AFFIDAVIT OF HEIRSHIP

Send Tax Bills To:	This Instrument Prepared By:	Map-Parcel No.
Lovie J. Gabriel 2606 Vance Ave. Nashville, TN 37208	Drake Holliday, Attorney 800 Stahlman Bldg. Nashville, TN 37201	81-6

mail

4152 07/11/88 01:01 03CHECK 6.00

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

BOOK 7886 PAGE 276

LOVIE JEAN GABRIEL, being first duly sworn according to law, makes oath as follows:

1. That she is familiar with the family history of Ruby M. Gabriel, deceased, who was the owner of the following property:

> Land in Davidson County, Tennessee, being Lot No. 1 on the Plan of Cumberland Gardens, Sec. 3, as of record in Book 2854, Page 146, said Register's Office, to which plan reference is herein made for a more complete description of metes and bounds.
>
> Being the same property conveyed to Ruby M. Gabriel by deed from Rufus W. Bronaugh and wife Mae Helen Bronaugh of record in Book 5309, Page 617, Register's Office for Davidson County, Tennessee.

2. That the said Ruby M. Gabriel was lawfully married to Alex Gabriel on July 25, 1968.

3. That the said Ruby M. Gabriel died on October 16, 1978 (copy of death certificate attached hereto); that the residence and homestead at the time of death was 2606 Vance Avenue, Nashville, Davidson County, Tennessee.

4. That the said Ruby M. Gabriel had no children, or adopted children, or descendents of deceased or adopted children.

5. That the said Ruby M. Gabriel left as her sole surviving heir her husband, Alex Gabriel.

6. That the said Ruby M. Gabriel did not leave a will or any other testamentary instrument.

7. That the affiant is over the age of twenty-one years.

FURTHER AFFIANT SAITH NOT.

IN WITNESS WHEREOF I have hereunto set my hand this 2 day of November 1988.

Lovie Jean Gabriel
LOVIE JEAN GABRIEL

****

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, DRAKE HOLLIDAY, a Notary Public in and for said county and state, the within named LOVIE JEAN GABRIEL, with whom I am personally acquainted, or who 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 and official seal at Nashville, Tennessee, this 2d day of November, 1988.

Drake Holliday
NOTARY PUBLIC

My commission expires: 5/13/90

48381

JUL 11 1 45 PM '88

Metropolitan Government of Nashville and Davidson County

Richard H. Fulton, Mayor

M. BISTOWISH, M.D.
DIRECTOR OF HEALTH

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-5313

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

BOOK 7886 PAGE 277

BIRTH NO. _____ STATE FILE NO. _____

1. DECEASED—NAME: Ruby Mae Gabriel
2. DATE OF DEATH: October 16, 1978
3a. AGE—LAST BIRTHDAY (YEARS): 67
3b. UNDER 1 YEAR: MONTHS / DAYS
3c. UNDER 1 DAY: HOURS / MINUTES
4. DATE OF BIRTH: September 15, 1911
5. RACE: Black
6. SEX: Female
7a. COUNTY OF DEATH: Davidson
7b. CITY, TOWN OR LOCATION: Nashville
7c. INSIDE CITY LIMITS: Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME: Hubbard Hospital
7e. IF HOSP. OR INST., GIVE STREET NO. OR OTHER LOCATION
8. STATE OF BIRTH: Tennessee
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married
11. SURVIVING SPOUSE: Alexander Gabriel
12a. SOCIAL SECURITY NUMBER: 402-22-3478
12b. SERVICE IN ARMED FORCES
13a. USUAL OCCUPATION: Nurse's Aide
13b. KIND OF BUSINESS OR INDUSTRY
14a. RESIDENCE—STATE: Tennessee
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: Nashville
14d. STREET AND NUMBER: 2606 Vance Ave.
14e. INSIDE CITY LIMITS: Yes
14f. CENSUS TRACT NO.: 137
15. FATHER—NAME: James Cross
16. MOTHER—MAIDEN NAME: Malinda Bradley
17. INFORMANT—NAME, MAILING ADDRESS: Nashville, Tennessee Alexander Gabriel 2606 Vance Ave
18a. BURIAL, CREMATION, REMOVAL, OTHER: Burial
18b. DATE: 10-20-1978
18c. CEMETERY OR CREMATORY—NAME: National Cem.
18d. LOCATION: Madison, Tennessee
19a. FUNERAL DIRECTOR: R. Lee W. Gunter
19b. LICENSE NO.: 1694
19c. EMBALMER: R. Lee W. Gunter
19d. LICENSE NO.: 3281
19e. FUNERAL HOME—NAME AND ADDRESS: 1711 Johnston Ave. Wm Gunter & Sons Nashville, Tn 37203
19f. REGISTRAR—SIGNATURE: Esther D. Gross
19g. DATE RECEIVED BY LOCAL REGISTRAR: 11-1-78
20a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSES STATED. SIGNATURE: H. J. François DEGREE: M.D.
20b. DATE SIGNED: 10/31/78
20c. 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:
20d. DATE SIGNED:
21. CERTIFIER—NAME (TYPE OR PRINT): H. J. François, M. D.
22a. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 1500 Buchanan St., Nashville, Tennessee 37208

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

(a) acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 7 7 7

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

(c)

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

PART II. OTHER SIGNIFICANT CONDITIONS. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (b)

24. AUTOPSY: No

25a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED: 25b. DATE OF INJURY: 25c. HOUR: 25d. DESCRIBE HOW INJURY OCCURRED:

26. INJURY AT WORK: 27. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC.: 27a. LOCATION

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

NOV 1 1978

J. M Bistowish, M.D

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

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.

e-018 (11/74)