This instrument prepared by Robert F. Doyle, Atty., 301 Stahlman Bldg., Nashville, Tennessee. 37201

AFFIDAVIT OF HEIRSHIP

RE: Land in Davidson County, Tennessee, being Lots Nos. 26 and 28 of Block Y of the Hadley Bend City Subdivision of the Hulme Tract in the Fourth Civil District of Davidson County, Tennessee, as of record in Book 421, page 120, Register's Office for Davidson County, Tennessee, as previously owned by Lillard Kittrell and wife, Betty Winters Kittrell.

BOOK 7368 PAGE 852

STATE OF TENNESSEE

COUNTY OF DAVIDSON

Affiant, Gwendolyn Marshall, being duly sworn according to law, deposes and says:

(1) That Affiant is a grandchild of Lillard Kittrell aka Jenkins Lillard Kittrell and Betty Winters Kittrell aka Betty H. Kittrell, both deceased as of April 9, 1986 and July 3, 1987 respectively, and I am over 18 years of age.

(2) That Lillard Kittrell was married to Betty Winters Kittrell. That neither of them had been previously married, and from this marriage three children were born, namely, Lula Belle Kittrell Marshall, James Wesley Kittrell, Sr., and Lillard J. Kittrell, Jr., being the only children born of Lillard Kittrell and Betty Winters Kittrell.

(3) That Lillard J. Kittrell, Jr. died on October 22, 1976, a widower, without ever having any children, he died in Davidson County, Tennessee, intestate.

(4) That Lillard Kittrell and Betty Winters Kittrell never adopted any children during their lifetime.

(5) That when Lillard Kittrell died on April 9, 1986, he was married to Betty Winters Kittrell, and he did not leave a will.

(6) That Betty Winters Kittrell died on July 3, 1987, intestate, and she was a widow and single person on the date of her death and Lula Bell Kittrell Marshall and James Wesley Kittrell, Sr. were her only heirs at law under the laws of Descent and Distribution of the State of Tennessee.

(7) That on the 28th day of July 1987, James Wesley Kittrell, Sr., Lula Belle Marshall and husband, William Lee Marshall conveyed the above referenced realty to Gwendolyn Marshall by deed of record in Book 7312, page 125, Register's Office for Davidson County, Tennessee.

(8) Copies of Certificates of Death on Jenkins Lillard Kittrell, Betty Winters Kittrell, and Lillard J. Kittrell, Jr. are attached hereto and made a part hereof.

WITNESS my hand this the 1st Day of October, 1987.

Gwendolyn Marshall

GWENDOLYN MARSHALL

STATE OF TENNESSEE

COUNTY OF DAVIDSON

Personally appeared before me, Johnnie A. Andrews Luken a Notary Public in and for said County and State, the within named Gwendolyn Marshall, with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence), and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee, this 1st day of October, 1987.

