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50634.

This Instrument Prepared By: Carol L. McCoy, Attorney
P. O. Box 2726
Nashville, TN 37219

IDENTIFICATION REFERENCE

AFFIDAVIT OF HEIRSHIP
ALFORD SCRUGGS to ROZEL SCRUGGS

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

OCT 8 11 05 AM '86

FELIA E. WILSON REGISTER
DAVIDSON COUNTY, TN

Ernest Ezell, Jr., being first duly sworn according to law, states as follows:

1. I am a resident and citizen of Davidson County, Tennessee. I know the following facts to be true and correct based upon my personal knowledge.

2. I met Rozel Scruggs in 1969 and knew at that time that she was a widow and never remarried.

3. Alford Scruggs and his wife, Rozel Scruggs, owned as tenants by the entirety the real estated located at 1041-B Fourth Avenue North, Nashville, Tennessee 37209, more fully described in Book 1943, at page 475, Register's Office of Davidson County, Tennessee, more fully described as follows:

> Being Lot Nos. 62 and 63 on the Plan of L. H. Davis' Subdivision of Lot No. 41 of Clifton Plan, as of record in Book 57, page 100, Register's Office for said County. Said Lots Nos. 62 and 63 adjoin and front together 100 feet on the westerly side of 40th Avenue North, formerly Clifton Avenue, and run back 125.5 feet on the southerly line of Lot No. 62, and 45 feet on the northerly line of Lot 63, along the southerly margin of Spring Street; to the easterly margin of 43 Avenue, North, measuring 132 feet thereton.
>
> Being the same property conveyed to Mallernee Realty Company, Inc., by deed from Albert Robertson and wife, of record in Book 1848, page 3, said Register's Office.

4. Attached hereto is a certified copy of the death certificate of Alford Scruggs who died March 18, 1965. Rozel Scruggs acquired sole ownership to the real property described above by operation of law. The parties had no children born of their marriage.

Ernest Ezell Jr.
ERNEST EZELL, JR.

Personally appeared before me, Nancy P. Kelt, a Notary Public, Ernest Ezell, Jr., with whom I am personally acquainted, and who acknowledged that he executed the within instrument for the purposes therein contained and further acknowledged that he had sufficient knowledge to execute this instrument on behalf of the estate of Rozel Scruggs. Witness my hand this 7th day of October, 1986.

Nancy P. Kelt
NOTARY PUBLIC
My Commission Expires: 1-29-89

NOTARY PUBLIC DAVIDSON COUNTY, TENN.

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

Paula Taylor
STATE REGISTRAR

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.

SEP 23, 1986

Paula Taylor
Paula Taylor
State Registrar

DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

STATE OF TENNESSEE

DIVISION OF VITAL STATISTICS

STATE NO. _____ DEATH NO. 65-006291

1. NAME: ALFORD (First) SCRUGGS (Middle) (Last)
2. DATE OF DEATH: March 18, 1965 (Month, Day, Year)
3. COLOR OR RACE: Negro
4. SEX: Male
5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6. DATE OF BIRTH (Month, Day, Year): July 7, 1910
7. AGE (IN YEARS LAST BIRTHDAY): 54
IF UNDER 1 YR. — MONTHS: DAYS:
IF UNDER 24 HRS. — HOURS: MINS.:

8. PLACE OF DEATH
A. COUNTY: Davidson
B. CIVIL DISTRICT: 26th
C. CITY OR TOWN: Nashville
D. LENGTH OF STAY IN THIS PLACE:
E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address or Location): VA Hospital
F. INSIDE CITY LIMITS? YES [X] NO [ ]

9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission)
A. STATE: Tennessee B. COUNTY: Davidson C. CIVIL DISTRICT
D. CITY OR TOWN: Nashville
E. INSIDE CITY LIMITS? YES [X] NO [ ]
F. STREET ADDRESS (OR LOCATION): 1041-B 40th Ave. North
G. IS RESIDENCE ON A FARM? YES [ ] NO [X]

10A. USUAL OCCUPATION (Kind of Work Done During Most of Working Life. Never Retired): Cobbler
10B. KIND OF BUSINESS OR INDUSTRY: Shoe
11. SOCIAL SECURITY NUMBER:
12. WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN: Yes — IF YES, GIVE WAR OR DATES OF SERVICE: WW II
13. BIRTHPLACE (State or Foreign Country): Alabama
14. CITIZEN OF WHAT COUNTRY?: U. S. A.
15. NAME OF HUSBAND OR WIFE: Rozell (Baugh) Scruggs
16. FATHER'S NAME: John Scruggs
17. MOTHER'S MAIDEN NAME: Ida
18. INFORMANT — ADDRESS: Rozell B. Scruggs, S/A as veteran

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): Carcinoma larynx — INTERVAL BETWEEN ONSET AND DEATH: 16 1

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 [X] NO [ ]

21A. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
21B. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 19)
21C. TIME OF INJURY: HOUR A.M. P.M. MO. DAY YR.
21D. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21E. PLACE OF INJURY (In or about Home, Farm, Factory, Street, Office Building, etc.)
21F. PLACE OF INJURY — CITY, TOWN OR RURAL — COUNTY — STATE

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE
SIGNATURE: S. W. TURNEY, M. D. / MED. M.D. [X] EXAM. D.O. [ ] OTHER (SPECIFY) [ ]
ADDRESS: VA Hospital Nashville, Tenn.
DATE: 3/18/65

23A. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal
23B. DATE OF BURIAL, CREMATION, OR REMOVAL: 3-21-65
23C. NAME OF Cemetery or Crematory: Meridiansville
23D. LOCATION CITY, TOWN OR COUNTY — STATE: Meridiansville Tenn
24. FUNERAL DIRECTOR — ADDRESS: W. Gardner Funeral Home, Nashville, Tenn.
25. REGISTRATION DIST. NO.: 21101
26. DATE SIGNED BY LOCAL REG.: 3-26-65
27. REGISTRAR'S SIGNATURE: