SEND TAX BILLS TO: RUTH E. PAGE Map-Parcel No. 105-03-0
1241 1st Ave., S. FB No.: 15W 00885
Nashville, TN 37210

This Instrument Prepared By: Drake Holliday, Legal Services of Middle TN, Inc., 800 Stahlman Bldg., Nashville,TN 37201

STATE OF NEW JERSEY)
)
COUNTY OF _____)

RUSH

FELIX Z. WILSON II REGISTER
DAVIDSON COUNTY, TN
APR 2 11 24 AM '87

IDENTIFICATION REFERENCE

105 36

AFFIDAVIT OF HEIRSHIP

Margaret Moore, being first duly sworn according to law, makes oath as follows:

1. That she is familiar with the family history of Walter Esmond Wade and Maggie Nell Wade, both deceased, who were the owners of the following property:

> Certain real estate in Davidson County, Tennessee, as follows:
>
> Being Lot No. 26, on the Map of D.F. Wilkin's property which is of record in Book No. 421, Page No. 148, of the said Register's office of said county. Said Lot No. 26, fronts 50 feet on the westerly side of First Avenue South, formerly Maple Street, and runs back between parallel lines 183 1/2 feet to an alley.
>
> Being the same property conveyed to Walter Esmond Wade and wife, Maggie Nell Wade, of record in Book 1391, Page 324, Register's office for Davidson County, Tennessee.

2. That said Walter Esmond Wade died on August 20, 1968; that said Maggie Nell Wade died on April 5, 1982, copies of death certificates attached hereto; and that the piece of real property, at the time of deaths, was 1240 First Avenue South, Nashville, Tennessee, Davidson County.

3. Affiant further states that said decedents left surviving the following persons, as heirs or otherwise interested in the estate: Walter E. Wade, son; Margaret Moore, daughter; and Ruth E. Page, daughter.

4. Said decedents left no other children, or adopted children or descendants of deceased children or adopted children.

5. That the above party is over the age of twenty-one years.

6. Said decedents did not leave a will or any other testa-

mentary instrument.

FURTHER AFFIANT SAID NOT.

Margaret Moore
MARGARET MOORE

Sworn to and subscribed before me this 23rd day of February, 1987.

Glor Carroll
NOTARY PUBLIC

My Commission Expires: 10-20-90

JOR CARROLL
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires Oct. 20, 1990

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

Paula Taylor
STATE REGISTRAR

FEB 23, 1937

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 PUBLIC HEALTH
VITAL RECORDS

11094 08
19094 BIRTH NO.

82 010506 STATE FILE NO.

1. DECEASED—NAME: Maggie Nell Wade
2. DATE OF DEATH (MONTH, DAY, YEAR): APRIL 5, 1982
3a. AGE—LAST BIRTHDAY (YEARS): 74
3b. UNDER 1 YEAR: MOS / DYS
3c. UNDER 24 HOURS: HOURS / MIN
4. DATE OF BIRTH (MONTH, DAY, YEAR): June 3, 1907
5. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC (SPECIFY)): Black
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, BUSINESS, STREET, ETC.): Vanderbilt Hosp
7e. IF HOSP OR INST—DOA OR OPD: O.P.D.
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 (FOR WHOM SPECIFY): 210-34-5960
12b. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE):
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Domestic
13b. KIND OF BUSINESS OR INDUSTRY: Pvt. Home
14a. RESIDENCE—STATE: Tennessee
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: Nashville
14d. STREET AND NUMBER: 241 1st Ave. So
14e. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
14f. CENSUS TRACT NO.:
15. FATHER—NAME: John Rucker
16. MOTHER—MAIDEN NAME: Fannie Jasper
17. INFORMANT—NAME: Walter Wade
MAILING ADDRESS: #12 No Hill St
18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial
18b. DATE (MONTH, DAY, YEAR): 4-10-82
18c. CEMETERY OR CREMATORY—NAME: Mt Ararat
18d. LOCATION—CITY OR TOWN, STATE: Nashville, Tenn
19a. FUNERAL DIRECTOR (SIGNATURE):
19b. LICENSE NO: 2107
19c. EMBALMER (SIGNATURE):
19d. LICENSE NO: 2453
20a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R F D NO, CITY OR TOWN, STATE, ZIP): Wright's Fun. Home Nash, Tenn.
21. REGISTRAR—SIGNATURE: Esther D. Gross
21b. DATE RECEIVED BY LOCAL REGISTRAR: 4-15-82
22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, OR THE DATE, AND DUE TO THE CAUSE(S) STATED — 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: MD
23b. DATE SIGNED (MONTH, DAY, YEAR): 4-12-82
24a. CERTIFIER—NAME (TYPE OR PRINT): JOHN C. ASHHURST M.D
24b. MAILING ADDRESS (STREET OR R F D NO, CITY OR TOWN, STATE, ZIP): 4200 KINGS CT NASH TN 37216
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): Coronary Artery
DUE TO, OR AS A CONSEQUENCE OF (b): Hypertensive and Coronary Heart Disease — 4 1 1 9
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): AUTOPSY (YES OR NO) 26: 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:

