Prepared by - Attorney Dan Alexander

AFFIDAVIT OF HEIRSHIP

BOOK 6002 PAGE 755

ADDRESS NEW OWNER (S) AS FOLLOWS:	SEND TAX BILLS TO:	MAP-PARCEL NUMBERS
RENA MAE UPTON	SAME	91-8-34
(NAME:) 136 Queens Lane	(NAME:)	12W7152
(STREET ADDRESS OR ROUTE NUMBER) Nashville 37218 Tenn.	(STREET ADDRESS)	
(CITY) (P. O. ZONE) (STATE)	(CITY) (ZONE) (STATE)	

Lot No. 15 on the Map of L.H. David Subdivision of Lot No. 41, Clifton Plan of Lots, of record in Book 57, Page 100 Registers Office Davidson Co.TN

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Affiant, being first duly sworn according to Law, deposes and says:

1. That she is the daughter of Otis Whitelow and Kellie Eloise Whitelow and was born of their bodies on the 16th day of December 1940.

2. That the late Otis Whitelow and wife, Kellie Eloise Whitelow owned the above described property as tenants by the entirety as evidenced by Deed of record in Book 1473, Page 496, Registers Office of Davidson County, Tennessee.

3. That Kellie Eloise Whitelow died intestate on the 27th day of July, 1968 as is evidenced by the Certificate of Death attached hereto as exhibit #1.

4. That Otis Whitelow died intestate on the 6th day of April, 1971 as is evidenced by a Certificate of Death attached hereto as exhibit #2.

5. That Kellie Eloise Whitelow and Otis Whitelow were survived by six children of their bodies being: Rena Mae Upton; Raymond Leon Whitelow; Otis Whitelow, Jr.; Anthony Alvis Whitelow; Luther Beene Whitelow; and Eulas Whitelow.

6. That the said Kellie Eloise Whitelow and Otis Whitelow had no other children born of their bodies or legally adopted and that those children named in Paragraph #5 above are the only children of the said Kellie Eloise Whitelow and Otis Whitelow.

7. That the said Kellie Eloise Whitelow and Otis White or Otis Whitelow alone executed a deed to Luther Beene Whitelow and Eulas Whitelow on the 6th day of August 1968 of Record in Book 4257, Page 884 Registers Office of Davidson County, TN purporting to convey to these two children a 1/6 undivided interest each in the said property.

8. That the affiant and all children listed in Paragraph #5 above are presently living.

Further Affiant saith not.

Witness my hand this the 4th day of February, 1983.

Rena Mae Upton
RENA MAE UPTON
Affiant

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, Virginia T. Tryer a Notary Public in and for said County and State, the within named

RENA MAE UPTON after first been duly sworn made oath before me

Virginia F. Fryer, a Notary Public in and for said County and State, on this Fourth day of February, 1983



Virginia F. Fryer

My Commission expires April 21st 1985



H 2 9 6 7 7

IDENTIF. REFERENCE

FEB 4 2 19 PM '83

FELIX Z. WILSON III REGISTER
DAVIDSON COUNTY, TN

02/04 12.50- CASH

5502

BOOK 6002 PAGE 757

STATE OF TENNESSEE
DEPARTMENT OF PUBLIC HEALTH
CORDELL HULL BUILDING
NASHVILLE, TENNESSEE 37219

Wendell Spurgeon
STATE REGISTRAR

JAN 24, 1973

I hereby certify the below to be a true and correct copy of the official document on file in this department. Valid ONLY when embossed seal of the Tennessee Department of Public Health and red imprinted signature of the State Registrar are affixed.

Wendell Spurgeon
Wendell Spurgeon
State Registrar

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH — DIVISION OF VITAL STATISTICS

FILE NO. 68-019965

BIRTH NO. 19 78 1914

1. DECEASED — NAME: First: Kellie; Middle: Eloise; Last: Whitelow					2. DATE OF DEATH (MONTH, DAY, YEAR): 7-27-1968
3. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY): Negro	4. SEX: Female	5a. AGE — LAST BIRTHDAY (YEARS): 53	5b. UNDER 1 YEAR: MOS. / DAYS	5c. UNDER 1 DAY: HOURS / MIN.	6. DATE OF BIRTH (MONTH, DAY, YEAR): 8-9-1914
7a. COUNTY OF DEATH: Davidson	7b. CITY, TOWN, OR LOCATION OF DEATH: Nashville	7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes	7d. HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Vanderbilt		
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): Otis Whitelow		
12. SOCIAL SECURITY NUMBER: [redacted]-2707	13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Cook	13b. KIND OF BUSINESS OR INDUSTRY: Restau rant Bob King Inn			
14a. RESIDENCE — STATE: Tennessee	14b. COUNTY: Davidson	14c. CITY, TOWN, OR LOCATION: Nashville	14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes	14e. STREET AND NUMBER: 1042 44th Ave. N.	
15. FATHER — NAME: George Beene	16. MOTHER — MAIDEN NAME: Easter Kelley	17. INFORMANT — NAME: Otis Whitelow	1042 44th Ave. N. MAILING ADDRESS		

18. PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)]

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	CARDIAC ARREST	3 Yr X
DUE TO, OR AS A CONSEQUENCE OF (b)	RHEUMATIC HEART DISEASE	4-5
DUE TO, OR AS A CONSEQUENCE OF (c)		

