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AFFIDAVIT

I, Floris B. Kelly, after having been duly sworn, depose and state as follows, to wit:

(1) By deed (deed or will) dated January 31, 1969 and recorded in Book 4343, page 520, 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 41-16 - Parcel 47 on the official property maps for The Metropolitan Government of Nashville and Davidson County on this date.

(2) On December 18, 1981 (date of death), my Mother (~~wife or husband~~) Frances J. Beavers (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.

2-11-85
Date

Floris B Kelly
(Signature)

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Sworn to and subscribed before me this 11th day of February, 1985

MARTHA C. ELDRIDGE NOTARY PUBLIC

Martha C. Eldridge
Notary Public

My Commission expires: My Commission Expires Oct. 19, 1986

T 82608
2.60 8

NTIF. REFERENCE
FEB 12th
12 11 55 AM '85
REGISTER
IDSON COUNTY, TN

RUSH

Roesch — Patton
Dorris and Charlton
FUNERAL SERVICE

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BROADWAY CHAPEL
1715 BROADWAY
244-6480

P.O. BOX 629
NASHVILLE, TENNESSEE 37202

EASTLAND
904 GALLATI

I hereby certify the below to be an authentic copy of the Death Certificate as filed wi
the Tennessee Department of Public Health.

Funeral Dir

Sworn to and subscribed before me this the 4th day of March, 19 82.

My Commission expires July 21, 1984 Notary Public.

BECOMES A LEGAL
I WHEN PROPERLY EXE-
ND FILED.

I PRINT IN
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ESIDENCE WHERE DE-
LIVED. IF DEATH OC-
IN INSTITUTION, GIVE
CE BEFORE ADMIS-

IEQUIRED PRIOR TO
TATION OF BODY BY
CARRIER OR RE-
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NOT ATTENDED BY
AUTHORIZED OFFI-
HERE. ANY PHYSI-
MEDICAL EXAMINER
CERTIFICATE MUST
AND SIGN MEDICAL
TION WITHIN 48
VER OF SIGNATURE
DELEGATED.

D. 55.10
CRC

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

BIRTH NO. _____ STATE FILE NO.

DECEASED—NAME (FIRST, MIDDLE, LAST)

1. Frances Davis Beavers

2. DATE OF DEATH (MONTH, DAY, YEAR): 12/18/81

3a. AGE—LAST BIRTHDAY (YEARS): 94
UNDER 1 YEAR: 3b. MOS. / DAYS; UNDER 1 DAY: 3c. HOURS / MIN.

4. DATE OF BIRTH (MONTH, DAY, YEAR): May 25, 1887

5. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.): white

6. SEX: female

7a. COUNTY OF DEATH: Davidson

7b. CITY, TOWN OR LOCATION: Madison

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.): Memorial Hospital

7e. IF HOSP. OR INST. OF Emer. Rm., ind: D.O.A

8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Illinois

9. CITIZEN OF WHAT COUNTRY: U.S.A.

10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): widowed

11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME):

12a. SOCIAL SECURITY NUMBER (IF NONE, SPECIFY): [redacted]-7966

12b. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE): no

13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Homemaker

13b. KIND OF BUSINESS OR INDUSTRY:

14a. RESIDENCE—STATE: Tennessee

14b. COUNTY: Davidson

14c. CITY, TOWN, OR LOCATION: Nashville

14d. STREET AND NUMBER: 1135 Bellshire Dr

14e. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes

14f. CENSUS TRACT:

15. FATHER—NAME: John Davis

16. MOTHER—MAIDEN NAME: Mary E. Groff

17. INFORMANT—NAME: Mrs. Floris Kelley

MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE): 1135 Bellshire Nash. Tn. 37207

18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): burial

18b. DATE (MONTH, DAY, YEAR): 12/21/81

18c. CEMETERY OR CREMATORY—NAME: Woodlawn

18d. LOCATION (CITY OR TOWN, STATE): Nashville, Tennessee

19a. FUNERAL DIRECTOR (SIGNATURE): Charles E Wood

19b. LICENSE NO.: 2480

19c. EMBALMER (SIGNATURE): Hillcrest Co. Rt. 3 [illegible]

19d. LICENSE NO.: 11

20. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Roesch Patton Dorris & Charlton Nash.

21a. REGISTRAR—SIGNATURE:

21b. DATE RECEIVED BY LOCAL REGISTRAR:

22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE: DEGREE:

22b. DATE SIGNED (MONTH, D

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: T. E. Simpkins M.D. TITLE:

23b. DATE SIGNED (MONTH): 12-28

24a. CERTIFIER—NAME (TYPE OR PRINT): T. E. Simpkins, M.D.

24b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE): 1120 Dickerson Road, Nashville, Tn. 37

25. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

IMMEDIATE CAUSE (a): C V A (Stroke) Possib

DUE TO, OR AS A CONSEQUENCE OF (b): A S C V D Arteria Sclerosis Vascular Disease

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST

DUE TO, OR AS A CONSEQUENCE OF (c):

INTERVAL BETWEEN ONSET

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

26.

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):

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

Paula Taylor
STATE REGISTRAR

FEB 11, 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

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1994
25
1994
BIRTH NO.

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH FILE NO. 70-023531
DIVISION OF VITAL STATISTICS

DECEASED — NAME (FIRST / MIDDLE / LAST)			DATE OF DEATH (MONTH, DAY, YEAR)
1. John	G.	Kelly	2. 8-15-70

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)
3. W	4. M	5a. 59	5b.	5c.	6. 11-26-10

COUNTY OF DEATH	CITY, TOWN, OR LOCATION OF DEATH	INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT EITHER, GIVE STREET AND NUMBER)
7a. Davidson	7b. Nashville	7c. yes	7d. Bapt. 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)
8. Michigan	9. USA	10. Married	11. Floris Beavers

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]-2785	12b.	13a.	13b. Dean Moore Market

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. 1135 Bellshire Dr.

FATHER — NAME	MOTHER — MAIDEN NAME	INFORMANT — NAME	MAILING ADDRESS
15. John Emmett Kelly	16. Gertrude Kruit	17. Mrs. J. G. Kelly,	Nash. Tenn.

18. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(Clinical impression)	IMMEDIATE CAUSE (a)	Congestive failure and pulmonary edema 4109	7-10 days
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST	DUE TO, OR AS A CONSEQUENCE OF: (b)	Severe cardiac arrhythmia with large dilated heart 427	Unknown
	DUE TO, OR AS A CONSEQUENCE OF: (c)	? myocardial infarction and arteriosclerotic heart disease 486	10-14 days

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

Pneumonitis; uremia.

AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
19a. yes	19b. yes

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 AND DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
SIGNATURE: Edward L. Tarpley DEGREE: M.D.
21a. DATE SIGNED (MONTH, DAY, YEAR): Aug. 19, 1970 — 21b.

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. Edward L. Tarpley, M. D.	23b. 2417 West End Ave., Nashville, Tenn. 37203

BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE (MONTH, DAY, YEAR)	CEMETERY OR CREMATORY — NAME	LOCATION (CITY OR TOWN, STATE)
24a. Burial	24b. 8-18-70	24c. Woodlawn	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
25. Roesch-Patton & Cosmopolitan Funeral Home	Mrs. John A Leuty-Lee	26b. 8-27-70