Prepared Carolyn W Jones

Karen Johnson Davidson County
Batch # 1307056 AFFIDAVITH
08/11/2025 08:25:39 AM 6 pgs
Fees: $32.00 Taxes: $0.00
20250811-0063294

AFFIDAVIT OF HEIRSHIP

RE: ESTATE OF
Edward Jones
C.J Carolyn W Jones
7047 Bonnavent Dr

I, Carolyn Jones, being duly sworn, depose and say:

1. I am over the age of 18 and reside at 7047 Bonnavent Dr. My relationship to the decedent is wife. I knew the decedent for 30 years from _____ until the decedent's death.

2. The decedent died on 6-6-15, and their place of death was _____. At the time of their death, the decedent's residence was at 7047 Bonnavent Dr.

3. I hereby answer the following based on my personal knowledge of the decedent and they are true and correct to the best of my knowledge:

   a. Did the decedent leave a will? ☐ Yes ☑ No
      - If yes, has it been filed with probate? ☐ Yes ☐ No
        - If yes, in what county and state? _____

   b. If the decedent did not leave a will, has there been an administration of their estate? ☐ Yes ☑ No
      - If yes, in what county and state? _____
        - If yes, who is the appointed administrator? _____

   c. At the time of death, the decedent's marital status was:
      ☑ Married ☐ Divorced ☐ Single ☐ Widowed

4. The decedent's marital history is as follows:

Name of Spouse	Date of Marriage	Date of Divorce	Date of Death
C.J Edward Irvin Jones	C.J 10-25-86		6-6-15 C.J
C.J Carolyn W Jones	10-25-86		

5. The decedent had the following children (biological or adopted):

Name of Child	Date of Birth	Address	Spousal Parent	Date of Death
Ashley Jones	10-2-1990			

6. If the decedent had any deceased children who were survived by their own children, fill out the information below.

The decedent had the following grandchildren who are heirs of their deceased child(ren):

C.J

Name of Grandchild	Date of Birth	Address	Name of Parent
~~Jeremiah Jones~~	7-4-2018	7047 Bonnaveil	Ashley Jones

7. If the decedent was not survived by any children or grandchildren, fill out the information below.

The decedent's mother was:

C.J

Name of Mother	Date of Birth	Address (If Living)	Date of Death
~~Vivian Kings~~			

The decedent's father was:

C.J

Name of Father	Date of Birth	Address (If Living)	Date of Death
~~Wilson Jones~~	10-		

8. If the decedent was not survived by any children, grandchildren, or parents, fill out the information below.

Decedent had the following siblings (biological or half):

Name of Sibling	Date of Birth	Address	Date of Death

9. If the decedent had any deceased siblings that were survived by their own children, fill out the information below.

The decedent had the following nephews and/or nieces who are heirs of their deceased sibling(s):

Name of Nephew/Niece	Date of Birth	Address	Name of Parent

10. Did the decedent own interest in any real property? ☒ Yes ☒ No

If yes, provide the legal description of each property: CJ

7047 Bonnavor
Cash Goods

11. Did the decedent leave any unpaid debts at the time of death? ☐ Yes ☒ No

If yes, list the debts:

By signing below, I am declaring under penalties of perjury that I have read the foregoing affidavit of heirship and the facts stated therein are true to the best of my knowledge.

(Do not sign until you are in front of a notary or clerk.)

Carolyn W Jones
Signature of Affiant

Carolyn W. Jones
Print Name

6-30-25
Date

STATE OF Tennessee

COUNTY OF Davidson

On this 30th day of June 2025, before me appeared Carolyn W Jones, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that they executed the same for the purposes and consideration therein expressed.