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

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a): Congestive failure, thrombophlebitis, pulmonary hemorrhage

19a. AUTOPSY (YES OR NO): NO — 19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY): NO	20b. DATE OF INJURY (MONTH, DAY, YEAR)	20c. HOUR: M.	20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20e. INJURY AT WORK (SPECIFY YES OR NO): NO	20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	

21a. PHYSICIAN — CERTIFICATION: I ATTENDED THE DECEASED AND DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. SIGNATURE: Edwin Newman DEGREE: MD — 21b. DATE SIGNED (MONTH, DAY, YEAR): aug 9, 1968

22a. MEDICAL EXAMINER — CERTIFICATION: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. SIGNATURE — TITLE — 22b. DATE SIGNED (MONTH, DAY, YEAR)

23a. CERTIFIER — NAME (TYPE OR PRINT) — 23b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial	24b. DATE (MONTH, DAY, YEAR): 7-30-1968	24c. CEMETERY OR CREMATORY — NAME: Green wood	24d. LOCATION — CITY OR TOWN, STATE: Nashville, Tenn.

25. FUNERAL HOME — NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Martins Funeral Home 2624 Jefferson St.

26a. REGISTRAR — SIGNATURE: Kira K Hewitt — 26b. DATE RECEIVED BY LOCAL REGISTRAR: 8-12-68

26a. Kira K Hewitt — 26b. DATE RECEIVED BY LOCAL REGISTRAR: 8-12-68

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STATE OF TENNESSEE
DEPARTMENT OF PUBLIC HEALTH
CORDELL HULL BUILDING
NASHVILLE, TENNESSEE 37219

STATE REGISTRAR

JAN 24 1973

I hereby certify the below to be a true and correct copy of the official document on file in this department. Valid ONLY when embossed seal across the Tennessee Department of Public Health and red imprinted signature of the State Registrar are affixed.

Wendell Spurgeon
State Registrar

CERTIFICATE OF DEATH

71-010080

TENNESSEE DEPARTMENT OF PUBLIC HEALTH FILE NO.
DIVISION OF VITAL STATISTICS

4
50
1994
BOOK NO.

1. DECEASED — NAME	FIRST: OTIS	MIDDLE: —	LAST: WHITELOW			2. DATE OF DEATH (MONTH, DAY, YEAR): April 6, 1971
3. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC., SPECIFY): Negro	4. SEX: Male	5a. AGE — LAST BIRTHDAY (YEARS): 78	5b. UNDER 1 YEAR — MOS.:	DAYS:	5c. UNDER 1 DAY — HOURS:	MIN.:	6. DATE OF BIRTH (MONTH, DAY, YEAR): Mar 20, 1893
7a. COUNTY OF DEATH: Davidson	7b. CITY, TOWN, OR LOCATION OF DEATH: Nashville		7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes			7d. HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): VA Hospital
8. PLACE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Tenn	9. CITIZEN OF WHAT COUNTRY: U S A	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed				11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME):
12a. SOCIAL SECURITY NUMBER: 425 09 26 30	12b. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE): WW 1	13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Laborer				13b. KIND OF BUSINESS OR INDUSTRY: Road Construction
14a. PLACE — STATE: Tenn	14b. COUNTY: Davidson	14c. CITY, TOWN, OR LOCATION: Nashville	14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes			14e. STREET AND NUMBER: 1042-44th Ave No.
15. FATHER — NAME: J. L. Whitelow	16. MOTHER — MAIDEN NAME: Unknown Rose(		17. INFORMANT — NAME AND MAILING ADDRESS: Veteran at time of admission			

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

IMMEDIATE CAUSE
(a) Massive gastrointestinal bleeding — 5322
DUE TO, OR AS A CONSEQUENCE OF:
into head of pancreas
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST
(b) 5 cm duodenal ulcer with perforation and penetration — 412
DUE TO, OR AS A CONSEQUENCE OF:
(c)

19a. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a): Severe atherosclerotic heart disease

19b. AUTOPSY (YES OR NO): Yes

19c. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH: Yes

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	20b. DATE OF INJURY (MONTH, DAY, YEAR)	20c. HOUR: M.	20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18):
20e. DID INJURY OCCUR AT WORK (SPECIFY YES OR NO)	20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE):	

21a. PHYSICIAN — CERTIFICATION
I ATTENDED THE DECEASED AND DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, IS DUE TO THE CAUSE(S) STATED.
3-30-71 to 4-6-71
SIGNATURE: Barton Adkins — DEGREE: M.D. — 21b. DATE SIGNED (MONTH, DAY, YEAR):

CORONER OR MEDICAL EXAMINER — CERTIFICATION
ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.
SIGNATURE — TITLE — 22b. DATE SIGNED (MONTH, DAY, YEAR):

22a. CORONER — NAME (TYPE OR PRINT) — 23b. MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP: VA Hospital Nashville, Tennessee 37203

24a. BURIAL, CREMATION, REMOVAL: Burial	24b. DATE (MONTH, DAY, YEAR): Apr.9,1971	24c. CEMETERY OR CREMATORY — NAME: National	24d. LOCATION CITY OR TOWN STATE: Madison, Tennessee	
25a. FUNERAL HOME — NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Martin Funeral Home, Nashville, Tenn	25b. REGISTRAR — SIGNATURE: Esther D. Groh	26b. DATE RECEIVED BY LOCAL REGISTRAR: 4-12-71		