BOOK 7422 PAGE 734

THIS INSTRUMENT PREPARED BY:
WILLIAMS & SMITH, ATTORNEYS
P. O. BOX 3079
NASHVILLE, TN 37219

AFFIDAVIT OF JOHN F. CAWTHON

FILED & RECORDED
DAVIDSON COUNTY, TENN.
DEC 9 3 31 PM 1987

IDENTIFI REFERENCE

89290

STATE OF TENNESSEE

COUNTY OF DAVIDSON

JOHN F. CAWTHON, being first duly sworn according to law makes oath as follows:

1. I am the grandson of J. N. Cawthon and Margaret Cawthon.

2. During their lifetime, my grandfather, J. N. Cawthon and Margaret Cawthon owned as tenants by the entirety certain real property located at 3604 Meadowbrook Avenue, Nashville, Tennessee by virtue of a Warranty Deed of record in Book 644, Page 620, Register's Office of Davidson County, Tennessee.

3. My grandmother, Margaret Cawthon, died on March 7, 1947 predeceasing my grandfather, J. N. Cawthon, and vesting all interest in said real property in my grandfather as surviving tenant by the entirety.

4. My grandfather, J. N. Cawthon, also known as James Newbern Cawthon, died on March 26, 1965. A copy of his death certificate is attached hereto as Exhibit "A". My grandfather died intestate survived by four children. Those four children were: my father, George M. Cawthon, and my aunts Sarah Ellen Cawthon, Delia Marie Cawthon and Pauline Margaret Cawthon DeGraauw.

5. My father, George N. Cawthon, died testate on October 27, 1987. His Will was duly admitted to probate by the Probate Court of Davidson County, Tennessee and is of record in Will Book 161, Page 45, Probate Court Clerk's Office of Davidson County, Tennessee. In said Will my father vested all of his right, title and interest in said property in me as Trustee for his sisters, Sarah Ellen (Nellie) Cawthon and (Delia) Marie Cawthon subject to the remainder rights of his children. My

father's four children are: Sarah Cawthon Chisenhall, George M. Cawthon, Jr., James Hugh Cawthon and John F. Cawthon, the Affiant herein. My aunt, Delia Marie Cawthon, died intestate on August 10, 1987. A copy of her death certificate is attached hereto as Exhibit "B". Delia Marie Cawthon died without issue, spouse or parents surviving. My aunt, Sarah Ellen Cawthon, has never married and has no children. My father, George M. Cawthon, never used this real property as a principal place of abode.

6. My intestate succession, all right, title and interest in the real property located at 3604 Meadowbrook Avenue is vested in me as Trustee for my surviving aunt, Sarah Ellen (Nellie) Cawthon and in my aunt, Sarah Ellen (Nellie) Cawthon and Pauline Margaret Cawthon DeGraauw, subject to the remainder rights of Sarah Cawthon Chisenhall, George M. Cawthon, Jr., James Hugh Cawthon and John F. Cawthon, the Affiant herein. Sarah Ellen Cawthon and Nellie Cawthon are one and the same person.

7. There are no debts or taxes owing on the estates of any of the decedents in the chain of title.

8. Neither I nor any of my siblings have ever used this real property as a principal place of abode.

FURTHER AFFIATH SAITH NOT.

John F. Cawthon

JOHN F. CAWTHON

Sworn to and subscribed before me,
this 9 day of December, 1987.

Notary Public

My Commission Expires: 3/4/91

R. H. HUTCHESON, M. D.
COMMISSIONER OF PUBLIC HEALTH

STATE OF TENNESSEE
DEPARTMENT OF PUBLIC HEALTH
NASHVILLE 37219

PUBLIC HEALTH COUNCIL
OREN A. OLIVER, D.D.S., CHAIRMAN, NASHVILLE
J. KELLY AVERY, M.D., VICE-CHAIRMAN, UNION CITY
WILLIAM P. WINTER, PH. C., SECRETARY, NASHVILLE
T. R. RAY, M.D., SHELBYVILLE
LOUIS A. KILLEFFER, M.D., HARRIMAN
MRS. JONES ROSS, GERMANTOWN
MOORE MOORE, JR., M.D., MEMPHIS
JOHN W. ADAMS, JR., M.D., CHATTANOOGA
MORSE KOCHTITSKY, M.D., NASHVILLE

