MAIL:
MRS. BURL FUQUA
4414 WESTLAWN DR.
NASHVILLE TN. 37209

BOOK 7518 PAGE 927

AFFIDAVIT

I, CONNIE O. FUQUA, after having been duly sworn, depose and state as follows, to wit:

(1) By DEED (deed or will) dated AUGUST 23, 1971 and recorded in Book 4531, page 290, of the Register's Office or County Clerk's Office of Davidson County, Tennessee, real estate was conveyed to me and my HUSBAND (wife or husband). The description for said property is duly included in said recorded instrument. The property is further identified as being Map and Parcel Number 103-8 PAR 72 on the official property maps for The Metropolitan Government of Nashville and Davidson County on this date.

5142 04/18 0101 03CHECK 6.00

(2) On Jan. 19, 1982 (date of death), my husband (wife or husband) Burl Fuqua (name of deceased) died. A certified copy of the death certificate is attached hereto.

(3) The real estate my spouse and I owned as tenants by the entirety has in no way been conveyed, assigned or transferred since the date of conveyance.

April 14, 1988
Date

Connie O. Fuqua
(Signature)

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Sworn to and subscribed before me this 14th day of April, 1988.

Kathleen M. Margrich
Notary Public

My Commission expires: Nov. 12, 1989

21953

IDENTIFICATION REFERENCE

Apr 18 8 42 AM '88

FELIX Z. WILSON JR. REGISTER
DAVIDSON COUNTY, TN

Metropolitan Government of Nashville and Davidson County

BOOK 7518 PAGE 928

Richard H. Fulton, Mayor

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

JAN 26 1982

J. M. Bistowish, M.D.

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.

CERTIFICATE OF DEATH

5069

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

8200201

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT BLACK INK.

BIRTH NO. _____ STATE FILE NO. _____

DECEASED

1. DECEASED—NAME: Burl Powell Ingna
2. DATE OF DEATH: 1-19-1982
3a. AGE—LAST BIRTHDAY: 70
4. DATE OF BIRTH: 7-19-1911
5. RACE: White
6. SEX: Male
7a. COUNTY OF DEATH: Davidson
7b. CITY, TOWN OR LOCATION: Nashville
7c. INSIDE CITY LIMITS: yes
7d. HOSPITAL OR OTHER INSTITUTION: St. Thomas Hospital
7e. inpatient
8. STATE OF BIRTH: TN
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married
11. SURVIVING SPOUSE: Connie O'Guin
12a. SOCIAL SECURITY NUMBER: [redacted]-6327
12b. SERVICE: WW II
12c. USUAL OCCUPATION: Barber
12d. KIND OF BUSINESS OR INDUSTRY: Self-employed
14a. RESIDENCE—STATE: TN
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: Nashville
14d. STREET AND NUMBER: 4414 Westlawn Dr.
14e. INSIDE CITY LIMITS: yes
14f. CENSUS TRACT NO.

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

PARENTS AND INFORMANT

15. FATHER—NAME: Luke Ingna
16. MOTHER—MAIDEN NAME: Agnes Reed
17. INFORMANT—NAME: Connie Ingna 4414 Westlawn Dr. Nashville, TN. 37209

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

DISPOSITION

18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial
18b. DATE: 1-21-1982
18c. CEMETERY OR CREMATORY—NAME: Harpeth Hills Cem.
LOCATION—CITY OR TOWN: Nashville
STATE: TN.
18d. FUNERAL DIRECTOR (SIGNATURE): Thomas E. Wood
18b. LICENSE NO.: 2189
EMBALMER (SIGNATURE): Robert W. Jones
18c. LICENSE NO.: 28-25
20. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Pettus-Owen & Wood, Inc. Nashville, TN
21. REGISTRAR—SIGNATURE: Esther D. Groff
DATE ACCEPTED BY LOCAL REGISTRAR: 1-26-82

CERTIFIER

22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE: Alan Cohen. DEGREE: MD
DATE SIGNED: 22b.
22a. 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:
DATE SIGNED: 22b.

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.

23a. CERTIFIER—NAME (TYPE OR PRINT): Alan Cohen, M. D.
MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Nashville, Tennessee

QUIT

25. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).
IMMEDIATE CAUSE (a): metastatic carcinoma of prostate
DUE TO, OR AS A CONSEQUENCE OF (b):
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST (c):
INTERVAL BETWEEN ONSET AND DEATH:

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

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 (E.G. HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)):
27g. LOCATION—STREET OR R.F.D. NO., CITY OR TOWN, STATE:

PHLH FORM NO. 55.10
REVISED 1 70 CRC

08-018 (4/80)