to123

BOOK 6986 PAGE 957

THIS INSTRUMENT WAS PREPARED BY

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

Address New Owner	Send Tax Bills To	Map/Parcel
Jean Summers Dyer 2812 Hasting Road Nashville, TN 37214	Same	96-9-114

AFFIDAVIT OF HEIRSHIP

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

FROM: Oscar Odell Summers and Ada Lee Summers

TO: Jean Summers Dyer

RE: Being Lot No. 34 on the Map of Donelson Heights, as of record in Book 1424, Page 35, Register's Office for said County, and described as follows:

BEGINNING at a point in the easterly margin of Surrey Road at the common corner of Lots 33 and 34; thence with the line between said lots, easterly 140.08 feet to the common corner of said lots and Lots 35 and 36; thence northerly with the line between Lots 35 and 34, 100 feet to the southerly margin of McCampbell Avenue; thence with the margin of said Avenue, westerly 115.28 feet to the beginning of a curve; thence around said curve, southwesterly 39.27 feet to a point in the easterly margin of Surrey Road; thence with the margin of said road, southerly 75 feet to the point of beginning.

Title is vested in Jean Summers Dyer by virtue of the following: Being the same property conveyed to Jean Summers Dyer, Trustee by deed from Ada Lee Summers (widow) of record in Book 4450, Page 203, Register's Office for Davidson County, Tennessee. Ada Lee Summers (widow) was the sole beneficiary under the trust of Jean Summers Dyer, Trustee. Ada Lee Summers died intestate on April 16, 1982 leaving her children, Jean Summers Dyer and Oscar Odell Summers as her sole surviving heirs at law. Oscar Odell Summers died intestate in June, 1982, leaving his sister, Jean Summers Dyer, as his sole surviving heir at law.

This is improved property known as 2801 Surrey Road, Nashville, Tennessee 37214.

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

Affiant, being first duly sworn according to law, deposes and states:

1. That Ada Lee Summers died intestate on April 16, 1982, in Davidson County, Tennessee, and a copy of her death certificate is filed as Exhibit "A" to this Affidavit.

2. That Ada Lee Summers was survived by her two children, Oscar Odell Summers and Jean Summers Dyer as her sole surviving heirs at law under the Tennessee laws of descent and distribution.

3. That Jean Summers Dyer's brother, Oscar Odell Summers died intestate on June 14, 1982, without issue, having never married, and leaving as his sole surviving heir at law his sister Jean Summers Dyer. A copy of the death certificate is filed as Exhibit "B".

4. That the unadministered estates of Oscar Odell Summers & Ada Lee Summers are solvent, there being sufficient assets from which all debts, taxes and expenses have been paid. A letter of payment from the funeral home is filed as Exhibit "C".

5. That on September 25, 1970, Ada Lee Summers executed a Warranty deed to Jean Summers Dyer, Trustee in Book 4450, page 203, Register's Office of Davidson County, Tennessee, on 2812 Hastings Road, Nashville, Tennessee 37214. That Jean Summers Dyer was Trustee for her mother, Ada Lee Summers, who was the sole beneficiary under the Trust. That when both her mother and brother died, Jean Summers Dyer acquired the entire fee simple title as follows:
Being the same property conveyed to Jean Summers Dyer, Trustee by deed from Ada Lee Summers (widow) of record in Book 4450, page 203, Register's Office of Davidson County, Tennessee. Ada Lee Summers (widow) was the sole beneficiary under the Trust of Jean Summers Dyer, Trustee. Ada Lee Summers died intestate on April 16, 1982, leaving her children, Oscar Odell Summers and Jean Summers Dyer as her sole surviving heirs at law. Oscar Odell Summers died intestate in June, 1982, leaving his sister, Jean Summers Dyer as his sole surviving heir at law.

That one of the declared purposes of this instrument is to give effect to said will without the expenses of probate and a formal administration.

Witness my hand this 18th day of September, 1986.

