalf, and solely in a fiduciary capacity

4. **SUCCESSOR AGENT.** In the event that my chosen Agent is unable or unwilling to act on my behalf, I appoint the following named individual as my Successor Agent.

   Name: Erica S. Dickerson
   Address: 9 Mirror Lake Drive
   Savannah , Georgia 31407
   Phone Number: (912) 659-0154

5. **GENERAL AUTHORITY TO ACT.** I hereby grant my Agent, including any Successors or Co-Agents, the general authority to act on my behalf in the following subjects: **(INITIAL ALL POWERS THAT APPLY)**

   a. SJL Real property

   b. SJL Tangible personal property

   c. ____ Stocks and bonds

   d. ____ Commodities and options

   e. SJL Banks and financial institutions

   f. SJL Operation of entity or business Pony Rentals

   g. ____ Insurance and annuities

   h. SJL Estates, trusts, and other beneficial interests

   i. ____ Claims and litigation

   j. SJL Personal and family maintenance

   k. SJL Benefits from governmental programs and civil or military service

   l. SJL Retirement plans

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m. RJF Taxes

n. RJF Gifts

o. RJF **All Other Matters.** Except for those actions that conflict with or are limited by another provision of this Durable Power of Attorney and those powers listed in this instrument to which my initials are not affixed, I give my Agent the power to act as my alter ego with respect to all matters and affairs that are not included in the other provisions of this Durable Power of Attorney, to the extent that a principal can act through an agent This section does not authorize my Agent to make healthcare decisions

6. **SPECIFIC ACTS AUTHORIZED.** In addition to the general powers authorized above, I specifically authorize my Agent to perform the following acts. **(INITIAL ALL POWERS THAT APPLY)**

a. RJF Create or amend designations of rights of survivorship, including in financial accounts and real property

b. RJF Create or amend designations of Beneficiaries.

c. RJF Delegate or otherwise authorize another person to exercise the powers delegated to the Agent under this instrument. Ricardo T. Dickerson/Erica Suzette Dickerson

d. RJF Waive Principal's right to be a Beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan

e. RJF Exercise fiduciary powers validly delegated by Principal

f. RJF Disclaim, refuse, or release an interest in property or a power of appointment

g. RJF **Inter Vivos Trusts.** I give my Agent the power to take all actions that my Agent considers necessary or desirable with respect to trusts that exist when this power is executed or that are established thereafter, including the following powers: to establish trusts for the benefit of my spouse, partner, children, grandchildren, and parents; to contribute or transfer assets to any trust in which I have an interest; and to exercise any power I may have as an individual, other than as a trust beneficiary, such as borrowing trust assets, amending or revoking trust agreements, and voting shares of stock, but subject to the limitation that any trust I have created may be modified or revoked by my Agent only if expressly permitted by the trust instrument. This section must not be construed as limiting the authority of my Agent to exercise any power, with respect to trusts, that I may hold in a fiduciary capacity or as a trust beneficiary, to the extent that such authority is specifically given elsewhere in this instrument

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h. None **Pets.** I give my Agent the power to house, or arrange for the housing, support, and maintenance of any animals that I own or have custody of and to pay reasonable boarding, kenneling, and veterinary fees for such animals.

i. AP **Funeral and Burial Arrangements.** I give my Agent the power to arrange for my funeral or other memorial service and for burial or cremation of my remains in accordance with all of my known wishes

j. AP **After-Acquired Property.** The powers granted to my Agent in this instrument are exercisable equally with respect to interests in property I own when this instrument is executed and after-acquired property interests, wherever the property is located, and whether or not the powers are exercised or the Durable Power of Attorney is executed in the same state.

