SEND TAX BILLS TO: RUTH E. PAGE
1241 1st Ave., S.
Nashville, TN 37210

Map-Parcel No. 105-03-0
FB No.: 15W 00885

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

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

RUSH

APR 2 11 25 AM '82
FELIX Z. WILSON II REGISTER
DAVIDSON COUNTY, TN

IDENTIFICATION REFERENCE

10538

AFFIDAVIT OF HEIRSHIP

Ruth E. Page, 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 wife 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 testamentary instrument.

FURTHER AFFIANT SAID NOT.

Ruth E Page
RUTH E. PAGE

Sworn to and subscribed before me this 27th day of Feb, 1987.

[illegible]
NOTARY PUBLIC
My Commission Expires: 8/13/90

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

Paula Taylor
STATE REGISTRAR

FEB 23, 1987

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

19094
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CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

82 010506
STATE FILE NO.

19094
BIRTH NO.

1. DECEASED—NAME: FIRST Maggie MIDDLE Nell LAST Wade
2. DATE OF DEATH (MONTH, DAY, YEAR): APRIL 5, 1982
3a. AGE—LAST BIRTHDAY (YRS): 74
3b. UNDER 1 YEAR: MOS.
3c. UNDER 1 DAY: HOURS / MIN
4. DATE OF BIRTH (MONTH, DAY, YEAR): June 3, 1907
5. RACE—WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY): Black
6. SEX: Female
7. 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, ETC.): Vanderbilt Hosp
7e. IF HOSP. OR INST., DID DECEDENT DIE ON OR BEFORE ADMISSION (SPECIFY): D.O.A.
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): 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: 1241-1st Ave. So
14e. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
14f. CENSUS TRACT NO.
15. FATHER—NAME: John Lucker
16. MOTHER—MAIDEN NAME: Fannie Jasper
17. INFORMANT—NAME: Walter Wade
17a. MAILING ADDRESS: #12 Natchez
18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial
18b. DATE (MONTH, DAY, YEAR): 4-10-82
18c. CEMETERY OR CREMATORY—NAME: Mt Olivet
18d. LOCATION—CITY OR TOWN, STATE: Nashville Tenn
19a. FUNERAL DIRECTOR (SIGNATURE): [signature]
19b. LICENSE NO.: 107
19c. EMBALMER (SIGNATURE): [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.
21a. 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, ON 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: [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).)
(a) IMMEDIATE CAUSE: Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH: days
(b) DUE TO, OR AS A CONSEQUENCE OF: Hypertensive and Coronary Heart Disease — 4 | 4 | 9
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST
(c) DUE TO, OR AS A CONSEQUENCE OF:
PART II. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a): AUTOPSY (YES OR NO): YES
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, 1987

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.

DECEASED — NAME (FIRST / MIDDLE / LAST)			DATE OF DEATH (MONTH, DAY, YEAR)
1. Walter	Easmond	Wade	2. 8-20-68

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. Negro	4. M	5a. 63	5b.	5c.	6. 3-20-1905

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. Nashville	7c. Yes	7d. Venderbilt 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. Tenn	9. U S A	10. Married	11. Maggie Wade

SOCIAL SECURITY NUMBER	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY
12. [redacted]-6216	13a. Labor	13b.

RESIDENCE — STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER
14a. Tenn	14b. Davidson	14c. Nashville	14d. Yes	14e. 1240 1st South

FATHER — NAME	MOTHER — MAIDEN NAME	INFORMANT — NAME	MAILING ADDRESS
15. William Wade	16. Maggie White	17. Maggie Wade	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: (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)

AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
19a. No	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	SIGNATURE	DEGREE	DATE SIGNED (MONTH, DAY, YEAR)
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. 21a.		/	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. 22a.	SIGNATURE T. E. Simpkins M.D.	TITLE	DATE SIGNED (MONTH, DAY, YEAR) 22b. 8-20-68

CERTIFIER — NAME (TYPE OR PRINT)	MAILING ADDRESS (STREET OR R.F.D. NO. / CITY OR TOWN / STATE / ZIP)
T. E. SIMPKINS M.D.	23a. 1120 Dickerson Rd Nashville 37207

BIAL, CREMATION, REMOVAL (SPECIFY)	DATE (MONTH, DAY, YEAR)	CEMETERY OR CREMATORY — NAME	LOCATION (CITY OR TOWN / STATE)
Burial	24b. 8-24-68	24c. Mt Ararat	24d. Nashville Tenn

NERAL HOME — NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	REGISTRAR'S SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR
W E Hamilton Funl Home 2405 Booker st	26. [illegible]	26b.