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H 21634

AFFIDAVIT

I, Mildred H. Bailey, after having been duly sworn, depose and state as follows, to wit:

IDENTIFICATION

Dec 16 8 50 AM '82

FELIX P. [illegible] REGISTER
DAVIDSON COUNTY, TN

(1) By Deed (deed or will) dated 5/15/81 and recorded in Book 5746, page 468, 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 116-3/B-140 on the official property maps for The Metropolitan Government of Nashville and Davidson County on this date.

(2) On 11/5/82 (date of death), my husband (wife or husband) Willard F. Bailey (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.

Dec. 14 - 82
Date

Mildred H. Bailey
(Signature)

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Sworn to and subscribed before me this 14 day of Dec., 1982

Virginia M. Mann
Notary Public

My Commission expires: 2/17/83

Metropolitan Government of Nashville and Davidson County

Richard H. Fulton, Mayor

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

NOV 18 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.

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CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT BLACK INK.

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

PERMIT REQUIRED PRIOR TO TRANSPORTATION OF BODY BY COMMON CARRIER OR REMOVAL FROM STATE

IF 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.

BIRTH NO. _____ STATE FILE NO.

1. DECEASED—NAME: First: Willard	Middle: Fee	Last: Bailey	2. DATE OF DEATH (MONTH, DAY, YEAR): Nov. 5, 1982	
3a. AGE—LAST BIRTHDAY (YEARS): 71	3b. UNDER 1 YEAR: MOS. / DAYS	3c. UNDER 1 DAY: HOURS / MIN.	4. DATE OF BIRTH (MONTH, DAY, YEAR): 5-9-1911	5a. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.): White
5b. ORIGIN OR DESCENT (ITALIAN, GERMAN, ETC.):	6. SEX: Male			
7a. COUNTY OF DEATH: Davidson	7b. CITY, TOWN OR LOCATION: Nashville	7c. INSIDE CITY LIMITS (YES OR NO): Yes	7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.): Parkview	7e. IF HOSP. OR INST. INDICATE DOA, OP, Ref., Transferred (Specify): Inp.
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): Millie Thielen	
12a. SOCIAL SECURITY NUMBER: [redacted]-1440	12b. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE): Navy	13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Retired	13b. KIND OF BUSINESS OR INDUSTRY: Executive Director Cumberland Hts.	
14a. RESIDENCE—STATE: Tennessee	14b. COUNTY: Davidson	14c. CITY, TOWN, OR LOCATION: Nashville	14d. STREET AND NUMBER: 4505 Harding Rd.	14e. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
14f. CENSUS TRACT NO.				
15. FATHER—NAME: Willard J. Bailey	16. MOTHER—MAIDEN NAME: Anna Marie Bloomquist	17. INFORMANT—NAME: Millie Bailey	MAILING ADDRESS: Nashville, Tenn.	
18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial	18b. DATE (MONTH, DAY, YEAR): 11-8-1982	18c. CEMETERY OR CREMATORY—NAME: National	18d. LOCATION—CITY OR TOWN, STATE: Madison, Tennessee	
19a. FUNERAL DIRECTOR (SIGNATURE): J Brown	19b. LICENSE NO.: 2153	19c. EMBALMER (SIGNATURE): J Brown	19d. LICENSE NO.: 2969	
20. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Marshall, Connelly, Combs, Nashville, Tenn.	21a. REGISTRAR—SIGNATURE: Esther D. Gross	21b. DATE RECEIVED BY LOCAL REGISTRAR: 11-8-82		

22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE: Jack Kinnard DEGREE: M.D. DATE SIGNED (MONTH, DAY, YEAR): 11-5-82

22b. 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 _____ DATE SIGNED (MONTH, DAY, YEAR) _____

23a. CERTIFIER—NAME (TYPE OR PRINT): Jack Kinnard, M.D. | 23b. MAILING ADDRESS (STREET OR R.F.D. NO.): 315-24th Ave N | CITY OR TOWN: Nashville | STATE | ZIP

24. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) 37.2 E.9

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebrovascular Accident	3wks.
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). AUTOPSY (YES OR NO): 26

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

PH-1658
Rev. 9-81 cmc

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