PREPARED BY
TOM G. COLEMAN JR.
NASHVILLE, TENNESSEE 37219

BLOOMSBURY'S MEMO
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AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

That in Book 3100, Page 597, Register's Office for Davidson County, Tennessee, C. E. Francis and wife, Fannie J. Francis, conveyed to John Jones and wife, Lee Iva Jones, certain real estate at 2300 St. Louis Street, under date of May 5, 1960, and being Map 81-6, Parcel 421, 8DA-6220, and described as follows:

> Being Lot No. 24 on the Plan of the subdivision of part of Lot No. 16 of the Nichol Property, as of record in Plan Book 2, Page 49, Chancery Court at Nashville.
>
> Said Lot No. 24 fronts 50 feet on the northerly side of St. Louis, formerly Visalia Street, and runs back between parallel lines with the westerly margin of 23rd Avenue North, formerly Bosley Avenue, 150 feet to an alley.

That on February 17, 1971, John Houston Jones deceased, and his wife, Lee Iva Jones, acquired the entire fee simple title to the land above described as the surviving tenant by the entirety.

That on October 9, 1974, Lee Iva Jones deceased intestate, leaving as her sole surviving heirs at law four children whose names and ages are as follows:

	NAME	AGE	RELATIONSHIP
1.	Carrie Mae Scott	56	daughter
2.	Willie A. Jones	55	son
3.	Christine Shyes	53	daughter
4.	Vivian Simmons	46	daughter

That the preceeding four children are the present owners in fee simple of the within described real property.

That all debts and taxes, if owing, have been paid. (See attached death certificate, receipts and inheritance tax waiver.)

Carrie Mae Scott

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

BOOK 5151 PAGE 545

Personally appeared before me, the undersigned, a Notary Public in and for the County and State aforesaid the within named Carue Mae Scott, the bargainor, with whom I am personally acquainted, and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee, this 5th day of May, 1977.

Sandra Smith
NOTARY PUBLIC

My commission expires: 8-3-80

SANDRA SMITH NOTARY PUBLIC

E05671

IDENTIF. REFERENCE

MAY 25 3 30 PM '77

FELIX [illegible] REGISTER
DAVIDSON COUNTY, TENN.

MAY25P HISC B* 8.00 * 8.00

Tax Assessor
257-6080

BOOK 5151 PAGE 546

Gunter & Sons, Inc.
FUNERAL DIRECTORS
1711 Jo Johnson Phone AL 5-7486

No.

Nashville, Tenn. Nov 9 1970

RECEIVED OF Mrs Carrie Myers & Scott Co.
One Thousand Two Hundred Fifty Dollars $1,250.00

For Part of Burial Mrs. Ida Lee Jones

Amt. of Acct. $1,250.00 Cash
Amount Paid $1,250.00 Check THANK YOU
Balance Due $ Paid In Full

Gunter & Sons Inc.
By

RECORDER'S MEMO:
Legibility of Writing, Typing, or Printing in This Document Unsatisfactory When Received.

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH FILE NO.
DIVISION OF VITAL STATISTICS

LEGAL PERLY
ERMA- INK.
BASED
IDENCE PASED DEATH IN N GIVE BEFORE
BRAND NAME
CAUSE
EDICAL D CER- MPLETE CERTIFI- HOURS. RE CAN.
CERTIFIER
NDED BY ORIZED RE. PRIOR TO F BODY IER OR ATE.
BURIAL

BIRTH NO.

DECEASED — NAME (1. FIRST / MIDDLE / LAST)			DATE OF DEATH (MONTH, DAY, YEAR)
	John	Buxton Jones	2. February 17, 1971

RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY))	SEX	AGE — LAST BIRTHDAY (YEARS)	UNDER 1 YEAR: MOS.	UNDER 1 YEAR: DAYS	UNDER 1 DAY: HOURS	UNDER 1 DAY: MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)
3. Negro	4. Male	5a. 82	5b.		5c.		6. January 11, 1889

COUNTY OF DEATH	CITY, TOWN, OR LOCATION OF DEATH	INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
7a. Davidson	7b. Nashville	7c. Yes	7d. VA Hospital

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8 Tennessee	9. U.S.	10. Married	11. Ida Iva Lizzett

SOCIAL SECURITY NUMBER	SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE)	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY
12a. [redacted]	12b. WWI	13a. Farmer	13b. Farming

RESIDENCE — STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER
14a. Tennessee	14b. Davidson	14c. Nashville	14d. Yes	14e. 2300 St. Louis St.

FATHER — NAME	MOTHER — MAIDEN NAME	INFORMANT — NAME	MAILING ADDRESS
15. Joe Jones	16. Pete Lavender	17. Wife, same address as veteran.	

18. PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)] — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE
(a) Cardiac respiratory arrest
DUE TO, OR AS A CONSEQUENCE OF:
(b) Cerebrovascular accident
DUE TO, OR AS A CONSEQUENCE OF:
(c) Generalized arteriosclerotic cardiovascular disease

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

Fever, Undetermined origin; pulmonary edema

AUTOPSY (YES OR NO) 19a. No	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. No

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a.	20b.	20c.	20d.

INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)
20e.	20f.	20g.

PHYSICIAN — CERTIFICATION: I ATTENDED THE DECEASED AND DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. — SIGNATURE — DEGREE: M. D. — DATE SIGNED (MONTH, DAY, YEAR) 21b. March 3, 1971
21a. [illegible]

MEDICAL EXAMINER — CERTIFICATION: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. — SIGNATURE — TITLE — DATE SIGNED (MONTH, DAY, YEAR)
22a. 22b.

