AFFIDAVIT

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I, Frances Steele, after having been duly sworn, depose and state as follows, to wit:

(1) By deed (deed or will) dated August 31, 1956 and recorded in Book 2593, page 37, 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 150 Par. 114 on the official property maps for The Metropolitan Government of Nashville and Davidson County on this date.

(2) On October 14, 1981 (date of death), my Husband (wife or husband) James F. Steele (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 28, 1982
Date

Frances Steele
(Signature)

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

RUSH

FELIX Z. WILSON REGISTER
DAVIDSON COUNTY, TN
MAY 28 2 11 PM '82

IDENTIF. REFERENCE
C: 9 3 4 2 2

Sworn to and subscribed before me this 28th day of May, 1982.

Notary Public

My Commission expires: My Commission Expires Jan. 19, 19

Metropolitan Government of Nashville and Davidson County

Richard H. Fulton, Mayor

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

OCT 23 1981

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.

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

8104472

BIRTH NO. _____ STATE FILE NO. _____

1. DECEASED—NAME: JAMES (First) FRANCIS (Middle) STROBL (Last)

2. DATE OF DEATH (Month, Day, Year): October 14, 1981

3a. AGE—Last Birthday (Years): 66

3b. If Under 1 Year: Months _____ Days _____

3c. If Under 1 Day: Hours _____ Min. _____

4. DATE OF BIRTH (Month, Day, Year): September 14, 1915

5. RACE (White, Black, American Indian, etc.): White

6. SEX: Male

7a. COUNTY OF DEATH: Tennessee

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, nursing home, street, etc.): Baptist Hospital

7e. If hosp. or inst., indicate dead on arrival, inpatient, clinic, resident dead on arrival: Emerg. Room

8. STATE OF BIRTH (If not in U.S.A., name country): Tennessee

9. CITIZEN OF WHAT COUNTRY: USA

10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

11. SURVIVING SPOUSE (If wife, give maiden name): Frances Dooley Strobl

12a. SOCIAL SECURITY NUMBER (If none, specify): [redacted]-1098

12b. SERVICE IN ARMED FORCES (Specify Yes or No): W W II

13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Carman

13b. KIND OF BUSINESS OR INDUSTRY: L & N Railroad

14a. RESIDENCE—STATE: Tennessee

14b. COUNTY: Davidson

14c. CITY, TOWN OR LOCATION: Antioch

14d. STREET AND NUMBER: 3100 Murfreesboro Road

14e. INSIDE CITY LIMITS (Specify Yes or No): Yes

14f. CENSUS TRACT NO.

15. FATHER—NAME: Michael Strobl

16. MOTHER—MAIDEN NAME: Anna Gnan

17. INFORMANT—NAME AND MAILING ADDRESS: Mrs. James F. Strobl
3100 Murfreesboro Rd., Antioch, Tenn.

18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial

18b. DATE (Month, Day, Year): Oct. 16, 1981

18c. CEMETERY OR CREMATORY—NAME: Calvary Cemetery

18d. LOCATION (City or Town, State): Nashville Tennessee

19a. FUNERAL DIRECTOR (If Signature): Joseph P. Eckert

19b. LICENSE NO.: 1850

19c. EMBALMER: Joseph C. Eckert

19d. LICENSE NO.: 2854

20. FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip): Marvin's & Bracey - Welsh, Inc.
209 Louise Ave., Nashville Tenn. 37203

21. REGISTRAR—SIGNATURE: Luther D. Groh

21b. DATE RECEIVED BY LOCAL REGISTRAR: 10-23-81

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): 10-19-81

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: John C. Ashhurst M.D. TITLE: MD

23b. DATE SIGNED (Month, Day, Year): 10-19-81

24a. CERTIFIER—NAME (Type or Print): John C. Ashhurst, M.D.

24b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 4200 Kings Court, Nashville Tennessee 37218

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

(a) IMMEDIATE CAUSE: Pulmonary Hemorrhage — 24 hrs

(b) DUE TO, OR AS A CONSEQUENCE OF:

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

(c) DUE TO, OR AS A CONSEQUENCE OF: Carcinoma of Lung — Months

(d)

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

27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (Specify)

27b. DATE OF INJURY (Month, Day, Year)

27c. HOUR

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)

DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE. ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

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

S OR PRINT IN MANENT BLACK INK.

0 RELEASED

UAL RESIDENCE WHERE DE-SED LIVED. IF DEATH OC-RED IN INSTITUTION, GIVE SIDENCE BEFORE ADMIS-N.

PARENT AND INFORMANT

MIT REQUIRED PRIOR TO NSPORTATION OF BODY BY MON CARRIER OR RE-VAL FROM STATE.

PLACEMENT

PERMIT

H FORM NO. 66-18 ED 1-78 CHS

08-018 (4/80)