AFFIDAVIT

BOOK 6405 PAGE 119

I, X Mrs. P. Scott, after having been duly sworn, depose and state as follows, to wit:

(1) By Deed (deed or will) dated May 31, 1957 and recorded in Book 2649, page 63, 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 25-12-37 on the official property maps for The Metropolitan Government of Nashville and Davidson County on this date.

X (2) On 9/23/84 (date of death), my Husband (~~wife or~~ husband) W. Paul Scott (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.

10-15-84
Date

X Mrs. P. Scott
(Signature)

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Sworn to and subscribed before me this 15th day of October, 1984.

Notary Public

My Commission expires: 9-1-87

I 57039

FOR REFERENCE

Oct 17 9 43 AM '84

Metropolitan Government of Nashville and Davidson County

Richard H. Fulton, Mayor

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

OCT 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 PUBLIC HEALTH
VITAL RECORDS

8404297

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT BLACK INK.

BIRTH NO. _____ STATE FILE NO. _____

DECEASED

1. DECEASED—NAME: First: William; Middle: Paul; Last: Scott
2. DATE OF DEATH (MONTH, DAY, YEAR): Sept 23, 1984
3a. AGE—LAST BIRTHDAY (YEARS): 66
3b. UNDER 1 YEAR: MOS. / DAYS
3c. UNDER 1 DAY: HOURS / MINS.
4. DATE OF BIRTH (MONTH, DAY, YEAR): 9/1/18
5a. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY): White
5b. ORIGIN OR DESCENT (HISPANIC, MEXICAN, GERMAN, ETC. (SPECIFY): Amer
6. SEX: M
7a. COUNTY OF DEATH: Davidson
7b. CITY, TOWN OR LOCATION: G'ville
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, ETC.): 717 Cerro Vista
7e. IF HOSP OR INST., INDICATE DOA, OR OTHER (SPECIFY): home
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Ky
9. CITIZEN OF WHAT COUNTRY: U S A
10. MARRIED, NEVER MARRIED, (WIDOWED, DIVORCED (SPECIFY)): Married
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Helen Fitzhugh
12. SOCIAL SECURITY NUMBER: [redacted]-3614
13a. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE): none
13b. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Mechanic
13c. KIND OF BUSINESS OR INDUSTRY: Auto Repair
14a. RESIDENCE—STATE: Tn
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: G'ville
14d. STREET AND NUMBER: 717 Cerro Vista
14e. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes
14f. CENSUS TRACT NO.:

PARENTS AND INFORMANT

15. FATHER—NAME: Joe Scott
16. MOTHER—MAIDEN NAME: Nola Eades
17. INFORMANT—NAME: Helen Scott
MAILING ADDRESS: 717 Cerro Vista G'ville 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): 9/25/84
18c. CEMETERY OR CREMATORY—NAME: Forest Lawn
18d. LOCATION (CITY OR TOWN, STATE): G'ville Tn
19a. FUNERAL DIRECTOR (SIGNATURE): John C Garrett Jr
19b. LICENSE NO.: 1087
19c. EMBALMER (SIGNATURE): Thomas Bowers
19d. LICENSE NO.: 3486
20. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Cole & Garrett G'ville Tn
21a. REGISTRAR—SIGNATURE: Esther D Gish
21b. DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): 9-28-84

CERTIFIER

22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSES STATED. SIGNATURE: _____ DEGREE: _____ 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: Charles W. Harlan, M.D. TITLE: _____ DATE SIGNED (MONTH, DAY, YEAR): 9/26/84
24a. CERTIFIER—NAME (TYPE OR PRINT): Charles W. Harlan, M.D.
24b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 72 Hermitage Avenue Nashville TN 37210

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.

CAUSE

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: Arteriosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:
(b)
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE ABOVE 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).
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)

PH-1659
Rev. 9/81 CHC

202-06-002