BOOK 6965 PAGE 218

AFFIDAVIT

We, MELISSA MONROE and JAMES MONROE, after having been duly sworn, depose and state as follows, to-wit:

(1) By Order of the Probate Court of Davidson County, Tennessee real estate was conveyed to us. The description for said property is duly included in said recorded instrument. The property is further identified as 1206 Bell Grimes Lane, Nashville, Tennessee, of record in Deed Book 3254, Page 537, Register of Deeds for Davidson County, Tennessee and as being on Map 41-7, and Parcel Number 37 on the official property maps for the Metropolitan Government of Nashville and Davidson County, Tennessee.

(2) The real estate owned by us as tenants in common has, in no way, been conveyed, assigned or transferred since the date of the probate of CAROLYN MINNIE BROWN MONROE'S estate.

JAMES MONROE

MELISSA MONROE

STATE OF TENNESSEE

COUNTY OF Davidson

SWORN to and subscribed before me, this the 2nd day of September, 1986.

NOTARY PUBLIC

MY COMMISSION EXPIRES:

[illegible].

SEP 2 3 17 PM '86

REGISTER'S OFFICE
DAVIDSON COUNTY, TN

RECEIVED FOR RECORD

37528

Attorney Bob Ingram

PHILLIPS & INGRUM
ATTORNEYS AT LAW
117 EAST MAIN
GALLATIN, TENNESSEE
—37066

CAROLYN MINNIE BROWN MONROE died on July 30, 1984. A certified copy of the Death Certificate is attached hereto.

PHILLIPS & INGRUM
ATTORNEYS AT LAW
117 EAST MAIN
GALLATIN, TENNESSEE
37066

Duplicate

BOOK 6966 PAGE 220

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

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

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

BIRTH NO

84-021461
STATE FILE NO

1. DECEASED - NAME: Carolyn (FIRST) Minnie (MIDDLE) Monroe (LAST)
2. DATE OF DEATH (MONTH, DAY, YEAR): July 30, 1984
3. AGE - LAST BIRTHDAY (YEARS): 71
3b. UNDER 1 YEAR - MOS.: 3c. UNDER 1 DAY - HOURS: 3d. MIN.:
4. DATE OF BIRTH (MONTH, DAY, YEAR): May 15, 1913
5. RACE - WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY): 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. INDICATE DOA OR BROUGHT IN DEAD: D O A
8. STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY): Iowa
9. CITIZEN OF WHAT COUNTRY: U. S. A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Divorced
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME):
12a. SOCIAL SECURITY NUMBER: 410-74-1356
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): Housewife
13b. KIND OF BUSINESS OR INDUSTRY: Domestic
14a. RESIDENCE - STATE: Tennessee
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: Nashville
14d. STREET AND NUMBER: 1206 Bell Grimes Ln
14e. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
14f. CENSUS TRACT NO:
15. FATHER - NAME: George Brown
16. MOTHER - MAIDEN NAME: Carrie Winters
17. INFORMANT - NAME AND ADDRESS: 3699 Dickerson Rd. James Monroe-Nashville, Tn. 37207
18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Cremation
18b. DATE (MONTH, DAY, YEAR): 7-31-1984
18c. CEMETERY OR CREMATORY - NAME: Hartins' Bracy-Welch
18d. LOCATION - CITY OR TOWN, STATE: Nashville, Tennessee
19a. FUNERAL DIRECTOR (SIGNATURE): Norman Beyer
19b. LICENSE NO: 2735
19c. EMBALMER (SIGNATURE):
19d. LICENSE NO:
20. FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Madison Funeral Home-Madison, Tn. 37115
21. REGISTRAR - SIGNATURE: Esther D. Groh
21b. DATE ACCEPTED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): 7-31-84

22. 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, DAY, YEAR):

23. 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: Charles W. Harlan, M.D. - TITLE
23b. DATE SIGNED (MONTH, DAY, YEAR): 7/30/84

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 Avenue Nashville TN 37210

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

IMMEDIATE CAUSE (a): Diabetes mellitus
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):

INTERVAL BETWEEN ONSET AND DEATH:

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

26. AUTOPSY: No
27a. ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED INJURY:
27b. DATE OF INJURY (MONTH, DAY, YEAR):
27c. HOUR:
27d. M
27e. HOW INJURY occurred:
27f. INJURY AT WORK (SPECIFY YES OR NO):
27g. PLACE OF INJURY (e.g., FACTORY, STREET, OFFICE BLDG., ETC. - SPECIFY):
27h. LOCATION (STREET NO., CITY OR TOWN, STATE):

RECORDER'S MEMO
Registry of Vital Records is printing in this
Document Unsatisfactory, Will Resubmit