BOOK 23

AFFIDAVIT OF HEIRSHIP BOOK 8061 PAGE 53

(EXECUTED PURSUANT TO TCA - 30-2-712, ET SEQ.

FROM: CLAUDE E. LAWHORN, JR.

TO: SUE C. LAWHORN

RE: PERSONAL PROPERTY-INCLUDES CASH, BANK ACCOUNTS, LIFE INSURANCE, AUTOMOBILE, TRUCK AND FURNITURE

REAL PROPERTY - HOUSES AND LOTS LOCATED IN DAVIDSON COUNTY, TENNESSEE

1. Map 941, parcel 167, 1101 GLENVIEW DRIVE, Deed Book 4088, page 472, Lot No. 27, Plan Book 16, page 116.

2. Map 83-13, parcel 85, 316 SOUTH 11TH STREET, Deed Book 4945, page 395, Lot No. 11, Plan Book 2, page 43.

3. Map 72-10, parcel 239, 1307 MONETTA AVENUE, Deed Book 3644, page 67, 18th Civil District.

4. Map 61-14, parcel 142, 714 GILLOCK STREET, Deed Book 4377, page 848, Lot No. 139, Plan Book 894, page 640.

5. Map 61-14, parcel 122, 715 GILLOCK STREET, Deed Book 4377, page 842, N/S Gillock Street.

6. Map 72-6, parcel 151, 1007 THOMAS AVENUE, Deed Book 2020, page 511, Lot R, Plan Book 332, page 134,

7. Map 83-5, parcel 244, 911 NORTH 12TH STREET, Deed Book 5248, page 696, Lot 10, Plan Book 161, page 100.

8. Map 94-2, parcel 196, 1908 ELECTRIC AVENUE, Deed Book 6064, page 48, pt of Lots 92, 93, 94, Plan Book 161, page 8.

9. Map 94-1, parcel 7, 606 SOUTH 11TH STREET, APT. A, Deed Book 3534, page 333, Lot 39, Plan Book 1, page 57,

10. 606 SOUTH 11TH STREET, APT. B.

11. Map 94-1, parcel 59, 602 SOUTH 12TH STREET, Deed Book 3104, page 275, Lot 35, Plan Book 57, page 70.

12. Map 61-14, parcel 140 & 141, 716 GILLOCK STREET, Deed Book 4377, page 850, Lots 140 & 141, Plan Book 894, page 640.

13. Map 82-7, parcel 188, 333 HANCOCK STREET, Deed Book 4128, page 989, Lot 48, Plan Book 57, page 11.

14. Map 83-14, parcel 317, 1710 BOSCOBLE STREET, Deed Book 4518, page 834, Lot 53, Plan Book 57, page 130.

15. 1705 RIVERWOOD DRIVE, Deed Book 3343, page 103, Lot 3.

All properties were purchased and deeded as husband and wife, and Sue C. Lawhorn is now the owner of the entire fee simple title as the surviving tenant by the entireties.

Mrs. Sue C. Lawhorn requests the Davidson County Tax Assessor to not change the names as they presently appear on each assessment.

RECORDERS MEMO
LEGIBILITY OF WRITING, TYPING OR PRINTING
THIS DOCUMENT UNSATISFACTORY WHEN RECEIVED

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Affiants, being duly sworn according to law, deposes and says,

1. Claude E. Lawhorn, Jr., died testate in Davidson County, Tennessee. He was survived by his wife, Sue C. Lawhorn.

2. She acquired legal title to the houses and lots shown above in Nashville, Tennessee, by deed and as the surviving tenant by the entireties.

3. That the devisees and bequests under the last will and testament of Claude E. Lawhorn, Jr., deceased are to his wife, Sue C. Lawhorn.

4. The following Exhibits are attached and hereby incorporated by reference as if fully copied herein:
(a) Death Certificate of Claude E. Lawhorn, Jr., who died testate on September 24, 1989.
(b) Last Will and Testament of Claude E. Lawhorn, Jr.
(c) Copies of the paid funeral and burial bills.
(d) State of Tennessee, Department of Revenue non-taxable certificate.

5. That there are no unpaid debts nor taxes due upon the estate of the deceased.

6. That the estate of the decedent (described herein) passed as herein shown to Sue C. Lawhorn as it should have under the laws of descent and distribution in the Tennessee Code Annotated and by survivorship as joint tenants.

7. That one of the declared purposes of this instrument is to avoid the expenses of probate and a formal administration of the estates. The parties and affiants also join in the execution of this instrument for the purposes of stating that the above facts are true and for the purpose of inducing the issuance of title insurance, when requested, on the above-referenced properties.