Jean Summers Dyer
JEAN SUMMERS DYER

Sworn to and subscribed before me, this 18th day of September, 1986.

Carolyn Sizemore
NOTARY PUBLIC

My commission expires: 9-11-88

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named Jean Summers Dyer, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Brentwood, Tennessee, this 18th day of September, 1986.

Carolyn Sizemore
NOTARY PUBLIC

My commission expires: 9-11-88.

44997

IDENTIFICATION REFERENCE

SEP 22 2 28 PM '86
FELIX Z. WILSON II REGISTER
DAVIDSON COUNTY, TN

Metropolitan Government of Nashville and Davidson County

Richard H. Fulton, Mayor

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

APR 26 1982

J. M. Bistowish, M.D

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

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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.

201509

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Decedent

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D. IF DEATH OC-
INSTITUTION, GIVE
BEFORE ADMIS-

Parents and Informant

UIRED PRIOR TO
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ARRIER OR RE-
STATE

Information

Physician

OT ATTENDED BY
UTHORIZED OFFI-
HERE. ANY PHYSI-
EDICAL EXAMINER
ERTIFICATE MUST
ND SIGN MEDICAL
TION WITHIN 72
ER OF SIGNATURE
ELEGATED.

Coroner

Cause

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

BIRTH NO. _____ STATE FILE NO.

1. DECEASED—NAME	Ada	Lee	Newsom	Summers	2. DATE OF DEATH (Month, Day, Year) 4/16/1982
3a. AGE—Last Birthday (Years) 81	3b. Under 1 Year: Months	3c. Under 1 Day: Hours	Min.	4. DATE OF BIRTH (Month, Day, Year) 9/11/1900	5. RACE (White, Black, American Indian, Etc.) White
6. SEX Female					
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, nursing home, street, etc.) Nashville Metro. Bordeaux	7e. Inpatient	
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, DIVORCED (Specify) Widowed	11. SURVIVING SPOUSE (If wife, give maiden name)		
12a. SOCIAL SECURITY NUMBER (If none, specify) [redacted]-1428	12b. SERVICE IN ARMED FORCES (Specify branch and dates of service) None	13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress, Retired	13b. KIND OF BUSINESS OR INDUSTRY County Schools		
14a. RESIDENCE—STATE Tennessee	14b. COUNTY Davidson	14c. CITY, TOWN, OR LOCATION Donelson	14d. STREET AND NUMBER 2801 Surrey Road	14e. INSIDE CITY LIMITS (Specify Yes or No) Yes	14f. CENSUS TRACT NO.
15. FATHER—NAME Will Newsom	16. MOTHER—MAIDEN NAME Mary McIntyre	17. INFORMANT—NAME Mrs. Jean Dyer	MAILING ADDRESS Nashville, Tenn. 2812 Hastings Road 37214		
18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial	18b. DATE (Month, Day, Year) 4/18/1982	18c. CEMETERY OR CREMATORY—NAME Mt. Juliet Mem Gdns	LOCATION (City or Town) Mt. Juliet	(State) Tennessee	
19a. FUNERAL DIRECTOR (Signature) [signature]	LICENSE NO. 19b. 2993	EMBALMER (Signature) [signature]	19c. LICENSE NO. 3610		
20. FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip) HIBBETT & HAILEY DIRECTORS, DONELSON, TN	21a. REGISTRAR—SIGNATURE Esther D. Grote	DATE RECEIVED BY LOCAL REGISTRAR 4-19-82			
22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSES STATED. L. V. Manuel	SIGNATURE [signature] M. D.	DEGREE	TITLE	22b. DATE SIGNED (Month, Day, Year) 4/16/1982	
23a. 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.	SIGNATURE	TITLE	DATE SIGNED (Month, Day, Year)	23b.	
24a. CERTIFIER—NAME (Type or Print)	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	24b.			

