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

Map-Parcel No. 105-04-0
FB NO: 15W 00895

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

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

AFFIDAVIT OF HEIRSHIP

BOOK 6827 PAGE 665

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 Lot #23 in the resubdivision of the D. T. Wilkin property which of record in Book 421, Page 148, Register's Office for Davidson County, Tennessee.
>
> Said lot 23 fronts 50 feet on the westerly side of First Avenue South, formerly called Maple Street, and runs back between parallel lines 183-1/2 feet to an alley.
>
> Being the same property conveyed to Alonzo Watley and wife, Lula Watley, by deed from Pleas Gooch and wife, Mary Bell Gooch, of record in Book 664, Page 24, 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 real property, at the time of deaths, was 1249 First Avenue South, 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.

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

90977

IDENTIFICATION REFERENCE

APR 11 2 08 PM '86

FELIX Z. WILSON, JR. REGISTER
DAVIDSON COUNTY, TN

FURTHER AFFIANT SAID NOT.

Ora Lee Sowell
ORA LEE SOWELL

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

NOTARY PUBLIC

My commission expires My Commission Expires July 27, 1988

Exhibit to Affidavit.

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

BOOK 6827 PAGE 667

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. 79

DEATH NO. 64-06295

NAME: Gloria (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.		March 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	408-16-2319	NO	

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

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

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — Enter only one cause per line for (A), (B), (C)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (A): Nephritis — 5 1/2 — Not Known
DUE TO (B):
DUE TO (C):
Conditions, if any, which gave rise to above cause (A); stating the underlying cause last

INTERVAL BETWEEN ONSET AND DEATH

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

TENNESSEE DEPARTMENT OF PUBLIC HEALTH — VITAL RECORDS

BOOK 6827 PAGE 668

FILE NO.

BIRTH NO.

1. DECEASED — NAME: LULA A WATTS
2. DATE OF DEATH: FEB. 5 1975
3. RACE: NEGRO
4. SEX: FEMALE
5a. AGE — LAST BIRTHDAY: 86
5b. UNDER 1 DAY: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH: MAY 25 1888
7a. COUNTY OF DEATH: DAVIDSON
7b. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
7c. WITHIN CITY LIMITS: YES
7d. HOSPITAL OR OTHER INSTITUTION — NAME: Hubbard Hospital
8. STATE OF BIRTH: TENN.
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Widowed
11. SURVIVING SPOUSE:
12a. SOCIAL SECURITY NUMBER: 411-58-4669
12b. SERVICE IN ARMED FORCES: —
13a. USUAL OCCUPATION: Housewife
13b. KIND OF BUSINESS OR INDUSTRY:
14a. RESIDENCE — STATE: TENN.
14b. COUNTY: DAVIDSON
14c. CITY, TOWN, OR LOCATION: NASHVILLE
14d. WITHIN CITY LIMITS: YES
14e. STREET AND NUMBER: 20 SHEPHARD ST.
15. FATHER — NAME: SCOTT ANDERSON
16. MOTHER — MAIDEN NAME: CELIA ELLISON
17. INFORMANT — NAME: NORA LEE SAWELL
MAILING ADDRESS: 20 Shephard

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

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
(c) ----------

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

19. AUTOPSY: NO
20. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH:
21. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED:
22a. DATE OF INJURY:
22b. HOUR:
22c. HOW INJURY OCCURRED:
23. INJURY AT WORK:
24. PLACE OF INJURY:
25. LOCATION:

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 M D
TITLE:
DATE SIGNED: 2-10-75

27. MEDICAL EXAMINER — CERTIFICATION: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR OF THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSES STATED.
SIGNATURE:
TITLE:
DATE SIGNED:

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

29a. BURIAL, CREMATION, REMOVAL: Burial
29b. DATE: 2-5-75
29c. CEMETERY OR CREMATORY — NAME: Greenwood
29d. LOCATION: Nashville Tenn.
29e. FUNERAL HOME — NAME AND ADDRESS: Wright's F. Home 411 Hill St. Nashville, Tenn.
29f. REGISTRAR — SIGNATURE: Esther D Grah
DATE RECEIVED BY REGIS.: 2-12-75

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.

ATMH-DR-73