CERTIFIER — NAME (TYPE OR PRINT)	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
23a. R. DeWitt, M. D.	23b. VA Hospital Nashville, Tennessee 37203

BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE (MONTH, DAY, YEAR)	CEMETERY OR CREMATORY — NAME	LOCATION (CITY OR TOWN, STATE)
24a. Burial	24b. 2/22/71	24c. National	24d. Nashville Tenn.

FUNERAL HOME — NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 25. Wright's 15 E. Hill St. Nashville, Tn. 37210
REGISTRAR — SIGNATURE: 26a.
DATE RECEIVED BY LOCAL REGISTRAR: 26b.

STATE OF TENNESSEE
DEPARTMENT OF REVENUE
Nashville, Tennessee

BOOK 5151 PAGE 547

Date May 3, 1977
ESTATE OF: Lee Iva Jones
Residence
County of Davidson

The Department of Revenue hereby waives the issuance of notice required by Section 30-1631, Tennessee Code, as amended, to the transfer to representatives of the above named estate, or otherwise, of the personal property now in your custody, or standing on your records in the name of the above named decedent, as follows, to wit:-

Real property located at 2300 St. Louis Street, Nashville, Tennessee

RECORDER'S MEMO:
Legibility of Writing, Typing or Printing in This Document Unsatisfactory When Received.

COMMISSIONER OF REVENUE
By Jane Pickard
Director of Inheritance, Estate & Gift Tax Division

Beverly Briley, Mayor

M. BISTOWISH, M.D.
DIRECTOR OF HEALTH

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-5313

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH FILE NO.
VITAL RECORDS

STATE FILE NO.

NAME: First	Middle	Last	2. DATE OF DEATH (Month, Day, Year)
Lee	Iva	Jones	10-9-74

3. RACE — American Indian, Negro, etc.	4. SEX	5a. AGE — Last Birthday (Years)	5b. Under 1 Year: Months / Days	5c. Under 1 Day: Hours / Min.	6. DATE OF BIRTH (Month, Day, Year)
Negro	Female	79			Nov. 18, 1894

7a. COUNTY OF DEATH	7b. CITY, TOWN, OR LOCATION OF DEATH	7c. INSIDE CITY LIMITS (Specify Yes or No)	7d. HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number)
Davidson	Nashville	Yes	Hubbard

8. IF NOT IN U.S.A., GIVE COUNTRY	9. CITIZEN OF WHAT COUNTRY	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)
Tennessee	USA	Widowed	

12a. SOCIAL SECURITY NUMBER	12b. SERVICE IN ARMED FORCES (Specify War or Date of Service)	13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	13b. KIND OF BUSINESS OR INDUSTRY
		House Wife	Own Home

14a. STATE	14b. COUNTY	14c. CITY, TOWN, OR LOCATION	14d. INSIDE CITY LIMITS (Specify Yes or No)	14e. STREET AND NUMBER
Tennessee	Davidson	Nashville	Yes	2300 St. Louis Ave

15. INFORMANT — NAME	16. MOTHER — MAIDEN NAME	17. INFORMANT — MAILING ADDRESS
Andrew Liggett	Hattie Flemings	Carrie Scott 1730 St. Louis

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c).)

		Approximate Interval Between Onset and Death
Immediate Cause (a)	Cerebral Thrombosis	1 - day
Due To, Or As A Consequence Of: (b)	Cerebral Arteriosclerosis	unknown
Conditions If Any, Which Gave Rise To Immediate Cause (a), Stating The Underlying Cause Last (c)		

PART II. OTHER SIGNIFICANT CONDITIONS: Conditions Contributing To Death But Not Related To Cause Given In Part I (a)

Arthritis, senile. Senile Psychosis

19. Autopsy (Yes or No)	20. If Yes Were Findings Considered In Determining Cause Of Death

20a. Accident, Suicide, Homicide, Undetermined (Specify)	20b. Date of Injury (Month, Day, Year)	20c. Hour	20d. How Injury Occurred (Enter Nature Of Injury In Part I Or Part II, Item 19)

20e. I Was At Work (Yes or No)	20f. Place Of Injury At Home, Farm, Street, Factory, Office Bldg., Etc. (Specify)	20g. Location (Street Or R.F.D. No., City Or Town, State)

PHYSICIAN — CERTIFICATION
I ATTENDED THE DECEASED AND DEATH OCCURRED AT THE TIME, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSES STATED.

21a. Signature: C. W. Grimes M.D. — 21b. Date Signed (Month, Day, Year): 10/22/74

MEDICAL EXAMINER — CERTIFICATION
IN THE CASE OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSES STATED.

21c. Signature — Title — 21d. Date Signed (Month, Day, Year)

21e. Name (Type Or Print) — 21f. Mailing Address (Street Or R.F.D. No., City Or Town, State, Zip)

22. Burial, Cremation, Removal (Specify)	23a. Date (Month, Day, Year)	23b. Cemetery Or Crematory — Name	23c. Location (City Or Town, State)
Burial	10-15-74	National Cemetery	Madison, Tennessee

24. Funeral Home — Name And Address (Street Or R.F.D. No., City Or Town, State, Zip): H. Gunter & Sons, Inc. 1711 Johnston Ave. Nashville, Tenn. 37203

25. Registrar — Signature: Luther D. Groves — 26. Date Received By Local Registrar: 10-23-74

J. M. BISTOWISH, M.D., REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY

OCT 31 1974

J. M. Bistowish M.D.

This is to certify that the above is a true and correct copy of the record with the Tennessee Department of Public Health, Vital Records, by Metropolitan Health Department of Nashville and Davidson County