AFFIDAVIT

BOOK 5947 PAGE 139

I, Lula M. Hayes, after having been duly sworn, depose and state as follows, to wit:

(1) By DEED (deed or will) dated MARCH 25, 1971 and recorded in Book 4489, page 530, 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 72-10 168 on the official property maps for The Metropolitan Government of Nashville and Davidson County on this date.

(2) On September 17, 1982 (date of death), my husband (wife or husband) Robert W. Hayes (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.

October 6, 1982
Date

Lula M. Hayes
(Signature)

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Sworn to and subscribed before me this 6 day of October, 1982

Laura L. Gilmore
Notary Public

My Commission expires: 1/5/1983

3015 10/07 4.00- CASH

H 1 1 7 8 3

IDENTIF. REFERENCE

Oct 7 10 29 AM '82

FELIX Z. WILSON JR. REGISTER
DAVIDSON COUNTY, TN

DEED TAX PAID

[redacted]

Metropolitan Government of Nashville and Davidson County

Richard H. Fulton, Mayor

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

SEP 23 1982

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.

203894

BECOMES A LEGAL
WHEN PROPERLY EXE-
AND FILED.

PRINT IN
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RECALLED

RESIDENCE WHERE DE-
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NCE BEFORE ADMIS-

PARENTS AND INFORMANT

REQUIRED PRIOR TO
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ON CARRIER OR RE-
FROM STATE

PUBLICATION

FINAL

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ATED.

DATE

1658
9-81 CMC

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

BOOK 5947 PAGE 140

BIRTH NO. _____ STATE FILE NO. _____

1. DECEASED—NAME (First, Middle, Last)			2. DATE OF DEATH (Month, Day, Year)
Robert	W.	Hayes	9-12-1982

3a. AGE—Last Birthday (Years)	Under 1 Year: 3b. Mos. / Days	Under 1 Day: 3c. Hours / Min.	4. DATE OF BIRTH (Month, Day, Year)	5a. RACE (White, Black, American Indian, etc. (Specify))	5b. ORIGIN OR DESCENT (Italian, Mexican, German, etc. (Specify))	6. SEX
75			2-22-1907	Black		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. inpatient, ER, Outpat., Dead on Arrival, Inpatient (Specify)
Davidson	Nashville	yes	St. Thomas Hospital	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)
Mississippi	USA	Married	Lula M. Harlan

12a. SOCIAL SECURITY NUMBER	12b. 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]-9211	No	Hypo Operator	Stauffer Chemical Co.

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	2828 Bronte Ave	yes	

15. FATHER—NAME	16. MOTHER—MAIDEN NAME	17. INFORMANT—NAME	MAILING ADDRESS
John Hayes	Letha Osborne	Mrs. Lula M. Hayes	2828 Bronte Ave

18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	18b. DATE (Month, Day, Year)	18c. CEMETERY OR CREMATORY—NAME	18d. LOCATION (City or Town, State)
Burial	9-17-1982	Greenwood	Nashville, Tenn.

19a. FUNERAL DIRECTOR (Signature)	19b. LICENSE NO.	19c. EMBALMER (Signature)	19d. LICENSE NO.
Wm H. Johnson Jr	1932	Ronald T. Brocon	2754

20. FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	21a. REGISTRAR—SIGNATURE	21b. DATE RECEIVED BY LOCAL REGISTRAR
Johnsons House of Atena- Nashville, Tn	Esther D. Brock	9-20-82

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)
	Lawrence K Wolfe	MD	9/16/82
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)	24b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)
Lawrence K. Wolfe, M. D.	Nashville, Tennessee

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 myocardial infarction	30 min
DUE TO, OR AS A CONSEQUENCE OF: (b)	Arteriosclerotic Heart Disease	Years
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

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
		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)