DEPARTMENT OF PUBLIC HEALTH **CERTIFICATE OF DEATH** DIVISION OF VITAL STATISTICS
STATE OF TENNESSEE

BOOK 7422 PAGE 736

BIRTH NO. _____ DEATH NO. _____

1. NAME (First / Middle / Last)	2. DATE OF DEATH (Month Day Year)
James Newbern Cawthon	March 26, 1965

3. COLOR OR RACE	4. SEX	5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY)	6. DATE OF BIRTH (Month Day Year)	7. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YR. MONTHS / DAYS	IF UNDER 24 HRS. HOURS / MINS.
W	M	Widower	10/20/1876	88		

8. PLACE OF DEATH	9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission)
A. COUNTY: Davidson — B. CIVIL DISTRICT:	A. STATE: Tenn. B. COUNTY: Davidson C. CIVIL DISTRICT:
C. CITY OR TOWN: Nashville — D. LENGTH OF STAY IN THIS PLACE:	D. CITY OR TOWN: Nashville — E. INSIDE CITY LIMITS? YES [XX] NO [ ]
E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address or Location): St. Thomas Hosp. — F. INSIDE CITY LIMITS? YES [X] NO [ ]	F. STREET ADDRESS (OR LOCATION): 3604 Meadowbrook Avenue — G. IS RESIDENCE ON A FARM? YES [ ] NO [X]

10A. USUAL OCCUPATION (Kind of Work Done During Most of Working Life, Even If Retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. SOCIAL SECURITY NUMBER	12. WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN / IF YES, GIVE WAR OR DATES OF SERVICE
retired cabinetmaker	self		

13. BIRTHPLACE (State or Foreign Country)	14. CITIZEN OF WHAT COUNTRY?	15. NAME OF HUSBAND OR WIFE
Tennessee	U.S.A.	Margaret Holloran

16. FATHER'S NAME	17. MOTHER'S MAIDEN NAME	18. INFORMANT ADDRESS
George Cawthon	Francis Cox	Mrs. Pierre DeGraauw

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — Enter only one cause per line for (A), (B), (C)

		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A)	Cardiac insufficiency	Several hours
Conditions, if any, which gave rise to above cause (A); stating the underlying cause last — DUE TO (B)	H. C. V. D.	several years
DUE TO (C)	Generalized arteriosclerosis	several years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (A): Carcinoma, adenocarcinoma of prostate treated — 20. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

21A. ACCIDENT / SUICIDE / HOMICIDE	21B. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 19)
[ ] [ ] [ ]	
21C. TIME OF INJURY: HOUR A.M. P.M. MO. DAY YR.	
21D. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21E. PLACE OF INJURY (In or about Home, Farm, Factory, Street, Office Building, etc.) — 21F. PLACE OF INJURY: CITY, TOWN OR RURAL / COUNTY / STATE

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE

SIGNATURE	MED. M.D. [ ] EXAM. [ ] D.O. [ ] OTHER (SPECIFY) [ ]	ADDRESS	DATE
[illegible]		2012 West End Ave	3-27-65

23A. BURIAL, CREMATION, REMOVAL (SPECIFY)	23B. DATE OF BURIAL, CREMATION, OR REMOVAL	23C. NAME OF CEMETERY OR CREMATOR	23D. LOCATION CITY, TOWN OR COUNTY / STATE
burial	March 26, 1965	Calvary	Nashville, Tennessee

24. FUNERAL DIRECTOR / ADDRESS	25. REGISTRATION DIST. NO.	26. DATE SIGNED BY LOCAL REG.	27. REGISTRAR'S SIGNATURE
Marshall-Donnelly-Combs, Nashville	2 [illegible]	4-1-65	[illegible]

I HEREBY CERTIFY THE ABOVE TO BE A TRUE AND CORRECT COPY OF THE ORIGINAL RECORD ON FILE IN THIS OFFICE. (NOT VALID UNLESS COUNTERSIGNED BY STATE REGISTRAR.)