k. AP **Gifts to Agent.** Notwithstanding any other provision in this Durable Power of Attorney, my Agent may make gifts in amounts not to exceed the annual federal gift tax exclusion to him or herself but only if my Agent is in need of funds to meet the reasonable expenses of the following: support in accordance with my Agent's accustomed manner of living, medical, dental, hospital, and nursing services, and other costs relating to the health care of my Agent; and my Agent's education

l. AP **Nominating a Conservator.** If proceedings are initiated for the appointment of a Conservator of my person or my estate or both, I authorize my Agent to nominate whomever he or she believes is appropriate as Conservator of my person or my estate or both, including appointing him or herself. I authorize my Agent to waive the requirement of a bond for any person appointed, if he or she believes a waiver is appropriate

m. AP **General Authority.** Except for those actions that conflict with or are limited by another provision of this Durable Power of Attorney, I give my Agent the power to act as my alter ego with respect to all matters and affairs that are not included in the other provisions of this power, to the extent that a principal can act through an agent This section does not authorize my Agent to make healthcare decisions.

In connection with the exercise of any of the powers described in the preceding sections, I give my Agent full authority, to the extent that a principal can act through an agent, to take all actions that he or she believes necessary, proper, or convenient, to the extent that I could take these actions myself, including, without limitation, the power to prepare, execute, and file documents and maintain records; to enter into contracts, to hire, discharge, and pay reasonable compensation to attorneys, accountants, expert witnesses, or other assistants; to engage in litigation regarding a claim in favor of or against me; and to execute, acknowledge, seal, and deliver any instrument.

n. ____ **Restrictions on Property Management Powers.** Notwithstanding any other provision in this Durable Power of Attorney, my Agent does not have any of the following powers related to property management: to use my property to discharge the legal obligations of my Agent, including but not limited to the support of the dependents

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of my Agent, except for those dependents to whom I also, along with my Agent, owe a duty of support, to exercise any incident of ownership over any insurance policy that I own and that insures the life of my Agent, or to exercise powers of a trustee under an irrevocable trust of which my Agent is the settler and of which I am a trustee

o. ____ **Beneficial Use.** If my Agent is not my ancestor, descendant, or spouse, my Agent MAY use my property to Agent's own benefit and/or for supporting someone to whom Agent owes a support obligation.

7. **NOMINATION OF A GUARDIAN OR CONSERVATOR (OPTIONAL).** If a Conservator or Guardian of my person or estate needs to be appointed for me by a court: (INITIAL)

a. JJP I nominate Eric T Dickerson

First Choice: Eric T Dickerson
Address: 2018 Straightway Avenue
Nashville , Tennessee 37206

8. **AMPLIFYING POWERS**

a. **Compensation**

i. My Agent will be entitled to reasonable compensation for services rendered as Agent under this Durable Power of Attorney Factors that should be considered in determining the amount of compensation are as follows

A. The time expended by my Agent.

B. The value of the property over which my Agent exercises control and management

C. The complexity of the transactions entered into by my Agent

ii. My Agent may pay the compensation from my assets once each week, and must keep records of the services performed, the time spent in performing them, and the date and amount of each payment.

b. **Reimbursement for Costs and Expenses.** My Agent will be entitled to reimbursement from my property for expenditures properly made in performing the services conferred by me in this instrument My Agent must keep records of any such expenditures and reimbursements.

c. **Reliance by Third Parties.** To induce third parties to rely on the provisions of this instrument, I, for myself and on behalf of my heirs, successors, and assigns, hereby

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waive any privilege that may attach to information requested by my Agent in the exercise of any of the powers described in this instrument. Moreover, on behalf of my heirs, successors, and assigns, I hereby agree to hold harmless any third party who acts in reliance on this power for damages or liability incurred as a result of that reliance

d. **Ratification.** I ratify and confirm all that my Agent does or causes to be done under the authority granted in this instrument All contracts, promissory notes, checks, or other bills of exchange, drafts, other obligations, stock powers, instruments, and other documents signed, endorsed, drawn, accepted, made, executed, or delivered by my Agent will bind me, my estate, my heirs, successors, and assigns.

e. **Exculpation of Agent.** My Agent will not be liable to me or any of my successors in interest for any action taken or not taken in good faith, but will be liable for any willful misconduct or gross negligence.

