THIS INSTRUMENT WAS PREPARED BY

Tom G. Coleman, Jr., Attorney, 9000 E. Church St., Brentwood, TN 37027

NAME ADDRESS

ADDRESS NEW OWNER (S) AS FOLLOWS:	SEND TAX BILLS TO:	MAP-PARCEL NUMBERS
L. T. Walker, Jr. (NAME)	(NAME)	Map 83-14
1613 & 1615 Boscobel St. (STREET ADDRESS OR ROUTE NUMBER)	(STREET ADDRESS)	Par. 248&249
Nashville, TN 37206 (CITY) (STATE) (P. O. ZIP)	(CITY) (STATE) (ZIP)	

AFFIDAVIT OF HEIRSHIP

BOOK 6690 PAGE 456

(Executed pursuant to T.C.A. Section 30-2-712, et seq.)

FROM: L. T. Walker

TO: L. T. Walker, Jr.

RE: Land in Davidson County, Tennessee, being Lots Nos. 336 and 337 in Edgefield Land Company's Second Subdivision of Lands in the Eighteenth Civil District of said county; the Plan of which is recorded in Book No. 57, page 152 of the Register's Office for said County and is specially referred to for description. The said Lots Nos. 336 and 337 front together 100 feet on the north side of Rothschild Avenue, and extend back, between parallel lines, 150 feet to an alley on the rear.

STATE OF TENNESSEE)

COUNTY OF WILLIAMSON)

AFFIANT, being first duly sworn according to law, deposes and says:

1. That L. T. Walker died testate in Davidson County, Tennessee on March 11, 1978. That his estate was administered and closed.

2. A copy of the death certificate is attached as EXHIBIT "A". A copy of the Inheritance Tax Release is attached as EXHIBIT "B".

3. That L. T. Walker, Jr. acquired the fee simple title to the real estate shown above on 1613 and 1615 Boscobel Street, Nashville, Tennessee, as devisee under the Will of his father, L. T. Walker, deceased, as shown in Figures 1 and 2. A certified copy of said Will is being recorded simultaneously herewith.

4. L. T. Walker acquired title to 1613 and 1615 Boscobel Street, Nashville, Tennessee, in the following manner:

1/4th of 1/5th - L. T. Walker by inheritance from his father, Hubbard Walker, who was a brother of Marcus L. Walker, who died intestate without spouse or children.

1/4th of 1/5th - R. L. Walker by inheritance from his father, Hubbard Walker, who was a brother of Marcus L. Walker, who died intestate without spouse or children, and by purchase in Book 1247, page 554, Register's Office for Davidson County, Tennessee.

1/4th of 1/5th - W. K. Walker by inheritance from his father, Hubbard Walker, who was a brother of Marcus L. Walker, who died intestate without spouse or children, and by purchase in Book 1247, page 554, Register's Office for Davidson County, Tennessee.

1/4th of 1/5th - Azzel L. Hixon by inheritance from her father, Hubbard Walker, who was a brother of Marcus L. Walker, who died intestate without spouse or children, and by purchase in Book 1247, page 554, Register's Office for Davidson County, Tennessee.

4694 2

IDENTIFICATION REFERENCE

Oct 24 8 31 AM '85

FELIX Z. WILSON II REGISTER
DAVIDSON COUNTY, TN

1/5th - L. A. Cone, sister to Marcus L. Walker, deceased, who died intestate without spouse or children, and by purchase in Book 1247, page 554, Register's Office of Davidson County, Tennessee.

1/5th - S. R. Walker, brother to Marcus L. Walker, deceased, who died intestate without spouse or children, and by purchase in Book 1247, page 554, Register's Office of Davidson County, Tennessee.

1/5th - J. J. Walker, brother to Marcus L. Walker, deceased, who died intestate without spouse or children, and by purchase in Book 1247, page 554, Register's Office of Davidson County, Tennessee.

1/5th - Early Greenhalge, sole child of Fannie Walker Greenhalge, deceased, who was a sister to Marcus L. Walker, deceased, who died intestate without spouse or children. County Court decree see Book 805, page 320, Register's Office of Davidson County, Tennessee.

Witness my hand this the 16th day of October, 1985.

L. T. Walker, Jr.

Subscribed and sworn to before me,

this 23rd day of October, 1985.

Carolyn Sizemore
NOTARY PUBLIC

My commission expires: 9-11-88

STATE OF TENNSSEE
COUNTY OF WILLIAMSON

Personally appeared before me, the undersigned, a Notary Public in and for said county and state, the within named L. T. Walker, Jr., the bargainor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Brentwood, Tennessee, this the 23rd day of October, 1985.

Carolyn Sizemore
NOTARY PUBLIC

My commission expires: 9-11-88.

RAY BLANTON
GOVERNOR

STATE OF TENNESSEE
DEPARTMENT OF PUBLIC HEALTH
NASHVILLE 37219

Eugene W. Fowinkle, M.D., M.P.H.
Commissioner

Wendell Spurgeon
STATE REGISTRAR

MAR. 28, 1978

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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

BIRTH NO. _____ STATE FILE NO.

