REGINA GABRIEL SAMUELS and

AFFIDAVIT OF HEIRSHIP

BOOK 7886 PAGE 278

Send Tax Bills To:	This Instrument Prepared By:	Map-Parcel Nos.
Lovie Jean Gabriel 2606 Vance Ave. Nashville, TN 37208	Drake Holliday, Attorney 800 Stahlman Bldg. Nashville, TN 37201	81-6 25

Mail

4153 07/11 0101 03CHECK 9.00

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The affiants hereto, being first duly sworn according to law, make oath as follows:

1. That they are familiar with the family history of Alex Gabriel, deceased, who was the sole heir to 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 Registers Office, to which plan referen-e is herein made for a more complete description of metes and bounds.
>
> Being the same property vested in Alex Gabriel as the sole heir of his wife, Ruby M. Gabriel, as described in Affidavit of Heirship recorded at Book 7886, Page 276, Registers Office for Davidson County, Tennessee.

2. That the said Alex Gabriel was lawfully married to Lovie Jean Gabriel on March 22, 1980.

3. That the said Alex Gabriel died on November 17, 1987 (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 Alex Gabriel left surviving the following persons as heirs or otherwise interested in the estate:

> Lovie Jean Gabriel, Wife
> Bett i Gabriel Jefferson, Granddaughter
> Joann Gabriel Jordan, Granddaughter
> Mary Denise Johnson, Granddaughter
> Regina Gabriel Samuels, Granddaughter

5. That the above-named Bett Gabriel Jefferson, Joann Gabriel Jordan, Mary Denise Johnson, and Regina Gabriel Samuels are the daughters and lawful heirs of William Gabriel; that William Gabriel was the son of Alex Gabriel; and that the said William Gabriel died on August 16, 1977.

6. That the said Alex Gabriel left no living children or adopted children, or descendents of other deceased or adopted children, except those hereinabove described.

7. That the said Alex Gabriel left no will or other testamentary instrument.

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

FURTHER AFFIANTS SAITH NOT.

IN WITNESS WHEREOF we have hereunto set our hands on the dates below written:

Lovie Jean Gabriel — November 2 - 1988
LOVIE JEAN GABRIEL — Date

Bettie Baxter Jefferson — Nov-2-88
BETT GABRIEL JEFFERSON — Date

Jo Ann Jordan — Nov. Oct 2nd 88
JOANN GABRIEL JORDAN — Date

Mary Denise Johnson — Nov. 2, 1988
Mary Denise JOHNSON — Date

Regina Samuels — 11-2-88
REGINA GABRIEL SAMUELS — Date

48382

STATE OF TENNESSEE
Jul 11 1 46 PM '89

am personally acquainted, and who acknowledged that she executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at Nashville, Tennessee, this 2nd day of November, 1988.

NOTARY PUBLIC

My commission expires: 5/13/90

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STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

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Personally appeared before me, DRAKE HOLLIDAY, a Notary Public in and for said county and state, the within named BETTY GABRIEL JEFFERSON, the Bargainor, 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 official seal at Nashville, Tennessee, this 2nd day of November, 1988.

NOTARY PUBLIC

My commission expires: 5/13/90

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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 JOANN GABRIEL JORDAN, the Bargainor, 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 official seal at Nashville, Tennessee, this 2nd day of November, 1988.

NOTARY PUBLIC

My commission expires: 5/13/90

****

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 MARY DENISE JOHNSON, the Bargainor, 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 official seal at Nashville, Tennessee, this 2nd day of November 1988.

NOTARY PUBLIC

My commission expires: 5/13/90

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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 REGINA GABRIEL SAMUELS, the Bargainor, 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 official seal at Nashville, Tennessee, this 2nd day of November 1988.

NOTARY PUBLIC

My commission expires: 5/13/90

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Metropolitan Government of Nashville and Davidson County

Bill Boner, Mayor

ESTHER D. GROH, LOCAL REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY

NOV 24 1987

Esther D. Groh

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.

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3705328

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT BLACK INK.

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

BIRTH NO. _____ STATE FILE NO. _____

DECEASED

1. Deceased—Name: ALEX GABRIEL
2. Date of Death: November 17, 1987
3a. Age—Last Birthday (Years): 82
4. Date of Birth: 7-4-05
5. Race: Black
6. Origin or Descent: American
7. Sex: Male
7a. County of Death: Davidson
7b. City, Town or Location: Nashville
7c. Inside City Limits: Yes
7d. Hospital or Other Institution: VA Medical Center
7e. Inpatient
8. State of Birth: Tennessee
9. Citizen of What Country: USA
10. Married, Never Married, Widowed, Divorced: Married
11. Surviving Spouse: Lovie J. Kendrick
12a. Social Security Number: [redacted]-6861
12b. Service in Armed Forces: WW II
12c. Usual Occupation: Newspaper Printer
12d. Kind of Business or Industry: Newspaper Printing Co

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

13a. Residence—State: Tennessee
13b. County: Davidson
13c. City, Town, or Location: Nashville
13d. Street and Number: 2606 Vance Ave
13e. Inside City Limits
13f. Census Tract No.

PARENTS AND INFORMANT

14. Father—Name: Felix Gabriel
15. Mother—Maiden Name: Alice Roach
16. Informant—Name: VA Files
16a. Mailing Address: Nashville, TN

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

DISPOSITION

18a. Burial, Cremation, Removal, Other (Specify): Burial
18b. Date: 11-23-87
18c. Cemetery or Crematory—Name: National Cemetery
18d. Location: Madison, TN
19. Funeral Director (Signature)
19a. License No.
19b. Embalmer (Signature)
19c. License No.
20. Funeral Home—Name and Address: Johnson's House of Atena, Nashville, TN
21. Registrar—Signature: Mary Bentecost
21a. Date Received by Local Registrar: Nov 23 1987

CERTIFIER

22a. Physician—Certify that the death occurred at the place on the date and due to the cause(s) stated. Signature: Roger M. Des Prez, M.D. Degree: M.D.
22b. Date Signed
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
23b. Title
23c. Date Signed
24a. Certifier—Name and Type of Agent: Roger M. Des Prez, M.D.
24b. Mailing Address: 1310 24th Ave. So., Nashville, TN 37212-2637

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

CAUSE

25. Part I. Death was caused by (Enter only one cause per line for (a), (b), and (c).)
(a) Metastatic transitional cell of the bladder
Due to, or as a consequence of:
(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).
Hypercalemia secondary to tumor
26. Autopsy? NO
27a. Accident, Suicide, Homicide, or Undetermined: Specify
27b. Date of Injury
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

PH 1658
Rev 9/81

202-06-002

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