[illegible]
COMMISSIONER

ISSUED APR -6 1965
[illegible]
STATE REGISTRAR

EXHIBIT "A"

Metropolitan Government of Nashville and Davidson County

Richard H. Fulton, Mayor

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

BOOK 7422 PAGE 737

ESTHER D. GRAU, M.D., REGISTRAR
METROPOLITAN HEALTH DEPARTMENT
NASHVILLE AND DAVIDSON COUNTY, TENNESSEE

AUG 27 1987

Esther D. Grau

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.

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

IS BECOMES A LEGAL CORD WHEN PROPERLY EXE- TED AND FILED.

3793

PE OR PRINT IN RMANENT BLACK INK.

BIRTH NO. _____ STATE FILE NO.

DECEASED

1. DECEASED—NAME (FIRST, MIDDLE, LAST): Delia Marie Cawthon
2. DATE OF DEATH (MONTH, DAY, YEAR): 8-10-1987
3a. AGE—LAST BIRTHDAY (YEARS): 81
3b. UNDER 1 YEAR — MOS. / DAYS
3c. UNDER 1 DAY — HOURS / MIN.
4. DATE OF BIRTH (MONTH, DAY, YEAR): 10-14-1905
5. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)): White
6. ORIGIN OR DESCENT—ITALIAN MEXICAN GERMAN ETC (SPECIFY): American
7. 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.): Southern Hills
7e. IF HOSP OR INST INDICATE DOA, OP/Emer. Rm., Inpatient (Specify): E.R.
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): Never Married
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME):
12a. SOCIAL SECURITY NUMBER (IF NONE, SPECIFY): [redacted]-2184
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): Retired
13b. KIND OF BUSINESS OR INDUSTRY: Nashville Electric Ser

USUAL RESIDENCE WHERE DE- ASED LIVED. IF DEATH OC- RRED IN INSTITUTION, GIVE SIDENCE BEFORE ADMIS- N.

14a. RESIDENCE—STATE: Tennessee
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: Nashville
14d. STREET AND NUMBER: 3604 Meadowbrook
14e. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
14f. CENSUS TRACT NO.:

PARENTS AND INFORMANT

15. FATHER—NAME: James N. Cawthon
16. MOTHER—MAIDEN NAME: Margaret Holloran
17. INFORMANT—NAME AND MAILING ADDRESS: Jack Cawthon, Brentwood, TN

RMIT REQUIRED PRIOR TO NSPORTATION OF BODY BY MMON CARRIER OR RE- VAL FROM STATE

DISPOSITION

18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial
18b. DATE (MONTH, DAY, YEAR): 8-12-1987
18c. CEMETERY OR CREMATORY—NAME: Calvary
18d. LOCATION—CITY OR TOWN, STATE: Nashville, TN
19a. FUNERAL DIRECTOR (SIGNATURE): John A Hutt
19b. LICENSE NO.: 3020
19c. EMBALMER (SIGNATURE): Paul Maxwell
19d. LICENSE NO.: 3988
20. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Marshall-Donnelly-Combs Funeral Home, Nashville, TN
21a. REGISTRAR—SIGNATURE: Mary Pentecost
21b. DATE ACCEPTED BY LOCAL REGISTRAR: 8-25-87

CERTIFIER

22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE, DEGREE: Douglas H. Gaither, M.D.
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:
23b. DATE SIGNED (MONTH, DAY, YEAR):

DEATH NOT ATTENDED BY YSICIAN. AUTHORIZED OF- CIAL SIGN HERE. ANY YSICIAN OR MEDICAL EX- INER EXECUTING CER- FICATE MUST COMPLETE D SIGN MEDICAL CER- FICATION WITHIN 48 URS. POWER OF GNATURE CANNOT BE LEGATED.

24a. CERTIFIER—NAME (TYPE OR PRINT): Douglas H. Gaither, M.D.
24b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Nashville, Tn.

CAUSE

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) Cardiopulmonary Arrest
DUE TO, OR AS A CONSEQUENCE OF:
(b) Probable Acute myocardial Infarction

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.

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

PH-1850
Rev. 9/81 CRC

202-06-002

EXHIBIT "B"