E 47006

This instrument prepared by:
Seymour Samuels,Jr.
Attorney at Law
501 Union Street - Suite 701
P.O. Box 2707
Nashville, Tennessee 37219

INDEXING REFERENCE

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JAN 23 11 55 AM '78

AFFIDAVIT OF HEIRSHIP

JAN23'78 MISC B* 6.00 * 6.00

Address New Property Owner as Follows:	Send Tax Bills To:	Map and Parcel Numbers
Rubye E. Davis 838 Hillwood Blvd. Nashville, Tennessee 37219	Same	Map 102-8 Parcel 55

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

AFFIDAVIT OF HEIRSHIP BY RUBYE E. DAVIS TO PROPERTY RECORDED IN THE NAME OF JOE M. DODSON,JR. AND WIFE, RUBYE A. DODSON

Rubye E. Davis, being first duly sworn, makes oath that:

1. She is a resident of Nashville, Davidson County, Tennessee, residing at 838 Hillwood Blvd.

2. Her maiden name was Rubye Allene Evans and, when she married Joe M. Dodson, Jr. she used the name "Rubye A. Dodson", but now is using her maiden name "Evans" as a middle name, and the initial "E" as a middle initial.

3. Joe M. Dodson, Jr. died in Nashville, Tennessee on October 21, 1975 and a certified copy of his death certificate is attached to this affidavit and made a part hereof by reference.

4. On July 1, 1977, she was married to William T. Davis and her name is now "Rubye E. Davis".

5. At the time of the death of Joe M. Dodson, Jr., she and her late husband, Joe M. Dodson, Jr. owned the following described real property in Nashville, Davidson County, Tennessee, holding title thereto in the name of Joe M. Dodson, Jr. and wife, Rubye A. Dodson:

> Being Lot No. 52 on the Plan of Horton Heights, Section 7, as of record in Book 2133, page 25, Register's Office for said County.

Said Lot No. 52 fronts 119 feet on the northeasterly side of Hillwood Boulevard and runs back 263.2 feet on the northwesterly line and 267.8 feet on the southeasterly line to a dead line, measuring 64.1 feet thereon.

Being the same property conveyed to Joe M. Dodson, Jr. and wife, Rubye A. Dodson, by deed from Wallace Foreist and wife, Ethel Foreist dated September 2, 1955 and of record in Book 2448, page 455, of the Register's Office of Davidson County, Tennessee.

6. Upon the death of Joe M. Dodson, Jr., his wife, the present Rubye E. Davis, became and is presently the sole owner of the property described above.

7. Rubye A. Dodson and Rubye E. Davis are one and the same person.

8. I, Rubye E. Davis, state that I have read the foregoing affidavit, know its contents and I know the statements contained in it are true of my own knowledge.

Rubye E. Davis
RUBYE E. DAVIS

State of Tennessee)
County of Davidson)

On this 19th day of January, 1978, before me personally appeared RUBYE E. DAVIS, to me know to be the person described in and who executed the foregoing instrument, and acknowledged that she executed the same as her free act and deed.

Jane Proctor
Notary Public

My commission expires: October 27, 1979

PROCTOR NOTARY PUBLIC

BOOK 5245 PAGE 177

RAY BLANTON
GOVERNOR

STATE OF TENNESSEE
DEPARTMENT OF PUBLIC HEALTH
NASHVILLE 37219

Eugene W. Fowinkle, M.D., M.P.H.
Commissioner

I hereby certify the below to be a true and correct copy of the official document on file in this Department. Valid ONLY when embossed seal of the Tennessee Department of Public Health and multi-color seal of State Registrar are affixed.

EUGENE W. FOWINKLE, M.D.
Commissioner

COMES A LEGAL WHEN PROPERLY AND FILED.

535

PRINT IN PERMA- JE OR BLACK INK.

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH FILE NO.

VITAL RECORDS

BIRTH NO.

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS AND INFORMANT

DEATH

11

CIAN OR MEDICAL EXECUTING CER- MUST COMPLETE MEDICAL CERTIFI- ITHIN 72 HOURS. SIGNATURE CAN- ELEGATED.

NOT ATTENDED BY N, AUTHORIZED SIGN HERE.

QUIRED PRIOR TO ATION OF BODY ON CARRIER OR FROM STATE.

PM NO. 55.10 11-72

1. DECEASED — NAME: First: Joe; Middle: Morgan; Last: Dodson				2. DATE OF DEATH (MONTH, DAY, YEAR): 10-21-1975	
3. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)): white	4. SEX: male	5a. AGE — LAST BIRTHDAY (YEARS): 59	5b. UNDER 1 YEAR: MOS. / DAYS	5c. UNDER 1 DAY: HOURS / MIN.	6. DATE OF BIRTH (MONTH, DAY, YEAR): 8-7-1916
7a. COUNTY OF DEATH: Davidson		7b. CITY, TOWN, OR LOCATION OF DEATH: Nashville	7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes	7d. HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number) (Place of death): 838 Hillwood Blvd. (In hospital's yard)	
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Tenn.	9. CITIZEN OF WHAT COUNTRY: U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): married	11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Ruby Evans Dodson		
12a. SOCIAL SECURITY NUMBER: [redacted]-3893	12b. SERVICE IN ARMED FORCES (SPECIFY BRANCH AND DATES OF SERVICE): WW 2	13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): detective	13b. KIND OF BUSINESS OR INDUSTRY: Metro Police Dept.		
14a. RESIDENCE — STATE: Tenn	14b. COUNTY: Davidson	14c. CITY, TOWN, OR LOCATION: Nashville	14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes	14e. STREET AND NUMBER: 838 Hillwood Blvd.	
15. FATHER — NAME: Joseph Madison Dodson	16. MOTHER — MAIDEN NAME: Sarah E. Saddler	17. INFORMANT — NAME: Ruby E. Dodson	MAILING ADDRESS: 838 Hillwood Blvd. Nashville, Tenn.		

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) Acute Myocardial Infarction	Short
DUE TO, OR AS A CONSEQUENCE OF:		
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST	(b)	
DUE TO, OR AS A CONSEQUENCE OF:		
	(c)	

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

19a. AUTOPSY (YES OR NO): No

19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

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

21a. 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: [signature] DEGREE: MD — DATE SIGNED (MONTH, DAY, YEAR): 21b.

22a. 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: [signature] TITLE: M.D. — DATE SIGNED (MONTH, DAY, YEAR): 22b. Oct. 23, 1975

23a. CERTIFIER — NAME (TYPE OR PRINT): H. A. Petrone, M. D.	23b. MAILING ADDRESS (STREET OR R.F.D. NO.): 4300 Charlotte Ave.	CITY OR TOWN: Nashville	STATE: Tennessee ZIP: 37209
24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial	24b. DATE (MONTH, DAY, YEAR): 10-23-1975	24c. CEMETERY OR CREMATORY — NAME: Woodlawn	24d. LOCATION — CITY OR TOWN: Nashville — STATE: Tenn.
25. FUNERAL HOME — NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Pettus-Owen & Hood, Inc. 4396 Charlotte Ave. Nashville Tenn. 37209	26a. REGISTRAR — SIGNATURE: Esther D Groh	26b. DATE RECEIVED BY LOCAL REGISTRAR: 10-29-75	

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