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: Acute Pulmonary Edema

DUE TO, OR AS A CONSEQUENCE OF:

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

(b) Congestive Heart Failure

DUE TO, OR AS A CONSEQUENCE OF:

(c) Arteriosclerotic Cardiovascular Disease

PART II. OTHER SIGNIFICANT CONDITIONS. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSES GIVEN IN PART I (a). — 26. AUTOPSY (Yes or No): No

Pneumonia, Chronic Organic Brain Syndrome

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, Zip)		

08-018 (4/80)

[redacted]

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(B)

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

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 OSCAR; MIDDLE ODELL; LAST SUMMERS
2. DATE OF DEATH (MONTH, DAY, YEAR): June 14, 1982
3a. AGE—LAST BIRTHDAY (YEARS): 60
3b. UNDER 1 YEAR: MOS. / DAYS
3c. UNDER 1 DAY: HOURS / MIN.
4. DATE OF BIRTH (MONTH, DAY, YEAR): Oct. 3, 1921
5a. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)): White
5b. ORIGIN OR DESCENT (ITALIAN, MEXICAN, GERMAN, ETC. (SPECIFY)): American
6. SEX: Male
7a. COUNTY OF DEATH: Davidson
7b. CITY, TOWN OR LOCATION: Donelson
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.): Donelson Hospital
7e. IF HOSP. OR INST. INDICATE DOA, OP/Emer. Rm., Inpatient (Specify): Inpatient
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, DIVORCED (SPECIFY): Widowed
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME):
12a. SOCIAL SECURITY NUMBER (IF NON-U.S., SPECIFY): [redacted]
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): Retired
13b. KIND OF BUSINESS OR INDUSTRY: Elevator Operator

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

14a. RESIDENCE—STATE: Tennessee
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: Nashville
14d. STREET AND NUMBER: 2812 Hastings Rd
14e. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
14f. CENSUS TRACT NO.:

PARENTS AND INFORMANT

15. FATHER—NAME: James O. Summers
16. MOTHER—MAIDEN NAME: Ada Lee Newsom
17. INFORMANT—NAME AND MAILING ADDRESS: Jean Dyer 2812 Hastings Rd.

DISPOSITION

PERMIT REQUIRED PRIOR TO TRANSPORTATION OF BODY BY COMMON CARRIER OR REMOVAL FROM STATE.

18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial
18b. DATE (MONTH, DAY, YEAR): June 16, 82
18c. CEMETERY OR CREMATORY—NAME: Mt. Juliet Ceme.
18d. LOCATION—CITY OR TOWN, STATE: Mt. Juliet, Tenn.
19a. FUNERAL DIRECTOR (SIGNATURE): Doug Paine
19b. LICENSE NO.: 2300
19c. EMBALMER (SIGNATURE): Doug Paine
19d. LICENSE NO.: 3060
20. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Hibbett&Hailey F.H. Donelson, Tn. 37214
REGISTRAR—SIGNATURE:
21b. DATE RECEIVED BY LOCAL REGISTRAR:

CERTIFIER

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.

22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE: [signature] DEGREE:
22b. DATE SIGNED (MONTH, DAY, YEAR):
23a. 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:
23b. DATE SIGNED (MONTH, DAY, YEAR):
24a. CERTIFIER—NAME (TYPE OR PRINT): Dr. Stuart Spigel
24b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 2010 Church St, Nashville, Tenn. 37203

CAUSE OF DEATH

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)	SQUAMOUS CELL CARCINOMA @ LUNG	1 mos
DUE TO, OR AS A CONSEQUENCE OF: (b)		
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 (a)

26. AUTOPSY (YES OR 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



Hibbett & Hailey, Inc.

FUNERAL DIRECTORS

429 DONELSON PIKE DONELSON, TENNESSEE 37214
PHONE 615-883-2361

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State of Tennessee, County of Davidson, ss.

Mrs. Jean S. Dyer, being first duly sworn, desposes and informant says..."

