AFFIDAVIT

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I, FRANCES C. BLANTON, after having been duly sworn, depose and state as follows, to wit:

(1) By DEED (deed or will) dated 9/27/61 and recorded in Book 3286, page 241, 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 MAP 49 PAR. 6 on the official property maps for The Metropolitan Government of Nashville and Davidson County on this date.

(2) On APRIL 26, 1982 (date of death), my HUSBAND (~~wife~~ or husband) TILLMAN P. BLANTON (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.

MAY 16, 1982
Date

Mrs Frances C. Blanton
(Signature)

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Sworn to and subscribed before me this 17th day of May, 1982

John R. Beatty Sr.
Notary Public

My Commission expires: My Commission Expires April 21, 1985

MAY 21 8 28 AM 1982
KEITH Z. WILSON II REGISTER
DAVIDSON COUNTY, TN

IDENTIF. REFERENCE

92408

Metropolitan Government of Nashville and Davidson County

Richard H. Fulton, Mayor

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

MAY 10 1982

J. M. Bistowish, M.D

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

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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.

201749

BECOMES A LEGAL D WHEN PROPERLY EXE- AND FILED.

OR PRINT IN NENT BLACK INK.

DECEASED

RESIDENCE WHERE DE- D LIVED. IF DEATH OC- D IN INSTITUTION, GIVE NCE BEFORE ADMIS-

PARENTS AND INFORMANT

REQUIRED PRIOR TO ORTATION OF BODY BY ON CARRIER OR RE- FROM STATE.

DISPOSITION

CERTIFIER

TH NOT ATTENDED BY AN, AUTHORIZED OFFI- GN HERE. ANY PHYSI- R MEDICAL EXAMINER ING CERTIFICATE MUST TE AND SIGN MEDICAL ICATION WITHIN 48 POWER OF SIGNATURE BE DELEGATED.

AM NO 56-10 1 78 CHC

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

BIRTH NO. _____ STATE FILE NO.

DECEASED—NAME (FIRST / MIDDLE / LAST)	DATE OF DEATH (MONTH, DAY, YEAR)
1. Tillman Paul Blanton	2. April 26, 1982

3a. AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR: 3b. MOS. / DAYS	UNDER 1 DAY: 3c. HOURS / MIN.	4. DATE OF BIRTH (MONTH, DAY, YEAR)	5. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC) (SPECIFY)	6. SEX
67			July 16, 1914	White	Male

7a. COUNTY OF DEATH	7b. CITY, TOWN OR LOCATION	7c. INSIDE CITY LIMITS (SPECIFY YES OR NO)	7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.)	7e. IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify)
Davidson	Madison	Yes	Nashville Memorial Hosp.	Inpatient

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

SOCIAL SECURITY NUMBER (IF NONE, SPECIFY)	12a. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE)	13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	13b. KIND OF BUSINESS OR INDUSTRY
[redacted]0-1818	WW II	Retired Letter Carrier	U.S. Post Office

14a. RESIDENCE—STATE	14b. COUNTY	14c. CITY, TOWN, OR LOCATION	14d. STREET AND NUMBER	14e. INSIDE CITY LIMITS (SPECIFY YES OR NO)	14f. CENSUS TRACT NO.
Tennessee	Davidson	Nashville	4733 Clarksville Hwy.	Yes	

15. FATHER—NAME	16. MOTHER—MAIDEN NAME	17. INFORMANT—NAME	MAILING ADDRESS
Robert Leonard Blanton	Lillie Mai Scott	Mrs. Frances Blanton	4733 Clarksville Nashville, TN,

18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY)	18b. DATE (MONTH, DAY, YEAR)	18c. CEMETERY OR CREMATORY—NAME	18d. LOCATION (CITY OR TOWN, STATE)
Burial	04/28/82	Woodlawn	Nashville, Tennessee

19a. FUNERAL DIRECTOR (SIGNATURE)	19b. LICENSE NO.	19c. EMBALMER (SIGNATURE)	19d. LICENSE NO.
John R. Beatty Jr.	2820	John R. Beatty Jr.	3336

20. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	21a. REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR
Buena Vista Funeral Home, Inc. 3634 Clarksville Hwy. Nashville, TN.	Esther D. Griffith	4-30-82

22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE	DEGREE	22b. DATE SIGNED (MONTH, DAY, YEAR)
Thomas B. Miller	MD	4/29/82

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)	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
Thomas B. Miller, M. D.	24b.

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

IMMEDIATE CAUSE (a)	Acute Renal Failure	4 days
DUE TO, OR AS A CONSEQUENCE OF (b)	Staphylococcal Pneumonia	
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) — 26. AUTOPSY (YES OR NO): No

Carcinoma of the Lung

27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	27b. DATE OF INJURY (MONTH, DAY, YEAR)	27c. HOUR	27d. DESCRIBE HOW INJURY OCCURRED
		M	

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)

08-018 (4/80)