Johnnie A Andrews Luken

NOTARY PUBLIC

My Commission Expires: 3/11/90

MEDICAL CERTIFICATE OF DEATH
MARION COUNTY HEALTH DEPARTMENT
222 EAST OHIO STREET
INDIANAPOLIS INDIANA 46204

BOOK 7368 PAGE 854

State No. 02443

1. DECEASED - NAME (First, Middle, Last): Jenkins L. Kittrell
2. SEX: Male
3. DATE OF DEATH (Month Day Year): Apr-9-86
4. RACE: Black
5a. AGE: 91
5b. UNDER 1 YEAR (Mos / Days)
5c. UNDER 1 DAY (Hours / Mins)
6. DATE OF BIRTH: April 1, 1895
7a. COUNTY OF DEATH: Marion
7b. CITY TOWN OR LOCATION OF DEATH: Indianapolis
7c. HOSPITAL OR OTHER INSTITUTION: Wishard Memorial Hospital
7d. IF HOSP OR INST: Inpatient
8. STATE OF BIRTH: Tennessee
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED NEVER MARRIED WIDOWED DIVORCED: Married
11. SURVIVING SPOUSE: Betty Winters
12. WAS DECEDENT EVER IN U.S. ARMED FORCES?: No
13. SOCIAL SECURITY NUMBER: [redacted]-8615
14a. USUAL OCCUPATION: Laborer
14b. KIND OF BUSINESS OR INDUSTRY: Hygrade Food Products Co.
15a. RESIDENCE - STATE: Indiana
15b. COUNTY: Marion
15c. CITY TOWN OR LOCATION: Indianapolis
15d. STREET AND NUMBER: 3912 North Graham Av
15e. IS RESIDENCE ON A FARM? YES ☐ NO ☒
15f. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
15g. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN CUBAN PUERTO RICAN ETC: YES ☐ NO ☒
16. FATHER - NAME (First, Middle, Last): Howard Kittrell
17. MOTHER - MAIDEN NAME (First, Middle, Last): Flora Unknown
18a. INFORMANT NAME (Type or print) RELATIONSHIP: James Kittrell - Son
18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip): 3912 North Graham, Indianapolis, Indiana
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
19b. CEMETERY OR CREMATORY - FUNERAL HOME: New Crown
19c. LOCATION (City or Town, State): Indianapolis, Indiana
20a. DATE (Month Day Year): April 14, 1986
20b. FUNERAL HOME - NAME AND ADDRESS (Street or R.F.D. No. City or Town, State, Zip): BOATRIGHT FUNERAL HOME, INDIANAPOLIS, INDIANA
21a. To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated. (Signature): S Sharp
21b. DATE SIGNED (Mo. Day Yr.): 4/9/86
21c. HOUR OF DEATH: 205 P.M.
21d. NAME OF ATTENDING PHYSICIAN (Type or Print): Scott M. Sharp, M.D. Scott Sharp
21e. MAILING ADDRESS - PHYSICIAN: 1001 W 10th INDPLS IN
22a. HEALTH OFFICER (Signature): Frank Johnson MD
22b. DATE RECEIVED BY LOCAL HEALTH OFFICER: APR 10 1986

CAUSE OF DEATH

PART I
(a) 7855 Septic shock — SEPTIC SHOCK
due to or as a consequence of
(b) 482x Pneumonia — PNEUMONIA
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)
1539 Colonic Adenocarcinoma. — COLONIC ADENOCARCINOMA
AUTOPSY? Yes or No: N

SBH 06-003 State Form 35430
REV. 10/77

NOT VALID UNLESS MACHINE NUMBERED AND SIGNED WITH MULTICOLOR RIBBON ON THE REVERSE SIDE

7058.3

IDENTIFICATION REFERENCE

OCT 1 3 29 PM '87

FELIX Z. WILSON II REGISTER
DAVIDSON COUNTY, TN

Metropolitan Government of Nashville and Davidson County

Richard H. Fulton, Mayor

ESTHER D. GROH, LOCAL REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY

JUL 17 1987

Esther D. Groh

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

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.

BOOK 7368 PAGE 855

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

8703083

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

BIRTH NO. _____ STATE FILE NO.

TYPE OR PRINT IN PERMANENT BLACK INK.

DECEASED

1. DECEASED—NAME: Betty H. Kittrell
2. DATE OF DEATH: 7-3-87
3a. AGE: 90
4. DATE OF BIRTH: 5-15-1897
5. RACE: Black
6. ORIGIN OR DESCENT: American
7. SEX: Female
7a. COUNTY OF DEATH: Davidson
7b. CITY, TOWN OR LOCATION: Madison
7c. INSIDE CITY LIMITS: Yes
7d. HOSPITAL OR OTHER INSTITUTION: Tenn. Christian M.C.
7e. Inpatient
8. STATE OF BIRTH: Tennessee
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Widowed
11. SURVIVING SPOUSE:
12. SOCIAL SECURITY NUMBER: [redacted]-8615
13. SERVICE IN ARMED FORCES:
13a. USUAL OCCUPATION: Housewife
13b. KIND OF BUSINESS OR INDUSTRY: Own Home

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

14a. RESIDENCE—STATE: Tennessee
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: Old Hickory
14d. STREET AND NUMBER: 4015 Cumberland Ave.
14e. INSIDE CITY LIMITS: Yes
14f. CENSUS TRACT NO:

PARENTS AND INFORMANT

15. FATHER—NAME: George Winters
16. MOTHER—MAIDEN NAME: Maria Davis
17. INFORMANT—NAME: Lula Belle Marshall 318 Hadley Blvd.

