BOOK 5852 PAGE 177

2703

02/16 5.00 CHECK

A F F I D A V I T

I, A. MARIE HARGIS, after having been duly sworn, depose and state as follows, to wit:

(1) By deed (deed or will) dated February 4, 1981 and recorded in Book 5711, page 646, of the Register's Office or County Clerk's Office of Davidson County, Tennessee, real estate was conveyed to me and my husband (wife or husband). The description for said property is duly included in said recorded instrument. The property is further identified as being Map and Parcel Number 43-2A, 130 on the official property maps for The Metropolitan Government of Nashville and Davidson County on this date.

(2) On November 8, 1981 (date of death), my husband (wife or husband) T. A. Hargis (name of deceased) died. A certified copy of the death certificate is attached hereto.

(3) The real estate my spouse and I owned as tenants by the entirety has in no way been conveyed, assigned or transferred since the date of conveyance.

November 12, 1981
Date

A. Marie Hargis
(Signature)

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Sworn to and subscribed before me this 12th day of November 1981

Douglas R. Berry
Notary Public

My Commission expires: October 17, 1982

THIS INSTRUMENT PREPARED BY:
DOUGLAS R. BERRY
ATTORNEY AT LAW
507 TWO MILE PARKWAY
GOODLETTSVILLE, TENN. 37072

G 79818

IDENTIF. REFERENCE

FEB 16 8 59 AM '82

FELIX Z. WILSON II REGISTER
DAVIDSON COUNTY, TENN.

RECORDERS MEMO
LEGIBILITY OF WRITING, TYPING OR PRINTING IS
THIS DOCUMENT UNSATISFACTORY WHEN RECEIVED

Metropolitan Government of Nashville and Davidson County

Richard H. Fulton, Mayor

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

NOV 24 1981

J. M. Bistowish, M.D

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

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

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

8104855

BOOK 5852 PAGE 178

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

BIRTH NO. _____ STATE FILE NO.

1. DECEASED—NAME (FIRST, MIDDLE, LAST): Thomas Allen Hargis
2. DATE OF DEATH (MONTH, DAY, YEAR): November 8, 1981
3a. AGE—LAST BIRTHDAY (YEARS): 67
3b. UNDER 1 YEAR (MOS., DAYS)
3c. UNDER 1 DAY (HOURS, MIN.)
4. DATE OF BIRTH (MONTH, DAY, YEAR): August 19, 1914
5. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.): white
6. SEX: male
7a. COUNTY OF DEATH: Davidson
7b. CITY, TOWN OR LOCATION: Nashville
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.): Vanderbilt Hospital
7e. IF HOSP. OR INST., INDICATE DOA, OP/Emer. Rm., Inpatient (Specify): In Patient
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Tennessee
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): married
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Annie Marie Eaton
12a. SOCIAL SECURITY NUMBER: [redacted]5325
12b. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE): no
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Truck Driver
13b. KIND OF BUSINESS OR INDUSTRY: Yellow Freight
14a. RESIDENCE—STATE: Tennessee
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: Nashville
14d. STREET AND NUMBER: 130 Cedarwood Ln.
14e. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes
14f. CENSUS TRACT NO.:
15. FATHER—NAME: Thomas Henry Hargis
16. MOTHER—MAIDEN NAME: Mary Jane Parkhurst
17. INFORMANT—NAME AND MAILING ADDRESS: Annie Hargis 130 Cederwood Lane
18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): burial
18b. DATE (MONTH, DAY, YEAR): 11-11-81
18c. CEMETERY OR CREMATORY—NAME: Mt. Olivet
18d. LOCATION—CITY OR TOWN, STATE: Nashville, Tennessee
19a. FUNERAL DIRECTOR (SIGNATURE): Karla E Wood
19b. LICENSE NO.: 2480
19c. EMBALMER (SIGNATURE): Norman L Rogers
19d. LICENSE NO.: 1176
20. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Roesch Patton Dorris & Charlton Nash. TN
21. REGISTRAR—SIGNATURE: Esther D Brock
21b. DATE RECEIVED BY LOCAL REGISTRAR: 11-19-81
22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE: John R McRae, MD DEGREE:
22b. DATE SIGNED (MONTH, DAY, YEAR): 11/16/81
23a. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. SIGNATURE: TITLE:
23b. DATE SIGNED (MONTH, DAY, YEAR):
24a. CERTIFIER—NAME (TYPE OR PRINT): John R. McRae, MD
24b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE): A-5121 Medical Center N., Vanderbilt U. Medical Center Nashville, Tn. 37232
25. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
(a) IMMEDIATE CAUSE: Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 2d.
DUE TO, OR AS A CONSEQUENCE OF:
(b)
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST
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): Diabetes Mellitus
AUTOPSY (YES OR NO): 26. X (yes)
27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):
27b. DATE OF INJURY (MONTH, DAY, YEAR):
27c. HOUR: M.
27d. DESCRIBE HOW INJURY OCCURRED:
27e. INJURY AT WORK (SPECIFY YES OR NO):
27f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (SPECIFY):
27g. LOCATION—STREET OR R.F.D. NO., CITY OR TOWN, STATE:

"IS BECOMES A LEGAL CORD WHEN PROPERLY EXE-ITED AND FILED.

"PE OR PRINT IN ERMANENT BLACK INK.

UAL RESIDENCE WHERE DE-ASED LIVED. IF DEATH OC-RRED IN INSTITUTION, GIVE SIDENCE BEFORE ADMIS-ON.

RMIT REQUIRED PRIOR TO ANSPORTATION OF BODY BY MMON CARRIER OR RE-OVAL FROM STATE

DEATH NOT ATTENDED BY YSICIAN, AUTHORIZED OFFI-AL SIGN HERE ANY PHYSI-AN OR MEDICAL EXAMINER ECUTING CERTIFICATE MUST MPLETE AND SIGN MEDICAL RTIFICATION WITHIN 72 URS. POWER OF SIGNATURE NNOT BE DELEGATED.

LH FORM NO. 66-10 VISED 1-78 CRC

08-018 (4/80)