f. **Revocation and Amendment.** I revoke any and all Durable Powers of Attorney that I have executed before executing this Durable Power of Attorney. I retain the right to revoke or amend this Durable Power of Attorney and to substitute other agents in place of my Agent. Amendments to this Durable Power of Attorney must be made in writing by me personally. They must be attached to the original of this document and, if the original is recorded, must be recorded in the same county or counties as the original, although failure to record any amendment will not alter its affect

9. GENERAL PROVISIONS

a. **Signature of Agent** My Agent must use the following form when signing on my behalf pursuant to this Durable Power of Attorney "[Principal] by [Agent], his or her Agent "

b. **Severability.** If any of the provisions of this instrument are found to be invalid for any reason, that invalidity will not affect any of the other provisions of this power, and all invalid provisions will be wholly disregarded

c. **Governing Law.** This Agreement shall be governed, construed, and enforced in accordance with the laws of the State of Tennessee, without regard to its conflict of laws rules

d. **Reliance on This Durable Power of Attorney.** Any person, including my Agent, may act in reliance upon the validity of this Durable Power of Attorney or a copy of it unless that person knows it has terminated or is no longer valid.

10. SPECIAL INSTRUCTIONS (OPTIONAL)

You may give any special instructions on the following lines.

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a. _____

b. _____

c. _____

d. _____

This Durable Power of Attorney is executed by me on May 8, 24 05/08/24 **, in Tennessee.**

Name: Susie J Posey

Signature: Susie J. Posey

SSN or T[redacted]

Address: 2416 Gardener Lane
Nashville , Tennessee 37207

Phone Number: 6154246837

COPY

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NOTARY ACKNOWLEDGMENT

State of Tennessee

County of Davidson

I, Larissa Blagogee hereby certify that Susie J Posey whose name is signed to the foregoing, and who is known to me, or satisfactorily proven to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged that he/she executed the same for the purposes therein contained.

Print Name: Larissa Blagogee Commission Expires: 7/2027

Signature Larissa Blagogee [Affix seal]

Date. 5/8/2024

NOTARY PUBLIC



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NOTARY ACKNOWLEDGMENT

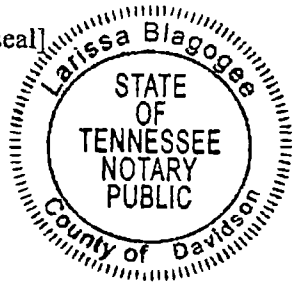
State of Tennessee

County of Davidson

I, Larissa Blagogee, hereby certify that Susie J Posey whose name is signed to the foregoing, and who is known to me, or satisfactorily proven to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged that he/she executed the same for the purposes therein contained.

Print Name: Larissa Blagogee Commission Expires: 7/2027

Signature: Larissa Blagogee [Affix seal]



Date: 5/8/2024

NOTARY PUBLIC

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STATEMENT OF WITNESS

I declare under penalty of perjury: 1) that the individual who signed or acknowledged this Durable Power of Attorney is personally known to me, or that the individual's identity was proven to me by convincing evidence, 2) that the individual signed or acknowledged this Durable Power of Attorney in my presence; 3) that the individual appears to be of sound mind and under no duress, fraud, or undue influence, and 4) that I am not a person appointed as Agent by this Durable Power of Attorney.

FIRST WITNESS

Name LINDA I Craig

Signature. Linda I Craig Dated 05/22/24

SECOND WITNESS

Name. Rev. Louis Haynes

Signature· Rev Louis A. Haynes Dated: 5/8/24

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NOTICE TO PERSON ACCEPTING THE APPOINTMENT AS ATTORNEY-IN-FACT

IMPORTANT INFORMATION FOR THE AGENT

You may not transfer Principal's property to yourself without full and adequate consideration or accept a gift of Principal's property unless this Power of Attorney specifically authorizes you to transfer property to yourself or accept a gift of Principal's property. If you transfer Principal's property to yourself without specific authorization in the Power of Attorney, you may be prosecuted for fraud and/or embezzlement If Principal is 65 years of age or older at the time that the property is transferred to you without authority, you may also be prosecuted for elder abuse In addition to criminal prosecution, you may also be sued in civil court

You must stop acting on behalf of Principal if you learn of any event that terminates this Power of Attorney or your authority under this Power of Attorney, for example, the death of Principal, Principal's revocation of this Power of Attorney or your authority, or, if you are married to Principal, a legal action is filed with a court to end your marriage, or for your legal separation, unless the Special Instructions in this Power of Attorney state that such an action will not terminate your authority

If there is anything about this document or your duties that you do not understand, you should seek legal advice.