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

DISPOSITION

18a. BURIAL, CREMATION, REMOVAL, OTHER: Burial
18b. DATE: 7-7-87
18c. CEMETERY OR CREMATORY—NAME: Mt. Hopewell
18d. LOCATION: Old Hickory, Tennessee
19a. FUNERAL DIRECTOR: Noran H. Gunter
19b. LICENSE NO: 2212
19c. EMBALMER: Travis McInnes
19d. LICENSE NO: 3874
20. FUNERAL HOME—NAME AND ADDRESS: William Gunter & Sons, Nash. Tenn
21. REGISTRAR—SIGNATURE: Esther D. Groh
DATE RECEIVED BY LOCAL REGISTRAR: 7-13-87

7-7-87 interment [illegible] 1600

CERTIFIER

22a. PHYSICIAN—CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSES STATED: Gregory Witters M.D.
SIGNATURE: Gregory Witters M.D.
DEGREE:
22b. DATE SIGNED: 7-8-87
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 CAUSES STATED:
SIGNATURE:
TITLE:
23b. DATE SIGNED:
24a. CERTIFIER—NAME (TYPE OR PRINT): Gregory Witters, M. D.
24b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP):

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.

CAUSE

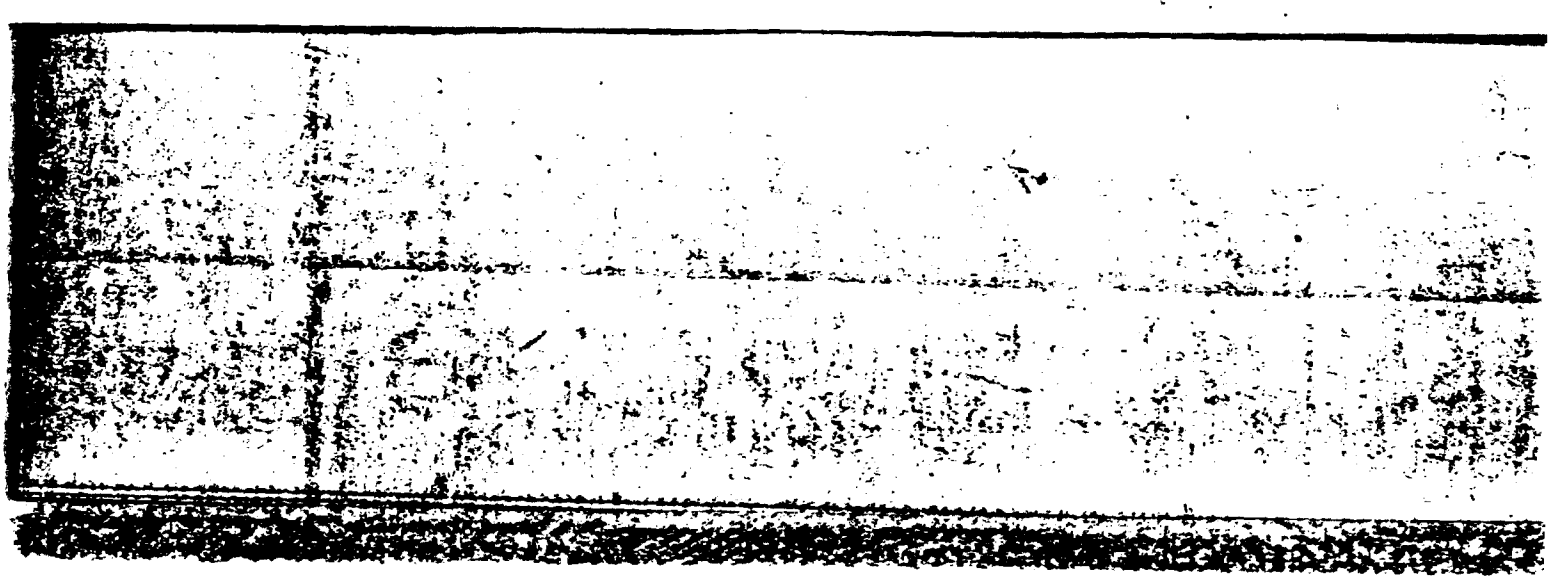
25. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
(a) IMMEDIATE CAUSE: Renal Failure
DUE TO, OR AS A CONSEQUENCE OF:
(b) Ruptured Aortic Aneurysm.
DUE TO, OR AS A CONSEQUENCE OF:
(c)
(d)
INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a): AUTOPSY (YES OR NO): 26.

