SEND TAX BILLS TO: Ora Lee Sowell
30 Shepard Street
Nashville, TN 37210

Map-Parcel No. 105-04-0
FB NO: 14W 21045

This Instrument Prepared By: David J. Tarpley, Legal Services of Middle TN, In
800 Stahlman Building, Nashville, TN 37201

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

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AFFIDAVIT OF HEIRSHIP

Ora Lee Sowell, being first duly sworn according to law, makes oath as follows:

1. That she is familiar with the family history of Alonzo Watley and wife Lula Watley, both deceased, who were the owners of the following property:

> Land in Davidson County, Tennessee, being part of Lots #22 and 23 in John Trimble's Homestead Addition to the City of Nashville, Tennessee, described as follows; Beginning on the North side of Tennessee Street, at a point 37-1/2 feet east of the Southwest corner of said Lot #22, being Felix Tippitt's southeast corner, and running thence eastwardly along the margin of Tennessee Street 37-1/2 feet to a point; thence northwardly, 136 feet, more or less to an alley; thence westwardly with the south margin of said alley 34-1/2 feet to said Tippitt's Northeast corner; Thence southwardly with the east line, 137 feet, more or less, to the beginning. A Plan of said addition is of record in Book 57, Page 53, of the Register's Office for Davidson County, Tennessee.
>
> Being the same property conveyed to Alonzo Watley and Lula Watley by deed from R. N. Cotton and Cora Cotton, recorded in Book 457, Page 122, Register's Office for Davidson County, Tennessee.

2. That said Alonzo Watley died on March 5, 1964; that said Lula Watley died on February 5, 1975, copies of death certificates attached hereto; and that the piece of residence and homestead, at the time of deaths, was 30 Shepard Street, Nashville, Tennessee, Davidson County.

3. Affiant further states that said decedents left surviving the following person, as heir or otherwise interested in the estate: Ora Lee Sowell, daughter.

4. Said decedents left no other children, or adopted children or descendants of deceased children or adopted children.

5. That the above party is over the age of twenty-one years.

APR 11 2 36 PM '86
FELIX Z. W[illegible] REGISTER
DAVIDSON COUNTY, TN

IDENTIFI REFERENCE

5 0 3 7 6

3450 04/11 12:03 CHECK

6. Said decedents did not leave a will or any other testamentary instrument.

FURTHER AFFIANT SAID NOT.

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Ora Lee Sowell
ORA LEE SOWELL

Sworn to and subscribed before me this 11th day of April, 1986.

Carol J. Tyler
NOTARY PUBLIC

My commission expires My Commission Expires July 27, 1989

Exhibit to Affidavit

STATE OF TENNESSEE
DEPARTMENT OF HEALTH AND ENVIRONMENT
CORDELL HULL BUILDING
NASHVILLE, TENNESSEE 37219-5402

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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 Health and Environment and red imprinted signature of the State Registrar are affixed.

Paula Taylor
Paula Taylor
State Registrar

MAR 7, 1995

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

BIRTH NO. _____ DEATH NO. 64-06295

1. NAME: Alonzo (First) W. (Middle) Watley (Last) 2. DATE OF DEATH: Mar. 5 1964 (Month Day Year)

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.
C	M.		Mar 25 1887	76				

8. PLACE OF DEATH
A. COUNTY: Davidson B. CIVIL DISTRICT: 1
C. CITY OR TOWN: Nashville D. LENGTH OF STAY IN THIS PLACE: Life
E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address or Location): 30 Shepard St F. INSIDE CITY LIMITS? YES ☒ NO ☐

9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission)
A. STATE: Tenn B. COUNTY: Davidson C. CIVIL DISTRICT: 1
D. CITY OR TOWN: Nashville E. INSIDE CITY LIMITS? YES ☒ NO ☐
F. STREET ADDRESS (OR LOCATION): 30 Shepard St. 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
Porter	None	418-16-2219	NO	

13. BIRTHPLACE (State or Foreign Country)	14. CITIZEN OF WHAT COUNTRY?	15. NAME OF HUSBAND OR WIFE
Tennessee	U.S.A.	Lula Watley

16. FATHER'S NAME	17. MOTHER'S MAIDEN NAME	18. INFORMANT. ADDRESS
W. Alexander	Hattie Hogan	Lula Watley 30 Shepard St.

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) Nephritis 5 1/3 Not Known

Conditions, if any, which gave rise to above cause (A); stating the underlying cause last
DUE TO (B) _____
DUE TO (C) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (A)

20. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

Metropolitan Government of Nashville and Davidson County

Beverly Briley, Mayor

J. M. BISTOWISH, M.D.
DIRECTOR OF HEALTH

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

CERTIFICATE OF DEATH

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TENNESSEE DEPARTMENT OF PUBLIC HEALTH FILE NO.

VITAL RECORDS

BIRTH NO.

1. DECEASED — NAME: FIRST Lula MIDDLE A LAST Watts
2. DATE OF DEATH (MONTH, DAY, YEAR): Feb. 5 1975
3. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)): NEGRO
4. SEX: Female
5a. AGE — LAST BIRTHDAY (YEARS): 86
5b. UNDER 1 YEAR — MONTHS: 5c. UNDER 1 DAY — HOURS: 5d. MIN.
6. DATE OF BIRTH (MONTH, DAY, YEAR): MAY 25 1888
7a. COUNTY OF DEATH: DAVIDSON
7b. CITY, TOWN, OR LOCATION OF DEATH: Nashville
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): YES
7d. HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Hubbard Hospital
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Tenn.
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: 417-58-4669
12b. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE):
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Housewife
13b. KIND OF BUSINESS OR INDUSTRY:
14a. RESIDENCE — STATE: Tenn.
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: Nashville
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): YES
14e. STREET AND NUMBER: 30 Sheffield St.
15. FATHER — NAME: Scott Anderson
16. MOTHER — MAIDEN NAME: Celia Ellison
17. INFORMANT — NAME AND MAILING ADDRESS: Ora Lee Sowell 20 Shepherd

18. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE
(a) Cerebral Thrombosis — 1-17-75

DUE TO, OR AS A CONSEQUENCE OF:
(b) Arteriosclerosis — Unknown

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE 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 (b)
Diabetes Mellitus

19. AUTOPSY (YES OR NO): NO
20. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH:
21. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):
22a. DATE OF INJURY (MONTH, DAY, YEAR):
22b. HOUR:
22c. HOW INJURY OCCURRED (GIVE BRIEFLY DETAILS OF INJURY IN PART I OR PART II, ITEM 18):
23. INJURY AT WORK (SPECIFY YES OR NO):
24. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)):
25. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE):

26. 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 CAUSES STATED. SIGNATURE: Robert L Anderson MD — DATE SIGNED (MONTH, DAY, YEAR): 2-10-75

27. 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 CAUSES STATED. SIGNATURE — DATE SIGNED (MONTH, DAY, YEAR):

28. CERTIFIER — NAME (TYPE OR PRINT) — MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

29a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
29b. DATE (MONTH, DAY, YEAR): 2-5-75
29c. CEMETERY OR CREMATORY — NAME: Greenwood
29d. LOCATION — CITY OR TOWN — STATE: Nashville Tenn.
29e. FUNERAL HOME — NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Wright's F.H. 1500 Hill St. Nashville, Tenn.
29f. REGISTRAR — SIGNATURE: Esther D Graham — DATE RECEIVED BY LOCAL REGISTRAR: FEB. 12 75

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

MAR 13 1975

J. M. Bistowish, M.D.

This is to certify that the above 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.

ADPH-M-73