Prepared by and return to:
Joe W. McCaleb, Atty.
118 Old Shackle Island Rd.
Hendersonville, Tn. 37075

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AFFIDAVIT OF INHERITANCE

I, WALLACE EUGENE HILL, having first been duly sworn according to law, say:

On January 6, 1986, my mother, GENEVA B. WALDROP, also known as GENEVA B. HILL, died in Davidson County, Tennessee, and I am the SOLE SURVIVING HEIR of my mother. Attached is a Certificate of Death.

GENEVA B. WALDROP died owning in fee the following described parcel of real estate located in Davidson County, Tennessee, and filed of record in Book 2020, page 587, September 14, 1951, Register's Office of Davidson County, Tennessee; Deed of Trust filed of record in Book 2053, page 315, and released in full on October 6, 1967, recorded in Release Book 4179, page 690, Register's Office of Davidson County, Tennessee, to wit:

Land in Davidson County, Tennessee, being Lot No. 173, as shown on the Plan of Payne, Blakemore and Cummings Addition to Nashville, of record in Plan Book 57, page 70, Register's Office for said County.

Said Lot No. 173 fronts 50 feet on the west side of South 13th Street and runs back between parallel lines 150 feet to a dead line and measures 50 feet thereon.

Being the same property conveyed to Geneva B. Hill, an unmarried woman, by deed from Velma Lois Dixon and husband, Frank P. Dixon, and Mable C. O'Kain and husband, Tilden O'Kain, of record in Book 2020, page 587, Register's Office for Davidson County, Tennessee.

Further, this deponent saith not.

Wallace Eugene Hill
WALLACE EUGENE HILL

STATE OF TENNESSEE
COUNTY OF SUMNER

Sworn to and subscribed before me this 4th day of March, 1986.

NOTARY PUBLIC

My Commission Expires:
5/22/86

IDENTIFICATION REFERENCE
8037.2

MAR 5 03 59 AM '86
FELIX Z. [illegible]
DAVIDSON COUNTY, TN

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Metropolitan Government of Nashville and Davidson County

Richard H. Fulton, Mayor

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

JAN 14 1986

J. M. Bistowish M.D.

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

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

8600071

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, Middle, Last): Geneva B. Waldrop
2. DATE OF DEATH (Month, Day, Year): 1-6-86
3a. AGE—Last Birthday (Years): 72
4. DATE OF BIRTH (Month, Day, Year): Oct 23, 1913
5a. RACE (White, Black, American Indian, Etc.): W
5b. ORIGIN OF DESCENT (Italian, Mexican, German, Etc.): American
6. SEX: F
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 hospital, specify Private Residence, Nursing Home, Street, Etc.): Res: 726 So 13th St.
7e.
8. STATE OF BIRTH (If not in U.S.A., name country): Tenn
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
11. SURVIVING SPOUSE (If wife, give maiden name):
12a. SOCIAL SECURITY NUMBER: 408-03-6203
12b. SERVICE IN ARMED FORCES (Specify Yes or No): No
13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LPN Retired
13b. KIND OF BUSINESS OR INDUSTRY: State of Tenn

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

14a. RESIDENCE—STATE: Tenn
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: Nashville
14d. STREET AND NUMBER: 726 So 13th St.
14e. INSIDE CITY LIMITS (Specify Yes or No): Yes
14f. CENSUS TRACT NO.:

PARENTS AND INFORMANT

15. FATHER—NAME: James Brindley
16. MOTHER—MAIDEN NAME: Daisy Turner
17. INFORMANT—NAME, MAILING ADDRESS: Wallace Hill, 309 Ocala Cir., Nash. 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): 1-9-86
18c. CEMETERY OR CREMATORY—NAME: Spring Hill
18d. LOCATION—CITY OR TOWN, STATE: Nashville, Tenn
19a. FUNERAL DIRECTOR (Signature): Garner Robinson
19b. LICENSE NO.: 347
19c. EMBALMER (Signature): Jeff Croy
19d. LICENSE NO.: 3867
20. FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip): Phillips-Robinson Co., Nashville, Tenn
REGISTRAR—SIGNATURE: Esther D. Gross
DATE RECEIVED BY LOCAL REGISTRAR: Jan. 14 1986

CERTIFIER

PHYSICIAN—To certify that the death occurred at the place, on the date, and due to the causes stated.
22a. SIGNATURE, DEGREE:
22b. 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.

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.
22a. SIGNATURE, TITLE: Charles W. Harlan, M.D.
22b. DATE SIGNED (Month, Day, Year): 1/9/86
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 Ave., Nashville, Tennessee 37210

CAUSE

25. PART I. DEATH WAS CAUSED BY: (Enter only one cause per line for (a), (b), and (c).) — Interval between onset and death
Immediate cause (a): ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE
Due to, or as a consequence of:
Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last: (b)
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): Diabetes Mellitus
AUTOPSY (Yes or No): 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
Rev. 9/81 CRC

202-06-002