27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):
27b. DATE OF INJURY:
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.):
27g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE):

PH-1650
Rev. 9/81 CRC

202-06-002



Metropolitan Government of Nashville and Davidson County

Richard H. Fulton, Mayor

J. M. BISTOWISH, M.D.
DIRECTOR OF HEALTH

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

BOOK 7368 PAGE 856

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH FILE NO.

VITAL RECORDS

A LEGAL PROPERLY LED. 4 N PERMA- LACK INK.

DECEASED

RESIDENCE E DECEASED IF DEATH KED IN TUTION, GIVE NCE BEFORE SSION.

UNISHAND DORMANT

BIRTH NO.

DECEASED — NAME: 1. LILLARD (First) J. (Middle) KITTRELL (Last)

2. DATE OF DEATH (Month, Day, Year): OCTOBER 22, 1976

3. RACE (White, Negro, American Indian, Etc. (Specify)): Black

4. SEX: Male

5a. AGE — LAST BIRTHDAY (Years): 56

5b. UNDER 1 YEAR — MOS.:

5b. UNDER 1 YEAR — DAYS:

5c. UNDER 1 DAY — HOURS:

5c. UNDER 1 DAY — MIN.:

6. DATE OF BIRTH (Month, Day, Year): February 24, 1920

7a. COUNTY OF DEATH: Davidson

7b. CITY, TOWN, OR LOCATION OF DEATH: Madison

7c. INSIDE CITY LIMITS (Specify Yes or No): Yes

7d. HOSPITAL OR OTHER INSTITUTION — NAME (If not in hospital, give street and number): Madison Hospital

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):

12. SOCIAL SECURITY NUMBER: [redacted] 0782

12a. TYPE OF SERVICE IN ARMED FORCES (Specify war or dates of service): WW II

13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Spinnoff Operator

13b. KIND OF BUSINESS OR INDUSTRY: DuPont

14a. RESIDENCE — STATE: Tennessee

14b. COUNTY: Davidson

14c. CITY, TOWN, OR LOCATION: Old Hickory

14d. INSIDE CITY LIMITS (Specify Yes or No): Yes

14e. STREET AND NUMBER: 4015 Cumberland Avenue

15. FATHER — NAME: Lillard Kittrell, Sr.

16. MOTHER — MAIDEN NAME: Betty Winters

17. INFORMANT — NAME: Betty Kittrell

MAILING ADDRESS: Same

18. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

IMMEDIATE CAUSE (a): Cardio Respiratory & Renal Failure

DUE TO, OR AS A CONSEQUENCE OF (b): Cerebrovascular Accident

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

DUE TO, OR AS A CONSEQUENCE OF (c): Ischemic Heart Disease - Bil. Pneumonia

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

CAUSE

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a): Possible Mesenteric Vascular Occlusion

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: [signature] TITLE:

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: TITLE:

22b. DATE SIGNED (Month, Day, Year):

23a. CERTIFIER — NAME (Type or Print): Inocentes A. Sator, M. D.

23b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 1903 Hadley Avenue, Old Hickory, Tennessee 37138

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE (Month, Day, Year): Oct. 28, 1976

24c. CEMETERY OR CREMATORY — NAME: National

24d. LOCATION (City or Town, State): Madison, Tennessee

FUNERAL HOME — NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip): W.Wm. Gunter & Sons, Nashville, Tennessee

24e. REGISTRAR — SIGNATURE: Estelle D. Grok

24f. DATE RECEIVED BY LOCAL REGISTRAR: 11-3-76

J. M. BISTOWISH, M.D., REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY

NOV 4 1976

J. M. Bistowish, M.D.

This is to certify that the above 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.

08-018 (11/74)

R MEDICAL TING CER- COMPLETE AL CERTIFI- 72 HOURS. ATURE CAN- TED.

CERTIFIER

TENDED BY THORIZED HERE.

PRIOR TO OF BODY ARRIER OR STATE.

BURIAL

O. 55.10