And further affiant saith not. The death certificate of Mr. Oscar Odell Summers, date of death June 14, 1982, has the following incorrect items. Item 7b states city of Donelson this is incorrect. Item 7b should be corrected to state city of Nashville. Item 7d states hospital as Donelson Hospital this is incorrect. Item 7d should be corrected to state Parkview Hospital. Item 10 states he was widowed this is incorrect. Item 10 should be corrected to state never married. Item 13a states retired this is incorrect. Item 13a should be corrected to state Elevator Operator. Item 13b states Elevator Operator this is incorrect. Item 13b should be corrected to state, State of Tenn.

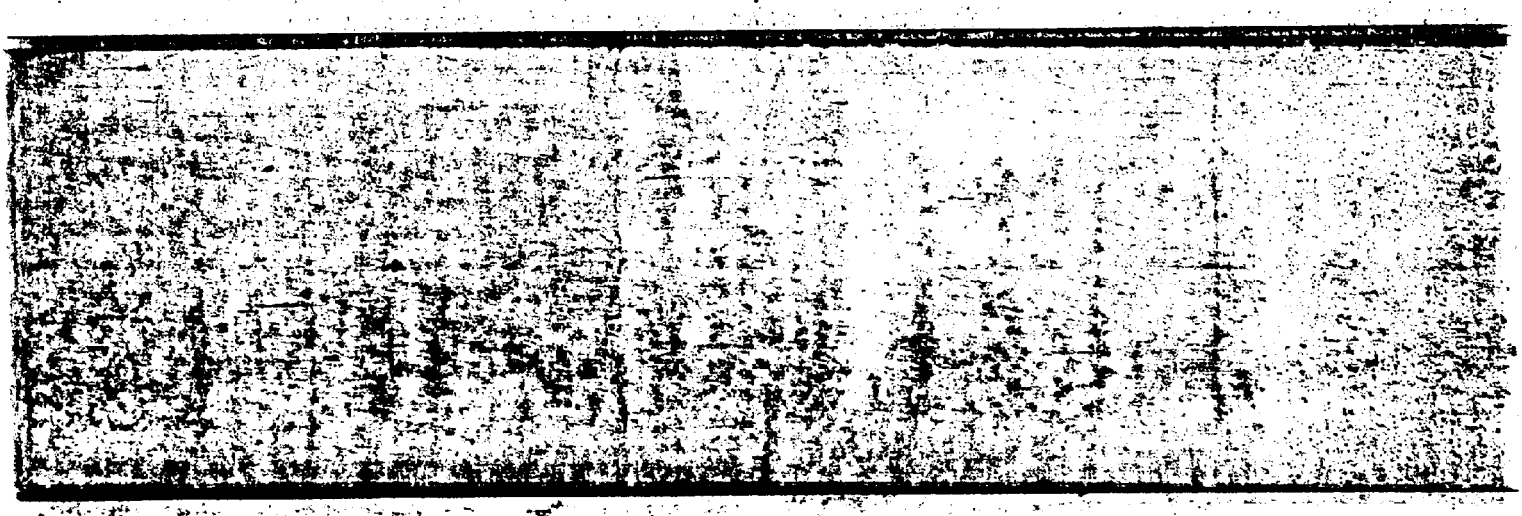
Doug Powell
Funeral Director

Mrs. Jean S. Dyer
Informant

Sworn to before me and subscribed in my presence this 7th day of July, 1982.

Notary Public

My commission expires July 21, [illegible]



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Hibbett & Hailey, Inc.

FUNERAL DIRECTORS

429 DONELSON PIKE DONELSON, TENNESSEE 37214
TELEPHONE: 615-244-6484

August 11,1986

Jean Dyer
2812 Hasting Rd.
Nashville, Tn. 37214

To whom it may concern:

Our records showing the deceased, James O. Summers: May 1966, Ada Lee N. Summers: April 1982, and Oscar Odell Summers, June 1982. Bills have all been paid in full.

Sincerely,

HIBBETT & HAILEY FUNERAL HOME

Douglas Raines

Douglas Raines

DR:la

A GUARDIAN PLAN CHAPEL