AFFIDAVIT OF HEIRSHIP

BOOK 6204 PAGE 673

Address of New Owner:	send tax bills to	Map-Parcel Number
Mary Alice Alexander, et al	same	93-11 Par 153
530 Southgate Avenue	same	
Nashville, Tennessee 37203	same	

STATE OF TENNESSEE)
County of Davidson)

Re: Being the south one-half of Lot No. 7 on the Map of William Campbell's Addition to South Nashville, as of record in Book "U", pages 682 and 683 Register's Office for Davidson County, Tennessee, as follows:

Said part of said Lot fronts 30 feet on the westerly side of Second Avenue South and runs back between parallel lines 145½ feet more or less to an alley, and being the same property conveyed to Knox Phillips and wife, Gladys Phillips, by Bessie G. Brandt, of record in Book 1415, Page 177, Register's Office for Davidson County, Tennessee. Being the same property conveyed to James O. Alexander by Knox and Gladys Phillips on April 14, 1967 by Deed of record in Book 4167, Page 798 of record in Register's Office of Davidson County, Tennessee.

Property bears the street address of 711 Second Avenue South, Nashville TN

This Instrument prepared by:

Dan R. Alexander
Attorney at Law
1210 8th Avenue South
Nashville, Tennessee 37203

H 94820

T. IDENTIF. REFERENCE

DEC 30 1 39 PM '83

MAIL ENV.

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

1. That he is the oldest son of James O. Alexander and that he was born of the body of James O. Alexander on the 30 day of November, 1940.

2. That James O. Alexander died in Davidson County Tennessee on the 8th day of March, 1982 seized of the above described property.

3. That at the time of the death of James O. Alexander, the said James O. Alexander had (7) children and a wife who were his only living heirs and they are namely: Mary Alice Alexander, wife; Jimmy Wayne Alexander, Raymond Henry Alexander, Thomas Albert Alexander, Dan Richard Alexander, Sandra Dean Alexander Graves, Terry Mack Alexander, and Sheila Ann Alexander Delk. That James O. Alexander had no other children born of his body or legally adopted at the time of his death.

4. That the said, Mary Alice Alexander, Jimmy Wayne Alexander, Raymond Henry Alexander, Thomas Albert Albert Alexander, Dan Richard Alexander , Sandra Dean Alexander, Terry Mack Alexander, and Sheila Ann Alexander Delk are the only lawful heirs of the late James O. Alexander and are the lawful heirs of the above described property.

5. That Affiant is living at the time of the making and filing of this Affidavit.

FURTHER, AFFIANT SAITH NOT

Jimmy Wayne Alexander
AFFIANT, JIMMY WAYNE ALEXANDER

BOOK 6204 PAGE 674

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, Patricia A. Wray, a Notary Public in and for the said County and State, the within named, Jimmy Wayne Alexander, the bargainor, with whom I am personally acquainted and who acknowledged that he executed the within instrument for the purposes therein contained. Witness my hand and official seal at Nashville, Davidson County, Tennessee on this 30th day of December, 1983.

My Commission Expires: Jan. 16, 1987

Patricia A. Wray
Notary Public

NOTARY PUBLIC DAVIDSON CO. TN

Metropolitan Government of Nashville and Davidson County

Richard H. Fulton, Mayor

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

MAR 25 1982

J. M. Bistowish, M.D.

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

BOOK 6204 PAGE 675

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

8201106

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT BLACK INK.

BIRTH NO. _____ STATE FILE NO. _____

1. DECEASED—NAME: JAMES O ALEXANDER
2. DATE OF DEATH (MONTH, DAY, YEAR): March 8, 1982
3a. AGE—LAST BIRTHDAY (YEARS): 65
3b. UNDER 1 YEAR: MOS. / DAYS
3c. UNDER 1 DAY: HOURS / MIN.
4. DATE OF BIRTH (MONTH, DAY, YEAR): December 22, 1916
5. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)): White
6. SEX: Male
7a. COUNTY OF DEATH: Davidson
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, BUSINESS, STREET, ETC.): VA Medical Center
7e. IF HOSP. OR INST., CHECK (OUTPATIENT, DOA, INMATE OF): Inpatie
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Kentucky
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Mary Alice Sensing
12a. SOCIAL SECURITY NUMBER (IF NONE, SPECIFY): [redacted]-4512
12b. SERVICE IN ARMED FORCES (SPECIFY BRANCH OR DATES OF SERVICE): WW II
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): C. A. T. Operator
13b. KIND OF BUSINESS OR INDUSTRY:

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

14a. RESIDENCE—STATE: Tennessee
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: Nashville
14d. STREET AND NUMBER: 530 Southgate Av
14e. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
14f. CENSUS TRACT:

PARENTAL INFORMATION

15. FATHER—NAME: James Henry Alexander
16. MOTHER—MAIDEN NAME: Fannie Elizabeth Orange
17. INFORMANT—NAME: VA Files
MAILING ADDRESS: Nashville, TN

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

DISPOSITION

18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial
18b. DATE (MONTH, DAY, YEAR): Mar.11,1982
18c. CEMETERY OR CREMATORY—NAME: Woodlawn
18d. LOCATION—CITY OR TOWN, STATE: Nashville, Tennessee

19a. FUNERAL DIRECTOR (SIGNATURE):
19b. LICENSE NO.:
19c. EMBALMER (SIGNATURE):
19d. LICENSE NO.:

20. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Woodbine Funeral Home - Nashville, TN
21a. REGISTRAR—SIGNATURE: Esther D. Gro
DATE RECEIVED BY LOCAL REGISTRAR: 3-25-

CERTIFICATION

22a. PHYSICIAN—CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE: Thurman D. McKinney
DEGREE: M.D.
22b. DATE SIGNED (MONTH, DAY, YEAR): 3-19-82

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):

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE. ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 72 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

24a. CERTIFIER—NAME (TYPE OR PRINT): THURMAN D. McKINNEY M.D.
24b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): VA Medical Center Nashville TN 372

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

IMMEDIATE CAUSE (a): Severe Aortic Stenosis
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): End Stage Renal Disease

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:

PHLN FORM NO. 55-10 REVISED 1-78 CRC

08-018 (4/80)