COMES A LEGAL ... EN PROPERLY EXECUTED ... FILED.

101

PRINT IN BLACK INK

DECEASED

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

PARENTS AND INFORMANT

REQUIRED PRIOR TO REMOVAL OF BODY BY CARRIER OR RELEASE BY STATE.

DISPOSITION

CERTIFIER

NOT ATTENDED BY AUTHORIZED OFFICIAL, WHERE. ANY PHYSICIAN MEDICAL EXAMINER CERTIFICATE MUST AND SIGN MEDICAL ATION WITHIN 72 POWER OF SIGNATURE DELEGATED.

CAUSE

1. DECEASED—NAME (First) LILLARD	(Middle) T.	(Last) WALKER	2. DATE OF DEATH (Month, Day, Year) MARCH 11, 1978	
3a. AGE—Last Birthday (Years) 84	3b. Under 1 Year—Months	3c. Under 1 Day—Days	3d. Hours	3e. Min.
4. DATE OF BIRTH (Month, Day, Year) August 24, 1893	5. RACE (White, Black, American Indian, etc.) White		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.) Trevecca Health Care	7e. If Hosp. or Inst., Inpatient or Outpatient (Emer., Dead on Arrival, Inpatient (Specify))
8. STATE OF BIRTH (If not in U.S.A., name country) Tennessee	9. CITIZEN OF WHAT COUNTRY U. S. A.	10. MARRIED, NEVER MARRIED, WIDOWED, or DIVORCED (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Marion Haynes	
12a. SOCIAL SECURITY NUMBER (If none, specify)	12b. SERVICE IN ARMED FORCES (Specify Yes or No) No	12c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad	12d. KIND OF BUSINESS OR INDUSTRY Printing	
13a. RESIDENCE—STATE Tennessee	13b. COUNTY Davidson	13c. CITY, TOWN, OR LOCATION Nashville	13d. STREET AND NUMBER 949 Russell St.	13e. INSIDE CITY LIMITS (Specify Yes or No) Yes / 13f. CENSUS TRACT NO. 120
14. FATHER—NAME Hubbard Walker	15. MOTHER—MAIDEN NAME Huldah Wilhoite	16. INFORMANT—NAME Marion Haynes Walker	16a. MAILING ADDRESS - Same	
17a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial	17b. DATE (Month, Day, Year) Mar. 13, 1978	17c. CEMETERY OR CREMATORY—NAME Willow Mount	17d. LOCATION (City or Town, State) Shelbyville, Tennessee	
18a. FUNERAL DIRECTOR (Signature)	18b. LICENSE NO.	18c. EMBALMER (Signature)	18d. LICENSE NO.	
19. FUNERAL HOME—NAME AND ADDRESS Ellis Funeral Home 2627 Nolensville Rd. Nashville, Tennessee		20. REGISTRAR—SIGNATURE Esther D. Grok	20a. DATE RECEIVED BY LOCAL REGISTRAR Mar 27 1978	
21a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE, DEGREE D R W Shupe M D			21b. DATE SIGNED (Month, Day, Year) 3/1/78	
22a. 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	22b. DATE SIGNED (Month, Day, Year)	
24a. CERTIFIER—NAME (Type or Print) D. R. W. Shupe, M. D.		24b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) Trevecca Health Care, Nashville, Tennessee		

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: Circulatory Failure c Cardiac Arrest — 2 hrs.

(b) DUE TO, OR AS A CONSEQUENCE OF: Arteriosclerotic Circulatory Disease — 20+ yrs.

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

(c) DUE TO, OR AS A CONSEQUENCE OF: Organic Brain Syndrome, Chronic — 20 + yrs.

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) — 26. AUTOPSY (Yes or 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)	

NO. 56.16
70 CRG

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RECEIPT FOR
INHERITANCE TAX

STATE OF TENNESSEE

62144

DEPARTMENT OF REVENUE

Mr. L. T. Walker, Jr., Extr. Nashville ACCT. NO. 79 2023

To Mr. Tom G. Coleman, Jr.
Attorney at Law
1702 Parkway Towers
Nashville, TN 37219

Estate of:
L. T. Walker
Davidson County (19)
March 11, 1978

THIS CERTIFIES that Two Thousand Six Hundred Seventy-one & 49/100 Dollars ($ 2,671.49)
have been received in full settlement of all Inheritance Tax, both direct and collateral, shown to be due the State of Tennessee by the sworn Return filed with this Department by the representative of the above named Estate.

As provided in Section 30-1628, Tennessee Code, this receipt shall be authority for the Probate Court of the County wherein said Estate was administered to permit a final settlement or accounting by the aforesaid representative thereof.

Given in duplicate under my hand and the seal of this Department this, the 5 day of April 19 79

COMMISSIONER OF REVENUE

By Jane Dickard
Director of Inheritance, Estate & Gift Tax Division

INHERITANCE TAX CLERK

kv

08-014-0208