EMILY MYERS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires 10-04-2027

Emily Myers
Notary Public

My commission expires: 10/04/2027

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STAT 2015 033398

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Edward Irvin Jones
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): June 7, 2015
4. SOCIAL SECURITY NUMBER: [redacted]
5. AGE-Last Birthday (Years): 83
6. IF UNDER 1 YEAR: Months / Days / Hours / Minutes
7. DATE OF BIRTH (Month, Day, Year): January 16, 1932
8. BIRTHPLACE (City and State or Foreign Country): Jacksonville, Florida

TYPE OR PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one): [X] Inpatient [ ] ER/Outpatient [ ] DOA [ ] Hospice facility [ ] Nursing home/long term care facility [ ] Decedent's home [ ] Other residence [ ] Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): Alvin C. York VA Medical Center
8c. CITY OR TOWN: Murfreesboro
8d. COUNTY OF DEATH: Rutherford

9. MARITAL STATUS: [ ] Married [ ] Never married [X] Divorced [ ] Unknown
10. SURVIVING SPOUSE (If wife, give maiden name prior to first marriage): Carolyn Woodard
11a. DECEDENT'S USUAL OCCUPATION: Retired
11b. KIND OF BUSINESS/INDUSTRY: Retired
11c. COUNTY OF RESIDENCE: Davidson
11d. CITY OR TOWN: Hermitage
11e. ZIP CODE: 37076
11f. INSIDE CITY LIMITS?: [X] Yes [ ] No
12a. STREET AND NUMBER: 7047 Ronnavent Drive
12b. APT NO: 08318
12c. STATE: Tennessee

13. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death): [ ] 8th grade or less [ ] 9th – 12th grade; no diploma [ ] Some college credit, but no degree [ ] Associate degree (e.g., AA, AS) [ ] Bachelor's degree (e.g., BA, AB, BS) [ ] Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) [ ] Doctorate degree (e.g., MD, DDS, DVM, LLB, JD)

14. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is of Hispanic origin or not. If decedent is of more than one Hispanic origin, check all that apply.): [X] No, not Spanish/Hispanic/Latino [ ] Yes, Puerto Rican [ ] Yes, Cuban [ ] Yes, other Spanish/Hispanic/Latino (Specify) [ ] Unknown

15. RACE (Check one or more races to indicate what the decedent considered himself or herself to be): [X] White [X] Black or African American [ ] American Indian or Alaska Native (Name of the enrolled or principal tribe) [ ] Chinese [ ] Filipino [ ] Japanese [ ] Korean [ ] Native Hawaiian [ ] Samoan [ ] Other Pacific Islander (Specify) [ ] Other (Specify) [ ] Unknown

16. FATHER'S NAME (First, Middle, Last): Vivian Normil
17a. INFORMANT'S NAME: [redacted]
17b. RELATIONSHIP TO DECEDENT: Wife
17c. MAILING ADDRESS (Street and Number, City or Town, State, ZIP Code): 7047 Ronnavent Drive, Hermitage, TN 37076

18a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Other (Specify)
18b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Middle TN. Veteran's Cemetery
18c. LOCATION - City or Town, State: Smyrna, Tennessee
19a. LICENSE NUMBER: 6786
19b. SIGNATURE OF FUNERAL DIRECTOR: Valerie D. Lockett
19c. LICENSE NUMBER: 6785
19d. NAME AND ADDRESS OF FUNERAL HOME (Name of Facility, Street and Number, City or Town, State, ZIP Code): Valerie D. Lockett Cemetery, 2422 Brick Church Pike, Nashville, TN 37207-1258

20. REGISTRAR'S SIGNATURE: [redacted]
21. DATE FILED (Month, Day, Year): June 17, 2015

22. CERTIFIER (Check only one): [X] PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

23a. SIGNATURE OF CERTIFIER: [redacted]
23b. LICENSE NUMBER: MD64007A
23c. DATE SIGNED (Month, Day, Year): June 15, 2015
23d. NAME AND ADDRESS: [redacted] Pike, Nashville, TN 37129

24. 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.

