This instrument prepared by:
Herman O. Loewenstein, Attorne
1200 Third National Bank Buildin
Nashville, Tennessee 37219

BOOK 7114 PAGE 120

ADDRESS NEW OWNER (S) AS FOLLOWS:	SEND TAX BILLS TO:	MAP-PARCEL NUMBERS
Mamie Katherine S. Bullard		Map 72-14
(NAME:) 1116 Chester Avenue	(NAME:)	Par 81
(STREET ADDRESS OR ROUTE NUMBER) Nashville, TN 37206	(STREET ADDRESS)	27W-14275
(CITY) (P. O. ZONE) (STATE)	(CITY) (ZONE) (STATE)	

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

AFFIDAVIT

Re: Real and personal estate of Charles David Seigenthaler, Sr., including but not limited to Land in Davidson County, Tennessee, being Lot No. 10 on the Map of Chesterfield Place, being a subdivision of Mrs. S. H. Chester's Home Place on the Gallatin Pike, as of record in Book 322, page 147, Register's Office for said County.

Affiant, Mamie Katherine S. Bullard, 1116 Chester Avenue, Nashville, Tennessee, after being first duly sworn according to law, deposes and says:

1. That she is a daughter of Charles David Seigenthaler, Sr. and Katie Leona Seigenthaler, both of which are deceased.

2. That Charles David Seigenthaler, Sr. and wife, Katie Leona Seigenthaler, were each married only once and only to each other.

3. That nine children were born to the said Charles David Seigenthaler, Sr. and Katie Leona Seigenthaler, namely:

(a) Annie Louise Seigenthaler Crossland

(b) Mamie Katherine S. Bullard

(c) Charles David Seigenthaler, Jr., who died March 29, 1968 having had two children, Patricia Louise S. Turns, 703 Delaware Avenue, Madison, Tennessee, and Gloria Dean S. Allen, 918 Cayce Drive, Madison, Tennessee.

(d) Mildred Leona S. Alexander, who died January 1, 1975 having had three children, Roy E. Alexander, Jr., McArthur Drive, Madison, Tennessee, Michael Stephen Alexander, 102 Bay Drive, Hendersonville, Tennessee, and Margaret Lynn Alexander Puckett, 3113 Boulder Park Drive, Nashville, Tennessee.

(e) Helen Elizabeth S. Jenkins

(f) James Edward Seigenthaler, Sr.

(g) Carl Edwin Seigenthaler, Sr.

(h) Margaret Beatrice S. Dickens

(i) John Richard Seigenthaler

FURTHER, deponent saith not.

Mamie Katherine S. Bullard
AFFIANT

Sworn to and subscribed before me this
the 5 day of January, 1987.

Sandra A. Douglas
NOTARY PUBLIC

My Commission Expires: 7-10-90

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named Mamie Katherine S. Bullard, the bargainor, with whom I am personally acquainted, and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee, this
5 day of January, 1987.

Sandra A. Douglas
NOTARY PUBLIC

My Commission Expires: 7-10-90

See Attached Exhibits A & B. MKB

Exhibit H

TENNESSEE DEPARTMENT OF REVENUE
Nashville, Tennessee

To

Date January 20, 1987
ESTATE OF: Charlie David Seigenthaler, Sr.
Residence
County of Davidson

The Department of Revenue hereby waives the issuance of notice required by Section 67-8-417, Tennessee Code and consents to the transfer to representatives of the above named estate, or otherwise, of the personal property now in your custody, or standing on your records in the name of the above named decedent, as follows, to wit:-
Real Property located at 1116 Chester Avenue, Nashville, Tennessee, Davidson County

BOOK 7114 PAGE 122

COMMISSIONER OF REVENUE

By _____
Director of Miscellaneous Tax Division

RV-0210 (Rev. 10-86)

06-027-0912

86003

IDENTIFICATION REFERENCE

JAN 22 9 41 AM '87

FELIX Z. WILSON II REGISTER
DAVIDSON COUNTY, TN

Exhibit B

STATE OF TENNESSEE
DEPARTMENT OF PUBLIC HEALTH
NASHVILLE 37219

BOOK 7114 PAGE 123

BUFORD ELLINGTON
GOVERNOR

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH — FILE NO.
DIVISION OF VITAL STATISTICS

BIRTH NO.

DECEASED — NAME (First / Middle / Last)	DATE OF DEATH (Month, Day, Year)
1. Charles D. Seigenthaler Sr.	2. April 25, 1970

RACE (White, Negro, American Indian, etc. (Specify))	SEX	AGE — LAST BIRTHDAY (Years)	UNDER 1 YEAR: Mos. / Days	UNDER 1 DAY: Hours / Min.	DATE OF BIRTH (Month, Day, Year)
3. White	4. Male	5a. 74	5b.	5c.	6. December 1, 1895

COUNTY OF DEATH	CITY, TOWN, OR LOCATION OF DEATH	INSIDE CITY LIMITS (Specify Yes or No)	HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number)
7a. Davidson	7b. Madison	7c. Yes	7d. Memorial Hospital

STATE OF BIRTH (If not in U.S.A., name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)
8. Tennessee	9. U. S. A.	10. Widowed	11.

SOCIAL SECURITY NUMBER	SERVICE IN ARMED FORCES (Specify if war or dates of service)	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY
[redacted] 1742	12b. No	13a. Retired Machinist	13b. Temco

RESIDENCE — STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (Specify Yes or No)	STREET AND NUMBER
12. Tennessee	14b. Davidson	14c. Nashville	14d. Yes	14e. 1116 Chester Ave.

FATHER — NAME	MOTHER — MAIDEN NAME	INFORMANT — NAME	MAILING ADDRESS
15. Charles Seigenthaler	16. Christine Hines	17. Katherine Bullard,	1116 Chester Ave. Nashville, Tenn.

18. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE
(a) Arteriosclerosis, Generalized
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)

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) — AUTOPSY (Yes or No) 19a. No — IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (Specify)	DATE OF INJURY (Month, Day, Year)	HOUR	HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 18)
20a.	20b.	20c. M.	20d.

INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Specify)	LOCATION (Street or R.F.D. No., City or Town, State)
20e.	20f.	20g.

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 CAUSE(S) STATED.
SIGNATURE: [signature] DEGREE: MD — DATE SIGNED (Month, Day, Year) 21b.

MEDICAL EXAMINER — CERTIFICATION
ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.
SIGNATURE — TITLE — DATE SIGNED (Month, Day, Year) 22b.

CERTIFIER — NAME (Type or Print)	MAILING ADDRESS (Street or R.F.D. No.)	CITY OR TOWN	STATE	ZIP
23a.	23b.			

BURIAL, CREMATION, REMOVAL (Specify)	DATE (Month, Day, Year)	CEMETERY OR CREMATORY — NAME	LOCATION — CITY OR TOWN	STATE
24a. Burial	24b. Apr. 27, 1970	24c. Mt. Olivet	24d. Nashville,	Tennessee

FUNERAL HOME — NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 25a. Eastland Funeral Home, Nashville, Tenn. 37206
REGISTRAR — SIGNATURE: [signature] — DATE RECEIVED BY LOCAL REGISTRAR: 26b.

I hereby certify the above to be a true and correct copy of the original record on file in this Department. Valid Only when embossed seal of the Tennessee Department of Public Health and multi-color seal of State Registrar are affixed.

MAY 12 1970
[signature] STATE REGISTRAR

[signature]
Commissioner

RECORDER'S MEMO
Legibility of Writing, Typing or Printing Unsatisfactory When Received.
Document Unsatisfactory When Scanned.