Prepared by:
Dorothy Champagne, Attn
P.O. Box 111428
Nashville, TN 37211

# AFFIDAVIT OF INHERITANCE

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STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The undersigned, after first being duly sworn, deposes and says that Mr. Willard Felix Bassett, owner by the entireties with the undersigned of the property known as 637 Bel Air Drive, Nashville, Tennessee, being Lot 76 on Plan Section I, as found in Book 2133, pages 109 and 110, in the Registrar's Office in Nashville, Tennessee, is deceased as of September 5, 1986. (Death Certificate attached).

The deceased left no estate necessitating administration and no letters testamentary or of administration have been issued to any person.

There are no debts or encumbrances remaining unpaid which are or might become a lien on said property.

Sara Rosalie Bassett
Sara Rosalie Bassett

RECEIVED NOTARY PUBLIC DAVIDSON COUNTY, TN

Sworn to and subscribed before me
this 22nd day of October, 1986.

Dorothy Champagne
Notary Public

My commission expires: 3/11/90

IDENTIFICATION REFERENCE
5 5 6 3 9

FELIX Z. WILSON II REGISTER
DAVIDSON COUNTY, TN
Oct 23 11 36 AM '86

82/01

3327

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Richard H. Fulton, Mayor

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

[illegible], M.D., REGISTRAR
METROPOLITAN NASHVILLE
[illegible] COUNTY

SEP [illegible]

J. M. Bistrick D.P.

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.

# CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

8603983

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT BLACK INK.

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

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

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

BIRTH NO. _____ STATE FILE NO.

| | | | | | |
|---|---|---|---|---|---|
| 1. DECEASED—NAME (FIRST / MIDDLE / LAST): WILLARD / FELIX / BASSETT | | | | 2. DATE OF DEATH (MONTH, DAY, YEAR): September 5, 1986 | |
| 3a. AGE—LAST BIRTHDAY (YEARS): 79 | 3b. UNDER 1 YEAR: MOS. / DAYS | 3c. UNDER 1 DAY: HOURS / MINS. | 4. DATE OF BIRTH (MONTH, DAY, YEAR): April 21, 1907 | 5. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)): White | 6. ORIGIN OR DESCENT (ITALIAN, MEXICAN, GERMAN, ETC. (SPECIFY)): German | 6. SEX: Male |
| 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, BUSINESS, STREET, ETC.): Southern Hills Hospital | | 7e. IF HOSP OR INST: DOA, OP ROOM, ER, INPATIENT (SPECIFY): DIE | |
| 8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Illinois | 9. CITIZEN OF WHAT COUNTRY: U.S.A. | 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married | 11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Sara Rosalie Lopez | | | |
| 12a. SOCIAL SECURITY NUMBER (IF NONE, SPECIFY): [redacted]-5125 | 12b. SERVICE (ARMED FORCES ONLY, SPECIFY WAR OR DATES OF SERVICE): WW II & Korean | 13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): T/Sgt | 13b. KIND OF BUSINESS OR INDUSTRY: U.S.Air Force | | | |
| 14a. RESIDENCE—STATE: Tenn. | 14b. COUNTY: Davidson | 14c. CITY, TOWN, OR LOCATION: Nashville | 14d. STREET AND NUMBER: 637 Bel Air Dr. | 14e. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes | 14f. CENSUS TRACT NO. | |
| 15. FATHER—NAME: ~~ukn~~ SAMUEL E. BASSETT | 16. MOTHER—MAIDEN NAME: ~~ukn~~ BERTHA MUENCHOW | 17. INFORMANT—NAME: Wife | MAILING ADDRESS: Same | | | |
| 18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Cremation | 18b. DATE (MONTH, DAY, YEAR): Sept. 6, 1986 | 18c. CEMETERY OR CREMATORY—NAME: Martin's & Bracey-Welsh, Inc. | 18d. LOCATION (CITY OR TOWN, STATE): Nashville, Tenn. | | | |
| 19a. FUNERAL DIRECTOR (SIGNATURE): Herman Ellis | 19b. LICENSE NO.: 1600 | 19c. EMBALMER (SIGNATURE) | 19d. LICENSE NO. | | | |
| 20. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Woodbine Funeral Home Nashville, Tenn. | 21. REGISTRAR—SIGNATURE: Luther D. Gross | 21b. DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): 9-8-86 | | | | |
| 22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE: Michael E. Miller | DEGREE: MD | 22b. DATE SIGNED (MONTH, DAY, YEAR): 9-5-86 | | | | |
| 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): Michael E. Miller, M.D. | 24b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 135 Belle Forrest Circle Nashville, Tn. 37221 | | | | | |

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: Cardiorespiratory Arrest
DUE TO, OR AS A CONSEQUENCE OF:
(b) CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: Acute Anterior Myocardial Infarction
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 | 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 CMC

