[redacted]

PREPARED BY: Houston Bass, Jr.
1601 Emerald Dr
Nash. Tn. 37218

5659 01/23 12.00- CASH

AFFIDAVIT

I, Johnnie B. Bass, after having
BOOK 6479 PAGE 443
been duly sworn, depose and state as follows, to wit:

(1) By trust (deed or will) dated September 1980 and recorded in Book 691, page 3, of the Register's Office or County Clerk's Office of Davidson County, Tennessee, real estate was conveyed to me and my — (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 081-15-0 418.00 on the official property maps for The Metropolitan Government of Nashville and Davidson County on this date.

(2) On _____ (date of death), my _____ (wife or husband) _____ (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.

January 9, 1985
Date

Johnnie B. Bass
(Signature)

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Sworn to and subscribed before me this 9 day of January, 1985

Notary Public

My Commission expires: 2-18-87

I. 7. 8. 5. 1 6.
RUSH
IDENTIF. REFERENCE
JAN 23 1 51 PM '85
REGISTER
DAVIDSON COUNTY, TN

[redacted]

BOOK 6479 PAGE 444

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

Paula Taylor
STATE REGISTRAR

JAN 16, 1985

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

STATE OF TENNESSEE
STATE DEPARTMENT OF HEALTH
Division of Vital Statistics
CERTIFICATE OF DEATH

O 9377

File No. 1080

Registration District No. 2190

Primary Registration District No. ____ Reg. No. ____

1. PLACE OF DEATH 19-37
County Davidson
Civil Dis. 18 19-37
or Village ____
or City Nashville Tenn. (If not in city or town, give township) No. 1715, Heiman St. St.; ____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Thomas Mc Collom 450
(a) Residence: No. 1713 Heiman St. St. ____ Ward.
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M.	Col.	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Eliza McCollom

7. DATE OF BIRTH (month, day, and year) X X

AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	74			

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 7899
10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Tenn.
13. NAME Martin McCollom
14. BIRTHPLACE (city or town) (State or country) Tenn.
15. MAIDEN NAME D. K.
16. BIRTHPLACE (city or town) (State or country) D. K.
17. INFORMANT Eliza McCollom (Address) 1713 Heiman St.
18. BURIAL, CREMATION, OR REMOVAL Place Greenwood Cemetery 5-29-/ 19 33
19. UNDERTAKER K. Gardner (Address) 1511 Jefferson
May 29 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-26-1933 19 ____
22. I HEREBY CERTIFY, That I attended deceased from Dec 19 36 19 32 to May 26th 19 33
I last saw him alive on May 24 33 19 ____, death is said to have occurred on the date stated above, at 4-P m.
The principal cause of death and related causes of importance in order of onset were as follows: Date of onset

Paralysis agitans 5 mo
Cerebral Apoplexy 1 dy

Contributory causes of importance not related to principal cause: 7 yrs

Unknown

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____ 19 ____
Where did injury occur? ____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ____
Nature of injury ____
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ____
(Signed) R. L. Richardson M. D.
(Address) 121 Cedar St.

BOOK 6479 PAGE 445

Paula Taylor
STATE REGISTRAR

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

JAN 16, 1985

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Paula Taylor
Paula Taylor
State Registrar

1994
22
1994
BIRTH NO.

DEPARTMENT OF PUBLIC HEALTH **CERTIFICATE OF DEATH** DIVISION OF VITAL STATISTICS
STATE OF TENNESSEE

DEATH NO. 62-06412

1. NAME	FIRST	MIDDLE	LAST	2. DATE OF DEATH MONTH	DAY	YEAR
	Martin	Jerry	McCollom	3/15/62		

3. COLOR OR RACE	4. SEX	5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY)	6. DATE OF BIRTH MONTH DAY YEAR	7. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YR. MONTHS	DAYS	IF UNDER 24 HRS. HOURS	MINS.
N	M	Married	12-5-1900	61				

8. PLACE OF DEATH		9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission)	
A. COUNTY Davidson	B. CIVIL DISTRICT /	A. STATE Tenn. B. COUNTY Davidson	C. CIVIL DISTRICT /
C. CITY OR TOWN Nashville, Tennessee	D. LENGTH OF STAY IN THIS PLACE	D. CITY OR TOWN Nashville	E. INSIDE CITY LIMITS? YES ☒ NO ☐
E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address or Location) Hubbard Hospital	F. INSIDE CITY LIMITS? YES ☒ NO ☐	F. STREET ADDRESS (OR LOCATION) 1713-Neiman	G. IS RESIDENCE ON A FARM? YES ☐ NO ☒

10A. USUAL OCCUPATION (Kind of Work Done During Most of Working Life, Even If Retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. SOCIAL SECURITY NUMBER	12. WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN	IF YES, GIVE WAR OR DATES OF SERVICE
Retired RR W				

13. BIRTHPLACE (State or Foreign Country)	14. CITIZEN OF WHAT COUNTRY?	15. NAME OF HUSBAND OR WIFE
Tenn	U.S.A.	Mrs Rosie McCollom
16. FATHER'S NAME	**17. MOTHER'S MAIDEN NAME**	**18. INFORMANT ADDRESS**
Tom McCollom	Eliza	Mrs Rosie McCollom