STATE OF TENNESSEE
DEPARTMENT OF HEALTH AND ENVIRONMENT
CORDELL HULL BUILDING
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Paula Taylor
STATE REGISTRAR

FEB 23, 1937

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 PUBLIC HEALTH — DIVISION OF VITAL STATISTICS

FILE NO. 68-022985

BIRTH NO.

1. DECEASED — NAME (First / Middle / Last)	Walter / Easmond / Wade	2. DATE OF DEATH (Month, Day, Year)	8-20-68
3. RACE (White, Negro, American Indian, etc.)	Negro	4. SEX	M
5a. AGE — Last Birthday (Years)	63	5b. Under 1 Year — Months / Days	
5c. Under 1 Day — Hours / Min.		6. DATE OF BIRTH (Month, Day, Year)	3-20-1905
7a. COUNTY OF DEATH	Davidson	7b. CITY, TOWN, OR LOCATION OF DEATH	Nashville
7c. INSIDE CITY LIMITS (Specify Yes or No)	Yes	7d. HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number)	Venderbilt Hospital
8. STATE OF BIRTH (If not in U.S.A., name country)	Tenn	9. CITIZEN OF WHAT COUNTRY	U S A
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	Married	11. SURVIVING SPOUSE (If wife, give maiden name)	Maggie Wade
12. SOCIAL SECURITY NUMBER	[redacted]-6216	13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Labor
13b. KIND OF BUSINESS OR INDUSTRY			
14a. RESIDENCE — STATE	Tenn	14b. COUNTY	Davidson
14c. CITY, TOWN, OR LOCATION	Nashville	14d. INSIDE CITY LIMITS (Specify Yes or No)	Yes
14e. STREET AND NUMBER	1240 1st South		
15. FATHER — NAME	William Wade	16. MOTHER — MAIDEN NAME	Maggie White
17. INFORMANT — NAME	Maggie Wade	MAILING ADDRESS	1st Ave South

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)	Acute Myocardial Infarction	Short
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)

19a. AUTOPSY (Yes or No): No — 19b. If yes were findings considered in determining cause of death:

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (Specify)	20b. DATE OF INJURY (Month, Day, Year)	20c. HOUR	M.
20d. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 18)			
20e. INJURY AT WORK (Specify Yes or No)	20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Specify)	20g. LOCATION (Street or R.F.D. No., City or Town, State)	

21a. 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 — DEGREE — 21b. DATE SIGNED (Month, Day, Year)

22a. 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: T. E. Simpkins M.D. — TITLE — 22b. DATE SIGNED (Month, Day, Year): 8-20-68

23a. CERTIFIER — NAME (Type or Print)	T. E. SIMPKINS M.D.	23b. MAILING ADDRESS (Street or R.F.D. No.)	420 Dickerson Rd	City or Town: Nashville — State: — ZIP: 37207
24a. BURIAL, CREMATION, REMOVAL (Specify)	Burial	24b. DATE (Month, Day, Year)	8-24-68	
24c. CEMETERY OR CREMATORY — NAME	Mt Ararat	24d. LOCATION — City or Town	Nashville	State: Tenn

25. FUNERAL HOME — NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, ZIP) — LICENSE NO.