PREPARED BY:
MARY LEECH Attorney
176 Second Avenue North
Nashville, TN 37201

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

BOOK 6395 PAGE 857

AFFIDAVIT OF HEIRSHIP

Reference:

Land in Davidson County, Tennessee, being the southerly 56 feet of the westerly half of Block 9, on the plan of Realty Savings Bank & Trust Company's Revised plan of the West Extension of Charlotte Park Company's First Addition, as of record in book 421, page 18, Register's Office for said County, described as follows:
Beginning at the northeast corner of 51st Avenue North, formerly 10th Street, and Elkins, formerly Second, the easterly margin of 51st Avenue North, northwardly 56 feet to a point 94 feet south of the southerly margin of an alley; thence eastwardly and parallel with said alley, 160 feet; thence southwardly and parallel with the easterly margin of 51st Avenue North, 56 feet to the northerly margin of Elkins Avenue; thence with said Avenue, westwardly 160 feet to the beginning.
Being the same property conveyed to Joe D. Strawbridge and wife, Sarah G. Strawbridge, by deed from W. Buford Winn and wife, of record in book 4146, page 597, said Register's Office.

MAP: 91-51 PARCEL 212
RECORDED IN THE OFFICE OF REGISTER OF DEEDS, DAVIDSON COUNTY: Book 4371, Page 649

Comes now Willie Clay Smith after being duly sworn according to law and deposes and says as follows:

1. That he is the son of Henry Clay Smith who died on April 20, 1984.

2. That Henry Clay Smith, deceased, was unmarried on the date of death.

3. That the affiant, Willie Clay Smith, and his sister, Norene Curtis, were the only children of Henry Clay Smith, deceased, except for one other child who died in infancy.

4. That the affiant has two children, Claynita Louise Smith Harris and Troyt Steven Smith, and that Norene Curtis has no children.

5. That Henry Clay Smith left a will hereto attached wherein he devised the above described property to his granddaughter, Claynita Smith Harris and his grandson, Troyt Steven Smith.

Willie Clay Smith
WILLIE CLAY SMITH

Sworn to and subscribed before me this 3rd day of August, 1984.

Bill Moore
NOTARY PUBLIC

My Commission Expires: 4-30-86

BILL MOORE NOTARY PUBLIC DAVIDSON COUNTY

I 5 4 0 8 9

IDENTIF. REFERENCE

OCT 3 4 08 PM '84

FELIX [illegible] REGISTER
DAVIDSON COUNTY, TN

LAST WILL AND TESTAMENT OF

HENRY CLAY SMITH

I, HENRY CLAY SMITH, of Nashville, Davidson County, Tennessee, being of sound mind and disposing memory, do make, declare and publish this my Last Will and Testament, hereby revoking all former Wills and Codicils heretofore made by me.

I

I direct that all my just debts, including my funeral expenses and the costs of administration, be paid out of my general estate by my Executor hereinafter named, as soon as practicable after my death.

II

After payment of my just debts, including my funeral expenses and the costs of administration, all the rest, residue and remainder of my estate, real, personal and mixed, of every nature and wheresoever situated, I give, devise and bequeath, absolutely and in fee simple, forever, to my granddaughter, Claynita Smith Harris and my grandson, Troyt Steven Smith, share and share alike.

In making the above disposition of my estate I wish to state that I am not unmindful of my son or my daughter or her children nor is it through any lack of love or affection for them that I have intentionally omitted to provide for them in this my Last Will and Testament.

III

I hereby nominate, constitute and appoint my said son, Willie Clay Smith, Executor of this my Last Will and Testament, and hereby excuse and exonerate him from giving bond or other security for the faithful discharge of his duties as such.

This my Last Will and Testament is typewritten on two pages including the attestation clause and signatures of witnesses, and is identified by my signature on each page.

