1961 14525

82-12-098.00

BOOK 5296 PAGE 690 fkb

AFFIDAVIT

I, Mrs. Helen Birdine, after having been duly sworn, depose and state as follows, to wit:

(1) By deed (deed or will) dated 7-1-50 and recorded in Book 1854, page 301, of the Register's Office or County Clerk's Office of Davidson County, Tennessee, real estate was conveyed to me and my mother-in-law and 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 82-12-098 on the official property maps for The Metropolitan Government of Nashville and Davidson County on this date.

(2) On Robert W. Birdine Jr. husband / Macy E. Birdine, mother-in-law (date of death), my husband's mother-in-law (wife or husband) his date of death 10/27/82 / Her date of death 8/19/69 (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.

I 2 3 5 5 5

5-21-84
Date

Helen F. Birdine
(Signature)

IDENTIF. REFERENCE

STATE OF TENNESSEE
COUNTY OF DAVIDSON

MAY 22 9 06 AM '84
FELIX Z. WILSON II REGISTER
DAVIDSON COUNTY, TN

RUSH

Sworn to and subscribed before me this 21st day of May, 1984.

Prepared by
Bertha Harris

MARJORIE FANN
NOTARY PUBLIC
DAVIDSON COUNTY, TENN.

Notary Public

My Commission expires 1/19/88

317

STATE OF TENNESSEE

Marriage Certificate

WILLIAMSON COUNTY

This Certifies that Robert Webb Birdine, Jr. Age 28

and Helen Lucille Batey Age 18

were united by Elder Robert Dickson in the

HOLY BONDS OF MATRIMONY

on the 25th day of August in the year of our Lord 19 49

as appears of record in Marriage Record Book 26 page 181

This 3rd day of November 19 82

Charlie Fox Jr
COUNTY CLERK

M C Hale
DEPUTY CLERK

Book 629 Page 691

BOOK 6296 PAGE 692

Paula Taylor
STATE REGISTRAR

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

MAY 18, 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

1914
25
1914
BIRTH NO.

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH — FILE NO. 69-023481
DIVISION OF VITAL STATISTICS

DECEASED — NAME (FIRST / MIDDLE / LAST)			DATE OF DEATH (MONTH, DAY, YEAR)
1. Mary	Elizabeth	Birdine	2. August 19, 1969

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)
3. Negro	4. Female	5a. 64	5b.		5c.		6. November 9, 1904

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)
7a. Davidson	7b. Nashville	7c. Yes	7d. Baptist Hospital

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)
8. Tennessee	9. U.S.A.	10. Widowed	11.

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
12a. [redacted]5992	12b. None	13a. Dental Assistant	13b.

RESIDENCE — STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER
14a. Tennessee	14b. Davidson	14c. Nashville	14d. Yes	14e. 200 North 9th Street

FATHER — NAME	MOTHER — MAIDEN NAME	INFORMANT — NAME	MAILING ADDRESS
15. Thomas Sanders	16. Patience Harris	17. Robert Birdine	200 North 9th Street

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)	Ruptured Infection 4123	2-5-69
DUE TO, OR AS A CONSEQUENCE OF: (b)	Coronary Thrombosis	Dec. 14-69
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST: DUE TO, OR AS A CONSEQUENCE OF: (c)		6 1/2 mos

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
19a. No	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)
20a.	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)
20e.	20f.	20g.

PHYSICIAN — CERTIFICATION: I ATTENDED THE DECEASED FROM [illegible] AND DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
SIGNATURE: H. L. Matheson MD — DEGREE
21a. — DATE SIGNED (MONTH, DAY, YEAR): 8-22-69

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. 8-22-69	National Cemetery	Madison, Tenn.

FUNERAL HOME — NAME AND ADDRESS (STREET OR R.F.D., CITY OR TOWN, STATE): Davis & Campbell [illegible] Nashville.
REGISTRAR — SIGNATURE

BOOK 6296 PAGE 693

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

STATE REGISTRAR

NOV 16, 1982

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.

EUGENE W. FOWINKLE, M.D.
Commissioner

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

204753

BIRTH NO. _____ STATE FILE NO

1. DECEASED—NAME: ROBERT (FIRST) WEBB (MIDDLE) BIRDINE (LAST)
2. DATE OF DEATH (MONTH, DAY, YEAR): October 27, 1982
3a. AGE—LAST BIRTHDAY (YEARS): 61
3b. UNDER 1 YEAR (MONTHS)
3c. UNDER 1 DAY (HOURS)
4. DATE OF BIRTH (MONTH, DAY, YEAR): 1-31-21
5a. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)): Black
5b. ORIGIN OR DESCENT (ITALIAN, MEXICAN, GERMAN, ETC. (SPECIFY))
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 INPATIENT OR OPD: Inpatient
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): Helen Batey
12a. SOCIAL SECURITY NUMBER: 410-03-1713
12b. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE): WW II
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Fireman
13b. KIND OF BUSINESS OR INDUSTRY
14a. RESIDENCE—STATE: Tennessee
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: Nashville
14d. STREET AND NUMBER: 200 N. 9th St.
14e. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
14f. CENSUS TRACT NO
15. FATHER—NAME: Robert BIRDINE
16. MOTHER—MAIDEN NAME: Mary Sanders
17. INFORMANT—NAME: Veteran, on previous admission
17a. MAILING ADDRESS
18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial
18b. DATE (MONTH, DAY, YEAR): Nov. 2, 1982
18c. CEMETERY OR CREMATORY—NAME: National
18d. LOCATION (CITY OR TOWN, STATE): Madison, 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): Davis-Campbell-McClain F.H. Nash, TN
21a. REGISTRAR—SIGNATURE: Esther D. Grok
21b. DATE RECEIVED BY LOCAL REGISTRAR: 11-11-82
22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE ON THE DATE AND DUE TO THE CAUSES STATED. SIGNATURE: [signature] DEGREE: M.D.
22b. DATE SIGNED (MONTH, DAY, YEAR)
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 CAUSES STATED. SIGNATURE: TITLE
23b. DATE SIGNED (MONTH, DAY, YEAR)
24a. CERTIFIER—NAME (TYPE OR PRINT): ROGER M. DES PREZ M.D.
24b. MAILING ADDRESS (STREET OR R.F.D. NO, CITY OR TOWN, STATE, ZIP): 1310 24th Avenue S. Nashville, TN 37203
25. PART I. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) — INTERVAL BETWEEN ONSET AND DEATH
(a) IMMEDIATE CAUSE: Pancreatic Carcinoma
(b) DUE TO, OR AS A CONSEQUENCE OF
(c) DUE TO, OR AS A CONSEQUENCE OF
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)
26. AUTOPSY (YES OR NO): NO
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)

DECEASED

SIDENCE WHERE DE-IVED. IF DEATH OC-N INSTITUTION, GIVE F BEFORE ADMIS-

PARENTS AND INFORMANT

EQUIRED PRIOR TO TATION OF BODY BY CARRIER OR RE-M STATE

DISPOSITION

CERTIFIER

NOT ATTENDED BY AUTHORIZED OF-GN HERE ANY OR MEDICAL EX-EXECUTING CER-MUST COMPLETE N MEDICAL CER-ON WITHIN 48 POWER OF RE CANNOT BE D

3

CAUSE