I have read the foregoing notice, and I understand the legal and fiduciary duties that I assume by acting or agreeing to act as Agent (Attorney-in-Fact) under the terms of this Power of Attorney.

By acting or agreeing to act as Agent (also known as Attorney-in-Fact) under this Power of Attorney, you assume the fiduciary and other legal responsibilities of an agent. These responsibilities include the following.

1. The legal duty to act solely in the interest of Principal and to avoid conflicts of interest.
2. The legal duty to keep Principal's property separate and distinct from any other property owned or controlled by you.

ACCEPTANCE BY AGENTS

Name: Martha M. Dickerson

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Signature: Martha M. Dickerson Dated: 05/08/24

Name: Erica S. Dickerson

Signature: Erica S Dickerson Dated: 05/08/24

STATE OF TENNESSEE

CERTIFICATION OF VITAL RECORD

[redacted]

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 2024 026526

1. Decedent's Legal Name: WILLIAM HOWARD POSEY		2. Sex: MALE	3. Date of Death: 04/28/2024
4. Time of Death (Approx.): 19 11	5a. Age: 84	6. Date of Birth: 12/12/1939	7. Birthplace: FOREST, MS
8a. Place of Death: INPATIENT			
8b. Facility Name: SAINT THOMAS MIDTOWN HOSPITAL		8c. City or Town: NASHVILLE	8d. County of Death: DAVIDSON
9. Marital Status: [illegible]IED	10. Surviving Spouse (name prior to first marriage): SUSIE JENKINS	11a. Decedent's Usual Occupation: EDUCATOR	11b. Kind of Business/Industry: METRO SCHOOLS
12. [illegible] Security Number: [illegible]8-3263	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON	13c. City or Town: NASHVILLE
13[illegible] and Number: 2416 GARDNER LANE		13e. Inside City Limits? YES / 13f. Zip Code: 37207	14. Was Decedent ever in US Armed Forces? YES
15. Decedent's Education: MASTER'S DEGREE	16. Decedent of Hispanic Origin? NO, NOT SPANISH/HISPANIC/LATINO	17. Decedent's Race: BLACK OR AFRICAN AMERICAN	
18. Father's Name: FLETCHER WILLIE POSEY		19. Mother's Name Prior to First Marriage: CONSTANCE I DAVIS	
20a. Informant's Name: SUSIE POSEY	20b. Relationship to Decedent: WIFE	20c. Mailing Address: 2416 GARDNER LANE, NASHVILLE, TN 37207	
21a. Method of Disposition: BURIAL	21b. Place of Disposition: MIDDLE TENNESSEE STATE VETERANS	21c. Location: NASHVILLE TN	
22a. Signature of Funeral Director: ▶ /s/ BYRETTIA LAWRENCE BROADY	22b. License Number: 6130	22c. Signature of Embalmer: ▶ /s/ TERRELL ANDRE BROADY	22d. License Number: 4117
23a. Name and Address of Funeral Home: TERRELL BROADY FUNERAL HOME INC., 3655 CLARKSVILLE PIKE, NASHVILLE, TN 37218-2219			23b. License Number: 1137
24. Registrar's Signature: ▶ /s/ EDWARD G BISHOP III		25. Date Filed: 05/01/2024	

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: ▶ /s/ CHACE CARPENTER	27b. License Number: 25247	27c. Date Signed: 04/30/2024
27d. Name and Address: CHACE CARPENTER 300 20TH AVENUE NORTH SUITE G4, 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. CORONARY ARTERY DISEASE	YEARS
	b.	
	c.	
	d.	

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

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? UNKNOWN	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: May-01-2024

016232738