VIII-SAll JRR/aw

Rush

This instrument prepared by: JOHN R. REYNOLDS (#2522)
Attorney at Law
216 Third Avenue, North
P. O. Box 2512
Nashville TN 37219-0512

JUN 29 3 08 PM '89

45521

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AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE

COUNTY OF DAVIDSON

Comes BRENDA T. CAMPBELL, who, after being first duly sworn, makes oath as follows:

1. That I am a citizen of Nashville, Davidson County, Tennessee, and reside at 1931 Valley Park Drive, Nashville, Tennessee 37216.

2. That I am the surviving daughter of Myrtle B. Morrow, deceased.

3. That Myrtle B. Morrow, being one and the same person as Erlene Burt Morrow, Social Security [redacted]-8233, died 15 April 1969, as evidenced by a certified Certificate of Death attached hereto as **EXHIBIT A**.

4. That the deceased, Myrtle B. Morrow, died without the benefit of a Last Will and Testament.

5. That the deceased, Myrtle B. Morrow, left the following heirs at law, to wit:

"The undersigned, Brenda T. Campbell."

6. That this Affidavit has been prepared and is being filed pursuant to Tennessee Code Annotated, Section 30-2-712 - Affidavit of Heirship.

0301 06/29 01:01 03CHECK 6.00

Further Deponent Saith Not.

Brenda T. Campbell
BRENDA T. CAMPBELL

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named BRENDA T. CAMPBELL, 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 29th day of June 1989.

Jr R. Rey
Notary Public

My commission expires 20 May 1992

NOTARY PUBLIC AT LARGE

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Metropolitan Government of Nashville and Davidson County

Bill Boner, Mayor

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

JUN 28 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.

[redacted]

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH — FILE NO.

DIVISION OF VITAL STATISTICS

-42-A-13
BECOMES A LEGAL ORD WHEN PROPERLY UTED AND FILED.

1741
OR PRINT IN PERMA- BLUE OR BLACK INK.

8721

BIRTH NO.

DECEASED — NAME: 1. Erlene Burt Porron

DATE OF DEATH (MONTH, DAY, YEAR): 2. April 15, 1969

RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. SPECIFY): 3. White

SEX: 4. Female

AGE — LAST BIRTHDAY (YRS.): 5a. 54

UNDER 1 YEAR — MONTHS: 5b.

UNDER 1 YEAR — DAYS: 5c.

DATE OF BIRTH (MONTH, DAY, YEAR): 6. April 3, 1915

COUNTY OF DEATH: 7a. Davidson

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

INSIDE CITY LIMITS (SPECIFY YES OR NO): 7c. Yes

HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): 7d. 1931 Valley Park Drive

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): 8. Tennessee

CITIZEN OF WHAT COUNTRY: 9. U.S.A.

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): 10. Widowed

SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): 11.

SOCIAL SECURITY NUMBER: [redacted]-8233

USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): 12a. Advertising

KIND OF BUSINESS OR INDUSTRY: 12b. Sanders Mfg Company

RESIDENCE — STATE: 13a. Tennessee

COUNTY: 13b. Davidson

CITY, TOWN OR LOCATION: 13c. Nashville

INSIDE CITY LIMITS (SPECIFY YES OR NO): 13d. Yes

STREET AND NUMBER: 13e. 1931 Valley Park Drive

FATHER'S AND INFORMANT

FATHER — NAME: 14. Howard Burt

MOTHER — MAIDEN NAME: 15. Della McPeak

INFORMANT — NAME: 17. Mrs Earl Campbell

MAILING ADDRESS: 1931 Valley Park Dr.

CAUSE

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

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

X183
199

(a) Papillary adenocarinoma of ovary with extensive metastasis — 5 months

DUE TO, OR AS A CONSEQUENCE OF:

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

(b)

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): 18a. No

IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH: 18b.

ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED (SPECIFY): 19a.

DATE OF INJURY (MONTH, DAY, YEAR): 19b.

HOUR: 19c.

HOW INJURY OCCURRED (GIVE NATURE OF INJURY IN PART I OR PART II, ITEM 18): 19d.

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE SIGN MEDICAL CERTIFICATION WITHIN 72 HOURS. USE OF SIGNATURE CAN BE REGISTERED.

DID INJURY OCCUR WHILE AT WORK (SPECIFY YES OR NO): 19e. No

PLACE OF INJURY AT HOME, FARM, STORE, FACTORY, ETC. (SPECIFY): 19f.

LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE): 19g.

CERTIFIER

304

DEATH NOT ATTENDED BY SICIAN, AUTHORIZED CIAL SIGN HERE.

IT REQUIRED PRIOR TO NSPORTATION OF BODY COMMON CARRIER OR OVAL FROM STATE.

PHYSICIAN OR MEDICAL EXAMINER — CERTIFICATION: I ATTENDED THE DECEASED AND SAW DECEASED AT THE PLACE, ON THE DATE, AND TO THE HOUR OF DEATH STATED, DUE TO THE CAUSES STATED. SIGNATURE: Charles Joe Hobby, MD — DATE SIGNED (MONTH, DAY, YEAR): 4/19/69

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 CAUSES STATED. SIGNATURE — TITLE — DATE SIGNED (MONTH, DAY, YEAR):

CERTIFIER — NAME (TYPE OR PRINT): MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP):

BURIAL

BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): 20a. Burial

DATE (MONTH, DAY, YEAR): 20b. Apr 17, 1969

CEMETERY OR CREMATORY — NAME: 20c. Woodlawn

LOCATION (CITY OR TOWN, STATE): 20d. Nashville, Tennessee

FUNERAL HOME — NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 20e. Hillcrest & Bailey Inc. Donelson, Tenn 37214

REGISTRAR — SIGNATURE: [signature]

DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): 20g. 4-21

REV. 1-69

[redacted]

EXHIBIT A

RECORDER'S MEMO: Legibility of Writing, Typing or Printing in This Document Unsatisfactory When Received.