MEDICAL CERTIFICATION

19. CAUSE OF DEATH	Enter only one cause per line for (A), (B), (C)	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A)	Nephrosclerosis with Uremia 442	unknown
Conditions, if any, which gave rise to above cause (A); stating the underlying cause last — DUE TO (B)	—	
DUE TO (C)	420	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (A)	Hypertensive & Arteriosclerotic Heart D. 2	20. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

21A. ACCIDENT	SUICIDE	HOMICIDE	21B. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 19)
☐	☐	☐	

21C. TIME OF INJURY: HOUR A.M. P.M.	MO.	DAY	YR.	REC'D BY STATE MAR 26 '62

21D. INJURY OCCURRED WHILE AT WORK ☐	NOT WHILE AT WORK ☐	21E. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office Building, etc.)	21F. PLACE OF INJURY CITY, TOWN OR RURAL	COUNTY	STATE

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE SIGNATURE	M.D.	D.O.	OTHER (SPECIFY)	ADDRESS	DATE
C. C. Everett	☒	☐		1005 18th Ave. North	3/23/62

23A. BURIAL, CREMATION, REMOVAL (SPECIFY)	23B. DATE OF BURIAL, CREMATION, OR REMOVAL	23C. NAME OF Cemetery or Crematory	23D. LOCATION CITY, TOWN OR COUNTY	STATE
Burial	3-14-62	Greenwood	Nashville	Tenn

24. FUNERAL DIRECTOR	ADDRESS	25. REGISTRATION DIST. NO.	26. DATE SIGNED BY LOCAL REG.	27. REGISTRAR'S SIGNATURE
F. Gardner		21901	3-26-62	Herbert T. Hodges Deputy Registrar

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE - PUBLIC HEALTH SERVICE

BOOK 6479 PAGE 446

Paula Taylor
STATE REGISTRAR

JAN 16, 1985

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

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Paula Taylor
Paula Taylor
State Registrar

CERTIFICATE OF DEATH 7464

1987
DEPT. OF PUBLIC HEALTH STATE OF TENNESSEE DIV. OF VITAL STATISTICS
COOPERATING WITH DEPT. OF COMMERCE BUREAU OF THE CENSUS

REG. NO. 711
REG. DIST. NO. 2401

1. FULL NAME Eliza (FIRST) Mc Collom (MIDDLE) (LAST) 2. DATE OF DEATH 4 (MONTH) 4 (DAY) 1944 (YEAR)

3. PLACE OF DEATH
A) COUNTY Davidson CIVIL DISTRICT 1st
B) CITY OR TOWN Nashville (IF OUTSIDE CITY LIMITS, WRITE RURAL)
C) NAME OF HOSPITAL 1713 Heiman St. (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)
D) LENGTH OF STAY: IN HOSPITAL IN COMMUNITY

4. LEGAL RESIDENCE:
A) STATE Tenn
B) COUNTY Davidson CIVIL DISTRICT 1st
C) CITY OR TOWN Nashville (IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)
D) STREET NO 1713 Heiman St
E) CITIZEN OF FOREIGN COUNTRY (YES OR NO)
IF YES, NAME COUNTRY

5. RACE OR COLOR Col | 6. SEX F | 7. SINGLE, MARRIED, (WIDOWED) DIVORCED

8. AGE 62 YEARS | 6 MONTHS | 0 DAYS | IF LESS THAN ONE DAY HRS. MINS.

9. DATE OF BIRTH: MONTH Oct DAY 4 YEAR 1881

10. PLACE OF BIRTH: CITY OR COUNTY STATE OR COUNTRY Tenn

11. HUSBAND OR WIFE OF
AGE OF HUSBAND OR WIFE, IF LIVING YEARS

12. IF VETERAN NAME OF WAR SOCIAL SECURITY NUMBER

13. USUAL OCCUPATION Woman keeper

14. INDUSTRY OR BUSINESS

15. FATHER FULL NAME Jerry Higgens
BIRTHPLACE CITY OR COUNTY STATE OR COUNTRY Tenn

16. MOTHER MAIDEN NAME Unknown
BIRTHPLACE CITY OR COUNTY Unknown STATE OR

17. INFORMANT M. J. McCollom
ADDRESS 1713 Heiman St.

18. BURIAL, REMOVAL OR CREMATION Burial DATE 4/7 1944
CEMETERY Greenwood PLACE Nashville

19. UNDERTAKER K. Hardin
ADDRESS 311 Jefferson BY B. C. M.

DATE FILED 4-4-1944 A. V. Ellis REGISTRAR

MEDICAL CERTIFICATION

20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 4/4 1944 TO 4/4 1944
AND THAT I LAST SAW H[illegible] ALIVE ON 4/4 1944
AND THAT DEATH OCCURRED ON THE DATE STATED AT 6:30 A. M.

IMMEDIATE CAUSE OF DEATH: DURATION
Coronary occlusion 9 3D
DUE TO: Hypertension 30 yrs
heart disease 9 yrs

OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH) 1 yr

OPERATION? FINDINGS

AUTOPSY? FINDINGS

PHYSICIAN UNDERLINE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY

21. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:
A) ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY)
B) DATE OF OCCURRENCE
C) WHERE DID INJURY OCCUR (CITY COUNTY STATE)
D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE?
WHILE AT WORK MEANS OF INJURY

SIGNATURE Crawford Harwell M.D.
ADDRESS 1st Nat Bank DATE SIGNED 4/5/1944