FROM: CHARLEY P. JONES

TO: DOROTHY IRENE JONES

AFFIDAVIT OF HEIRSHIP

Send Tax Bills To:	This Instrument Prepared By:	Map-Parcel No.
DOROTHY IRENE JONES 1026 Scovel Street Nashville, TN 37208	DAVID J. TARPLEY, Attorney 211 Union Street, Suite 800 Nashville, Tennessee 37201	81 - 6 242

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

BOMAR JONES and DOROTHY IRENE JONES, being first duly sworn according to law, make oath as follows:

1. That they are familiar with the family history of Charley P. Jones, deceased, who was the owner of the following property:

> Land in Davidson County, Tennessee, being the Westerly 25 feet of Lot No. 43 on the Plan of McGavock, Wetmore and Others' First Addition to Nashville, called the Town of McGavock, as of record in Book 21, page 23, Register's Office for said County. Said Westerly part of Lot No. 43 fronts 25 feet on the northerly side of Scovel Street and runs back between parallel lines 150 feet, more or less to an alley.
>
> Being the same property conveyed to Charley P. Jones by deed from R.O. Mallernee and wife, Julia L. Mallernee, and Jack J. Cohen and wife, Bessie D. Cohen, of record in Book 2282, Page 216, Registers Office for Davidson County, Tennessee.

2. That the said Charley P. Jones was lawfully married to DOROTHY IRENE JONES on March 2, 1957.

3. That the said Charley P. Jones died on January 5, 1989 (copy of death certificate attached hereto); that the residence and homestead at the time of death was 1026 Scovel Street, Nashville, Davidson County, Tennessee.

4. That the said Charley P. Jones had no children, or adopted children, or descendents of deceased or adopted children.

5. That the said Charley P. Jones left as his sole surviving heir his wife, Dorothy Irene Jones.

6. That the said Charley P. Jones did not leave a will or any other testamentary instrument.

7. That the affiants are over the age of twenty-one years.

Further affiants saith not.

IN WITNESS WHEREOF we have hereunto set our hands this 5 day of June, 1989.

Bomar Jones
BOMAR JONES

Dorothy Irene Jones
DOROTHY IRENE JONES

****

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, David J. Tarpley, a Notary Public in and for said county and state, the within named BOMAR JONES and DOROTHY IRENE JONES, with whom I am personally acquainted, or who proved to me on the basis of satisfactory evidence, and who acknowledged that they executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at Nashville, Tennessee, this 5th day of June, 1989.

David J. Tarpley
NOTARY PUBLIC

My Commission Expires: _____

40438

JUN 12 1 57 PM '89

4162 06/12 0101 03CHECK 9.00

Metropolitan Government of Nashville and Davidson County

Bill Boner, Mayor

BOOK 7862 PAGE 921

FREDIA S. WADLEY, M.D.
LOCAL REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY, TN

FEB 13 1989

Fredia S. Wadley, 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.

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK — 89004[illegible]

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Charley P. Jones
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): Jan. 5, 1989
4. SOCIAL SECURITY NUMBER: [redacted]-4007
5a. AGE – LAST BIRTHDAY (Years): 86
6. DATE OF BIRTH: Aug. 15, 1902
7. BIRTHPLACE (City and State or Foreign Country): Maury Co., TN.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ Yes 2 ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☒ DOA; OTHER 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Meharry-Hubbard Hosp.
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Dorothy I. Jones
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Maintenance
12b. KIND OF BUSINESS/INDUSTRY: State of TN
13a. RESIDENCE – STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN, OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1026 Scovel Street
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 ☒ Yes 2 ☐ No
13f. ZIP CODE: 37208
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – if yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes ☒ No
15. RACE – American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): Grade 8; College (1-4 or 5+):

NAME OF DECEDENT (For use by physician or institution)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Thomas Jones
18. MOTHER'S NAME (First, Middle, Maiden, Surname): Margaret Mayes

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Dorothy I. Jones
19b. RELATIONSHIP TO DECEASED: wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1026 Scovel St. Nashville, TN 37208

DISPOSITION

20a. METHOD OF DISPOSITION: 1 ☒ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Hills of Calvery
20c. LOCATION – City or Town, State: Nashville, TN.
21a. SIGNATURE OF FUNERAL DIRECTOR: K. Gardener
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2218
21c. SIGNATURE OF EMBALMER: Ford E. Okey
21d. LICENSE NUMBER OF EMBALMER: 1059
22a. NAME AND ADDRESS OF FUNERAL HOME: K. Gardener & Son, Inc 1511 Jefferson Nashville TN
22b. LICENSE NUMBER OF FUNERAL HOME: 389

REGISTRAR

23. REGISTRAR'S SIGNATURE: Mary C. Pentecost
24. DATE FILED (Month, Day, Year): Feb. 8, 1989

CERTIFIER

25a. PHYSICIAN – To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 ☐ SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER
25c. DATE SIGNED (Month, Day, Year)
26a. MEDICAL EXAMINER – On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 2 ☐ SIGNATURE AND TITLE OF MEDICAL EXAMINER: Gretel C. Harlan M.D.
26b. LICENSE NUMBER: 8872
26c. DATE SIGNED (Month, Day, Year): 2/6/89

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Gretel C. Harlan, M.D., 84 Hermitage Ave., Nashville, TN 37210-2110

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: b.
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Diabetes Mellitus

29a. WAS AN AUTOPSY PERFORMED? 1 ☐ Yes 2 ☒ No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ☐ Yes 2 ☐ No

30. MANNER OF DEATH: 1 ☒ Natural 2 ☐ Accident 3 ☐ Suicide 4 ☐ Homicide 5 ☐ Pending Investigation 6 ☐ Could not be Determined
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY: M
31c. INJURY AT WORK? 1 ☐ Yes 2 ☐ No
31d. DESCRIBE HOW INJURY OCCURRED
31e. PLACE OF INJURY – At home, farm, street, factory, office building, etc. (Specify)
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

BIRTH NO

202-06-002