

STATE OF TENNESSEE
Office of Vital Records

79 018455

CERTIFICATE OF DIVORCE OR ANNULMENT

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED. TYPE OR PRINT IN PERMANENT BLACK INK.

FILE DOCKET NO. E-4777

STATE FILE NO.

01855X179

DO NOT USE A SEAL ON THIS CERTIFICATE.

SIGNATURE MUST BE IN PERMANENT BLACK INK.

HUSBAND—NAME 1. <u>Anthony Wesley Lane</u>		RESIDENCE—STATE 2. <u>GA</u>		COUNTY 3. <u>Colleton</u>	CITY, TOWN, OR LOCATION 4. <u>Park</u>
STREET AND NUMBER 5. <u>261 Rosemont</u>		BIRTHPLACE (STATE OR FOREIGN COUNTRY) 6. <u>NY</u>	DATE OF BIRTH (MONTH, DAY, YEAR) 7. <u>7-17-45</u>		
WIFE—NAME 8. <u>Mary Ann Lane</u>		RESIDENCE—STATE 9. <u>In</u>		COUNTY 10. <u>Anderson</u>	CITY, TOWN, OR LOCATION 11. <u>Clinton</u>
STREET AND NUMBER 12. <u>105 Osburn</u>		BIRTHPLACE (STATE OR FOREIGN COUNTRY) 13. <u>In</u>	DATE OF BIRTH (MONTH, DAY, YEAR) 14. <u>1-7-59</u>		
PLACE OF THIS MARRIAGE—STATE 15. <u>In</u>		COUNTY 16. <u>Anderson</u>	DATE OF THIS MARRIAGE 17. <u>5-4-76</u>	DATE COUPLE SEPARATED (MONTH, YEAR) 18.	
NUMBER OF CHILDREN EVER BORN ALIVE OF THIS MARRIAGE (SPECIFY) 19. <u>2</u>	CHILDREN UNDER 18 IN THIS FAMILY (SPECIFY) 20. <u>2</u>	CUSTODY OF CHILDREN—MOTHER, FATHER, OTHER (SPECIFY) 21. <u>Mother 2</u>		PETITIONER—MOTHER, FATHER, OTHER (SPECIFY) 22. <u>Wife 2</u>	
ATTORNEY FOR PETITIONER—NAME (TYPE OR PRINT) 23. <u>Ann Mettler</u>		ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24. <u>100 Julia Oak Ridge, In</u>		DATE OF RECORDING DECREE (MONTH, DAY, YEAR) 25. <u>9-7-79</u>	
I CERTIFY THAT THE MARRIAGE OF THE ABOVE NAMED PERSONS WAS DISSOLVED ON: 26. <u>9-7-79</u>		TYPE OF DECREE—ABSOLUTE OR LIMITED DIVORCE, ANNULMENT (SPECIFY) 27. <u>Absolute</u>		WAS MAIDEN NAME OR PREVIOUS LEGAL SURNAME RESTORED? (SPECIFY NAME) 28. <u>1</u>	
COUNTY OF DECREE 29. <u>Anderson</u>		DATE OF RECORDING DECREE (MONTH, DAY, YEAR) 30. <u>9-10-79</u>		COURT—NAME 31. <u>Chancery</u>	
COURT OFFICIAL—SIGNATURE 32. <u>Judy Rizzo</u>		TITLE OF COURT OFFICIAL 33. <u>Deputy Clerk</u>		COURT—NAME 34. <u>Chancery</u>	

CONFIDENTIAL INFORMATION

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.


Sharon M. Leinbach
STATE REGISTRAR

Date Issued May-03-2004



CERTIFICATION OF VITAL RECORD