		Approximate interval: Onset to death
Immediate Cause (Final disease or condition resulting in death)	a. Cardiac Arrest	Unknown
Sequentially list conditions, if any, leading to the immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) last.	Due to (or as a consequence of): b.	
	Due to (or as a consequence of): c.	
	Due to (or as a consequence of): d.	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I: [ ] Yes [X] No

25. WAS CASE REFERRED? [ ] Yes [X] No
26. COMPLETE THE CAUSE OF DEATH? [ ] Yes [ ] No

27. MANNER OF DEATH: [ ] Natural [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] Homicide [ ] Could not be determined
28. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [ ] Unknown
29. IF FEMALE: [ ] Not pregnant within past year [ ] Pregnant at time of death [ ] Not pregnant, but pregnant 43 days to 1 year before death [ ] Not pregnant, but pregnant within 42 days of death [ ] Unknown if pregnant within the past year
30. IF TRANSPORTATION: [ ] Driver/Operator [ ] Passenger [ ] Other (Specify)
31a. DATE OF INJURY:
31b. TIME OF INJURY:
31c. INJURY AT WORK?
31d. PLACE OF INJURY (e.g., home, farm, street, factory, store, building, etc.) (Specify Town, State):
31e. DESCRIBE HOW INJURY OCCURRED:

RDA 1359

PHS-1000 (Rev. 11/2011)

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 presented on security paper displaying the state seal and signature of the State Registrar.

Date Issued: May-02-2025

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

017187415

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Void Void Void

STATE OF TENNESSEE

CERTIFICATION OF VITAL RECORD

CERTIFICATE OF MARRIAGE

TENNESSEE DEPARTMENT OF HEALTH & ENVIRONMENT
VITAL RECORDS

86-045161

COUNTY Robertson — STATE FILE NO. 389

THIS BECOMES A LEGAL DOCUMENT WHEN PROPERLY EXECUTED AND FILED.

PERSON RESPONSIBLE FOR COMPLETION OF ITEMS 1-14 AND ITEMS 15 & 18.

TYPE OR PRINT IN BLACK INK.

ALL SIGNATURES IN PERMANENT BLACK INK.

APPLICANTS MUST SIGN IN THE PRESENCE OF THE CLERK ISSUING THE LICENSE.

MONY MUST RETURN CERTIFICATE TO CLERK WITHIN 3 DAYS AFTER CEREMONY.

GROOM

1. GROOM—NAME (FIRST, MIDDLE, LAST): Edward Irvin Jones
2. RESIDENCE—STATE: Tn
2a. COUNTY: Davidson
2b. CITY, TOWN, OR LOCATION: Nashville
2c. STREET AND NUMBER: 1501 Rosedale #A
3. RACE: Ps
4. DATE OF BIRTH (MONTH, DAY, YEAR): 1/16/32
5a. FATHER—NAME: Wilson Jones
5b. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Ga
6a. MOTHER—MAIDEN NAME: Vivian King
6b. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Fa

BRIDE

7. RESIDENCE—STATE: Tn
8a. COUNTY: Davidson
8b. CITY, TOWN, OR LOCATION: Nashville
8c. STREET AND NUMBER: 1501 Rosedale #A
9. RACE: Ps
10. DATE OF BIRTH (MONTH, DAY, YEAR): 1/18/53
11a. FATHER—NAME: Fred Kinzer
11b. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Tn
12a. MOTHER—MAIDEN NAME: Sylvia Lane
12b. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Tn

SIGN

12c. SIGNATURE OF GROOM: Edward I Jones
12d. SIGNATURE OF BRIDE: Kimberly W Kinzer
12e. DATE SIGNED (MONTH, DAY, YEAR): 10/11/86
12f. MAILING ADDRESS: 1501 Rosedale #A Nashville, Tn. 37207

OFFICIANT

13a. I HEREBY CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED BY ME IN THE STATE OF TENNESSEE (MONTH, DAY, YEAR): Oct 25, 1986
13b. COUNTY OF MARRIAGE: Davidson
13c. CEREMONY—RELIGIOUS OR CIVIL (SPECIFY): Religious
13d. OFFICIANT'S SIGNATURE: [illegible]
13e. TITLE: [illegible]
13f. ADDRESS: [illegible]

14a. WITNESS TO CEREMONY: 3101 Old Clarksville Pike
14b. ADDRESS:
15a. COUNTY COURT CLERK—SIGNATURE: [illegible]
15b. DATE FILED (MONTH, DAY, YEAR): 10-30-86

CONFIDENTIAL INFORMATION

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: May 02 2025

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

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