AFFIDAVIT

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I, W. W. White, after having been duly sworn, depose and state as follows, to wit:

(1) By deed (deed or will) dated October 20, 1964 and recorded in Book 3825 page 866 of the Register's Office or County Clerk's Office of Davidson County, Tennessee, real estate was conveyed to me and my ~~wife~~ (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 82-16, Par211 on the official property maps for The Metropolitan Government of Nashville and Davidson County on this date.

(2) On March 4, 1983 (date of death), my wife (wife or husband) Viletta Lyle White (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.

3-15-83
Date

W. W. White
(Signature)

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Sworn to and subscribed before me this 15th day of March, 1983.

Marie Weaver
Notary Public

My Commission expires: 1-20-85

CASH 03/16 6.00- 3623

Metropolitan Government of Nashville and Davidson County

Richard H. Fulton, Mayor

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

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

MAR 16 1983

J. M. Bistowish M.D.

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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.

FLOYD C. FALSONE, REGISTER
DAVIDSON COUNTY, TN
MAR 16 11 02 AM '83

IDENTIFICATION REFERENCE

H 36410

HSDH BIRTH

8301039

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

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

BIRTH NO. _____ STATE FILE NO. _____

DECEASED—NAME: 1. Viletta White

DATE OF DEATH (MONTH, DAY, YEAR): 2. 3-4-1983

AGE—LAST BIRTHDAY (YEARS): 3a. 74

UNDER 1 YEAR: MOS 3b. DAYS

UNDER 1 DAY: HOURS MIN 3c.

DATE OF BIRTH (MONTH, DAY, YEAR): 4. 12-16-1908

RACE (WHITE, BLACK, AMERICAN INDIAN, ETC (SPECIFY)): 5a. White

ORIGIN OR DESCENT (ITALIAN, MEXICAN, GERMAN, ETC (SPECIFY)): 5b.

SEX: 6. Female

COUNTY OF DEATH: 7a. Davidson

CITY, TOWN OR LOCATION: 7b. Nashville

INSIDE CITY LIMITS (SPECIFY YES OR NO): 7c. Yes

HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC): 7d. Baptist Hospital

IF HOSP OR inst., Inpatient, Dead On Arrival, Inpatient (Specify): 7e. Inpatient

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): 8. TN

CITIZEN OF WHAT COUNTRY: 9. USA

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

SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): 11. Wilburn W. White

SOCIAL SECURITY NUMBER (IF NONE, SPECIFY): 12a. [redacted]-6540

SERVICE IN ARMED FORCES (SPECIFY BRANCH OR DATES OF SERVICE): 12b.

USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): 13a. Weaver

KIND OF BUSINESS OR INDUSTRY: 13b. Werthan Industries, Inc.

RESIDENCE—STATE: 14a. TN

COUNTY: 14b. Davidson

CITY, TOWN, OR LOCATION: 14c. Nashville

STREET AND NUMBER: 14d. 607 Fatherland St.

INSIDE CITY LIMITS (SPECIFY YES OR NO): 14e. Yes

CENSUS TRACT NO.: 14f.

FATHER—NAME: 15. Burrell Lyle

MOTHER—MAIDEN NAME: 16. Minnie Baggett

INFORMANT—NAME: 17. Wilbert White

MAILING ADDRESS: Same

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

DATE (MONTH, DAY, YEAR): 18b. 3-7-1983

CEMETERY OR CREMATORY—NAME: 18c. Springhill Cem.

LOCATION—CITY OR TOWN: 18d. NASHVILLE,

STATE: TN

FUNERAL DIRECTOR (SIGNATURE): 19a. James C. Wood

LICENSE NO.: 19b. 2159

EMBALMER (SIGNATURE): 19c. Robert D. Fox

LICENSE NO.: 19d. 2525

FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 20. Pettus-Owen & Wood, Inc. Nashville, TN

REGISTRAR—SIGNATURE: 21. Esther D. Groh

DATE RECEIVED BY LOCAL REGISTRAR: 21b. 3-16-83

PHYSICIAN—I CERTIFY THAT I ATTENDED THE DECEASED FROM _____ TO _____, THAT I LAST SAW THE DECEASED ALIVE ON _____, AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE: James J. Callaway DEGREE: MD

DATE SIGNED (MONTH, DAY, YEAR): 22b. 3-8-83

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): 23b.

CERTIFIER—NAME (TYPE OR PRINT): 24a. James J. Callaway, M. D.

MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 24b. Nashville, Tennessee

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

IMMEDIATE CAUSE (a): Cardiac Arrest

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

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

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

INTERVAL BETWEEN ONSET AND DEATH: 4 YR

PART II. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a): Hemiplegia c/ Aphasia - Renal Insufficiency

AUTOPSY (PERFORMED): 26. No

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY): 27a.

DATE OF INJURY (MONTH, DAY, YEAR): 27b.

HOUR: 27c. M.

DESCRIBE HOW INJURY OCCURRED: 27d.

INJURY AT WORK (SPECIFY YES OR NO): 27e.

PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC (SPECIFY): 27f.

LOCATION—STREET OR R.F.D. NO., CITY OR TOWN, STATE: 27g.

PH-1659
Rev. 9-81 cmc

08-018 (4/80)