OFFICIAL RECEIPT

AFFIDAVIT

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I, FLOY SELENA HOLDERFIELD, after having been duly sworn, depose and state as follows, to wit:

(1) By deed (deed ~~or will~~) dated 7/30/58 and recorded in Book 2798, page 481, 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 _____ on the official property maps for The Metropolitan Government of Nashville and Davidson County on this date.

(2) On 5/23/70 (date of death), my husband (wife or husband) Earl Leonard Holderfield (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.

1-26-87
Date

Floy Selena Holderfield
(Signature)

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Sworn to and subscribed before me this 26 day of January

Notary Public

My Commission expires: _____

94 02/02/87 6.00- CHECK

101013

IDENTIF. REFERENCE

FEB 2 8 45 AM '87

FELIX ... REGISTER
DAVIDSON COUNTY TN

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Paula Taylor
STATE REGISTRAR

STATE OF TENNESSEE
DEPARTMENT OF HEALTH AND ENVIRONMENT
CORDELL HULL BUILDING
NASHVILLE, TENNESSEE 37219

JAN 10, 1984

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 Health and Environment and red imprinted signature of the State Registrar are affixed.

Paula Taylor
Paula Taylor
State Registrar

1954
33
1934
BIRTH NO.

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH — DIVISION OF VITAL STATISTICS — FILE NO. 70-017171

DECEASED — NAME (FIRST / MIDDLE / LAST)			DATE OF DEATH (MONTH, DAY, YEAR)
Earl	L.	Holderfield	2. 5-22-70

RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY))	SEX	AGE — LAST BIRTHDAY (YEARS)	UNDER 1 YEAR (MOS. / DAYS)	UNDER 1 DAY (HOURS / MIN.)	DATE OF BIRTH (MONTH, DAY, YEAR)
W	4. M	5a. 68	5b.	5c.	6. 6-13-01

COUNTY OF DEATH	CITY, TOWN, OR LOCATION OF DEATH	INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
8. Davidson	7b. Madison	7c. Yes	7d. Nashville, Mem. Hosp.

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
N. C.	9. USA	10. Married	11. Floy Perry

SOCIAL SECURITY NUMBER	SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE)	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY
[redacted]5209	12b. WW2	13a. Salesman	13b. Bond Foods

RESIDENCE — STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER
14a. Tenn.	14b. Davidson	14c. Nashville	14d. Yes	14e. 2203 Fernwood Dr.

FATHER — NAME	MOTHER — MAIDEN NAME	INFORMANT — NAME	MAILING ADDRESS
Henry Holderfield	16. Annie Goodwin	17. Mrs. E. L. Holderfield	Nash. Tenn.

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)	CA. Lung	1 yr 4 mos.
DUE TO, OR AS A CONSEQUENCE OF: (b)	Lung Carcinoma	Unknown
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) 19a.	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
18.	20b.	20c. M.	20d.

INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)
19.	20f.	20g.

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	DEGREE	DATE SIGNED (MONTH, DAY, YEAR)
a.	[signature]	M.D.	21b. 6-4-70
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	DATE SIGNED (MONTH, DAY, YEAR)
22a.			22b.

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

BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE (MONTH, DAY, YEAR)	CEMETERY OR CREMATORY — NAME	LOCATION (CITY OR TOWN / STATE)
24a. Burial	24b. 5-25-70	24c. Forrest Lawn	24d. Nashville, Tenn.

FUNERAL HOME — NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	REGISTRAR — SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR
25a. Roesch-Patton & Cosmopolitan Funeral Home	25b. Mrs. John J. Lentz	6-15-70