Henry Clay Smith

IN WITNESS WHEREOF, I, HENRY CLAY SMITH, have hereunto set my hand to this my Last Will and Testament, and declare and publish it as such in the presence of witnesses, at Nashville, Tennessee, this 11 day of July, 1973.

Henry Clay Smith
HENRY CLAY SMITH

We, the undersigned witnesses, do hereby state that the above and foregoing Will was signed, published and declared by the Testator, Henry Clay Smith, to be his Last Will and Testament in the presence of all of us at one and the same time, and we, at his request and in his presence , and in the presence of each other, have hereunto subscribed our names as witnesses, and we do hereby attest to the sound and disposing mind of said Testator and to the performance of aforesaid acts of execution and publication at the place and on the date hereinabove set out.

WITNESS — ADDRESS: 4517 Charlotte Ave. Nashville Tenn

WITNESS — ADDRESS: 338 46th Ave N. Nashville, Tenn.

Metropolitan Government of Nashville and Davidson County

Richard H. Fulton, Mayor

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

MAY 3 1984

J. M. Bistowish M.D.

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

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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.

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

8401941

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

BIRTH NO. _____ STATE FILE NO.

TYPE OR PRINT IN PERMANENT BLACK INK.

DECEASED

1. DECEASED—NAME: Henry Clay Smith
2. DATE OF DEATH (MONTH, DAY, YEAR): 4-20-1984
3a. AGE—LAST BIRTHDAY (YEARS): 87
3b. UNDER 1 YEAR: MOS
3c. UNDER 1 DAY: DAYS / HOURS / MIN
4. DATE OF BIRTH (MONTH, DAY, YEAR): 2-23-1897
5a. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)): White
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.): Baptist Hospital
7e. IF HOSP OR INST. INPATIENT, DOA, OP/EMER. RM., DOA/EMER. (SPECIFY): Inpatient
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): TN
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME):
12a. SOCIAL SECURITY NUMBER (IF NONE, SPECIFY): 408-07-8559-A
12b. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE):
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Cabinetmaker
13b. KIND OF BUSINESS OR INDUSTRY: Chilton Lumber Co.

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

14a. RESIDENCE—STATE: TN
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: Nashville
14d. STREET AND NUMBER: 314 51st Ave. No.
14e. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
14f. CENSUS TRACT NO.:

PARENTS AND INFORMANT

15. FATHER—NAME: William Harvey Smith
16. MOTHER—MAIDEN NAME: Tabitha Emma Wennett
17. INFORMANT—NAME: Willie C. Smith
MAILING ADDRESS: 1212 Davidson Rd. Nashville, TN 37205

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): 4-23-1984
18c. CEMETERY OR CREMATORY—NAME: Spring Hill Cem.
18d. LOCATION (CITY OR TOWN, STATE): Madison TN
19a. FUNERAL DIRECTOR (SIGNATURE): James E. Wood
19b. LICENSE NO.: 2189
19c. EMBALMER (SIGNATURE): James E. Wood
19d. LICENSE NO.: 2989
20. FUNERAL SERVICE—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Pettus-Owen & Wood, Inc. Nashville, Tn
21. REGISTRAR (SIGNATURE): Esther D. Gross
DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): May 3 1984

CERTIFIER

22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE: Charles A Wiggins M.D. DEGREE:
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 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 48 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED

24a. CERTIFIER—NAME (TYPE OR PRINT): Charles A. Wiggins, M. D.
24b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Nashville, Tennessee

CAUSE

25. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
(a) IMMEDIATE CAUSE: RESPIRATORY FAILURE
DUE TO, OR AS A CONSEQUENCE OF:
(b) CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: PNEMONIA
DUE TO, OR AS A CONSEQUENCE OF:
(c) COPD
INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a): MALNUTRITION
26. AUTOPSY (YES OR NO):

27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):
27b. DATE OF INJURY (MONTH, DAY, YEAR):
27c. HOUR: M.
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):

PH-1659
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