SEND TAX BILLS TO: Rutha L. Coffman
1406 Douglas Avenue
Nashville, TN 37206

Map-Parcel No. 72-14, 198
Field Book No. 28 25205

This Instrument Prepared By: DRAKE HOLLIDAY, Legal Services of Middle TN, Inc.
800 Stahlman Building., Nashville, TN 37201

STATE OF TENNESSEE §
§
COUNTY OF DAVIDSON §

AFFIDAVIT OF HEIRSHIP

PRIMUS MOOTRY, being first duly sworn according to law, makes oath as follows:

1. That he is the cousin of Rutha L. Coffman, and is familiar with the family history of Rutha L. Coffman and Eugene Oliver Coffman, Sr., who are owners of record of the following property:

Land in Davidson County, Tennessee, being the westerly part of Lot No. 33 and the easterly part of Lot 34, on the Plan of H.M. Doak's Subdivision, as of record in Book 332, page 22, Register's Office for said County, and described as follows:

Beginning on the southerly margin of Douglas Avenue, 6 feet 11 inches easterly from the corner of Lots 33 and 34; thence with the southerly margin of said Avenue, westerly 43 feet 7 inches to a point 13 feet 4 inches easterly from the northwest corner of Lot 34; thence southerly 174 feet to a point on the northerly margin of an alley 11 feet easterly from the southwest corner of Lot 34; thence with the northerly margin of said alley, easterly 44 1/2 feet to a point 5 1/2 feet easterly from the corner of Lots 33 and 34; thence northerly 174 feet to the beginning.

Being the same property conveyed to Rutha L. Coffman and Eugene Oliver Coffman, Sr. by deed from M.L. Randall and wife Shirley Randall, of record in Book 5040, page 761, said Register's Office.

2. That the said Eugene Oliver Coffman, Sr. died on November 27, 1978, as evidenced by a certified copy of the death certificate attached hereto; and that the piece of real property at the time of death was known as 1406 East Douglas Avenue, Nashville, Davidson County, Tennessee.

3. That the said Eugene Oliver Coffman, Sr. left surviving

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IDENTIFICATION REFERENCE

SEP 28 3 04 PM '87

DAVIDSON COUNTY, TN

one son named Eugene Oliver Coffman, Jr. as heir or otherwise interested in the estate.

4. That the said decedent left no other children or adopted children or descendents of adopted or deceased children.

5. That affiant is over the age of 21 years.

6. That said decedent left no will or any other testamentary instrument.

FURTHER AFFIANT SAITH NOT.

Primus Mootry

PRIMUS MOOTRY

SWORN TO and SUBSCRIBED before me this 4th day of September, 1987.

Notary Public

My Commission Expires: May 13, 1989

BOOK 7364 PAGE 575

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

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.

AUG 31, 1987

Paula Taylor
Paula Taylor
State Registrar

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B. 1

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

78 040314

BIRTH NO. _____ STATE FILE NO.

1. DECEASED—NAME (First, Middle, Last): EUGENE OLIVER COFFMAN				2. DATE OF DEATH (Month, Day, Year): November 27, 1978
3a. AGE—Last Birthday (Years): 34	3b. Under 1 Year: Mos. / Days	3c. Under 1 Day: Hours / Min.	4. DATE OF BIRTH (Month, Day, Year): June 3, 1944	5. RACE—White, Black, American Indian, Etc. (Specify): Negro
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.): 1406 E. Douglas Ave.	7e. If hosp. or inst., indicate DOA, OP/Emer. Rm., Inpatient (Specify): Home
8a. STATE OF BIRTH (If not in U.S.A., name country): Tennessee	8b. CITIZEN OF WHAT COUNTRY: USA	9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced	10. SURVIVING SPOUSE (If wife, give maiden name):	
11. SOCIAL SECURITY NUMBER (If none, specify): [redacted]0-0846	12a. SERVICE IN ARMED FORCES (Specify war or dates of service):	12b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	13a. KIND OF BUSINESS OR INDUSTRY:	13b.
14a. RESIDENCE—STATE: Tennessee	14b. COUNTY: Davidson	14c. CITY, TOWN, OR LOCATION: Nashville	14d. STREET AND NUMBER: 1406 E. Douglas	14e. INSIDE CITY LIMITS (Specify Yes or No): Yes
14f. CENSUS TRACT NO.: 117				
15. FATHER—NAME: Hogan Coffman	16. MOTHER—MAIDEN NAME: Ruth Terry	17. INFORMANT—NAME: Ruth Coffman	MAILING ADDRESS: SAME	
18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial	18b. DATE (Month, Day, Year): 12/4/78	18c. CEMETERY OR CREMATORY—NAME: NAtional	18d. LOCATION (City or Town, State): Madison, Tennessee	
19a. FUNERAL DIRECTOR (Signature)	19b. LICENSE NO.	19c. EMBALMER (Signature)	19d. LICENSE NO.	
20a. FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip): Patton Bros. 1306 So. St. Nashville Tn	21a. REGISTRAR—SIGNATURE: Esther D. Gross	21b. DATE RECEIVED BY LOCAL REGISTRAR: 1-17-79		
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: John C Ashhurst M D 3	TITLE	23b. DATE SIGNED (Month, Day, Year): 1-9-79		
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. Nashville, Tn. 37218			

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)	Intrathoracic Trauma and Hemorrhage	Min.
DUE TO, OR AS A CONSEQUENCE OF:		
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST (b)	Penetrating Gunshot Wound of Chest	
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)

History of Chronic Mental Illness

26. AUTOPSY (Yes or No): No

27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (Specify): SUICIDE	27b. DATE OF INJURY (Month, Day, Year): 11-27-78	27c. HOUR: 3:41 P.M.	27d. DESCRIBE HOW INJURY OCCURRED: Self Inflicted Shot Gun	
27e. INJURY AT WORK (Specify Yes or No): No	27f. PLACE OF INJURY (At home, farm, street, factory, office bldg. etc. (Specify)): HOME	27g. LOCATION (Street or R.F.D. No., City or Town, State): 1406 E. Douglas Av Nash Tn		