FURTHER, the Affiant saith not.

WITNESS OUR HANDS this the 4 day of January, 1990, at office in said State and County.

Sue C Lawhorn
SUE C. LAWHORN

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Subscribed and sworn to before me, the undersigned Notary Public on the 4th day of January, 1990.

Lyn H. Coleman
NOTARY PUBLIC

My commission expires: 2-5-1992



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 Sue C. Lawhorn, the bargainor, 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 4 day of January, 1990.

Tom G. Coleman, Jr.
NOTARY PUBLIC

My commission expires: 5-2-1992.

Prepared By:
Tom G. Coleman, Jr., Attorney
Coleman Real Estate Closing Service, Inc.
9000 E. Church St. B-102
Brentwood, TN 37027

TOM G. COLE NOTARY PUBLIC AT LARGE STATE OF TENN.

Metropolitan Government of Nashville and Davidson County

Bill Boner, Mayor BOOK 8061 PAGE 56

FREDIA S. WADLEY, M.D.
LOCAL REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY, TN
OCT 2 1989
Fredia S. Wadley, M.D

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

(A)

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.

3904507

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last)	2. SEX	3. DATE OF DEATH (Month, Day, Year)
Claude Ellsworth Lawhorn, Jr.	M	September 24, 1989

4. SOCIAL SECURITY NUMBER (of Deceased)	5a. AGE – LAST BIRTHDAY (Years)	5b. UNDER 1 YEAR: Months	5c. UNDER 1 DAY: Hours / Minutes	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)
415-18-9232	66			8/13/23	Davidson Co., TN

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No

8a. PLACE OF DEATH (Check only one) — HOSPITAL: 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA — OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)

8b. FACILITY NAME (If not institution, give street and number)	8c. CITY, TOWN, OR LOCATION OF DEATH	8d. COUNTY OF DEATH
Parkview Medical Center	Nashville	Davidson

10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	12b. KIND OF BUSINESS/INDUSTRY
Married	Jennie Lawhorn	Mail Handler	U. S. Postal Service

13a. RESIDENCE – STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER OR RURAL LOCATION
Tennessee	Davidson	Nashville	1705 Riverwood Dr.

CENSUS TRACT

13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – If yes, specify Cuban, Mexican, Puerto Rican, etc.)	15. RACE – American Indian, Black, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed)	
				Elementary/Secondary (0-12)	College (1-4 or 5+)
1 [X] Yes 2 [ ] No	37216	Yes [ ] No [X] Specify, if yes	White	10	

PARENTS

17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden Surname)
Claude Ellsworth Lawhorn, Sr.	Vera Barbara Durham

INFORMANT

19a. INFORMANT'S NAME (Type/Print)	19b. RELATIONSHIP TO DECEASED	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
Sue Lawhorn	Wife	1705 Riverwood Dr., Nashville, TN 37216

DISPOSITION

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION – City or Town, State
1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)	Spring Hill Cemetery	Nashville, TN

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER OF FUNERAL DIRECTOR	21c. SIGNATURE OF EMBALMER	21d. LICENSE NUMBER OF EMBALMER
▶ Robb Robinson	346	▶ Jeff Croy	3867

22a. NAME AND ADDRESS OF FUNERAL HOME	22b. LICENSE NUMBER OF FUNERAL HOME
Phillips-Robinson Co., 2707 Gallatin Rd., Nashville, TN 37216	331

REGISTRAR

23. REGISTRAR'S SIGNATURE	24. DATE FILED (Month, Day, Year)
▶ Marsha H. Jones	October 2, 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 [X] SIGNATURE AND TITLE OF PHYSICIAN	25b. LICENSE NUMBER	25c. DATE SIGNED (Month, Day, Year)
▶ Michael T. Santini	#12162 TN	9/27/89

26a. MEDICAL EXAMINER – On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated.

2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER	26b. LICENSE NUMBER	26c. DATE SIGNED (Month, Day, Year)
▶		

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)
Dr. Michael Santi 356 24th Ave., North, Nashville, TN 37203

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. Use only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	Cardiopulmonary Arrest	
DUE TO (OR AS A CONSEQUENCE OF): b.	Hepatic failure	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST — DUE TO (OR AS A CONSEQUENCE OF): c.	Metastatic Carcinoma of Colon	
d.		

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

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

30. MANNER OF DEATH	31a. DATE OF INJURY (Month, Day, Year)	31b. TIME OF INJURY	31c. INJURY AT WORK?	31d. DESCRIBE HOW INJURY OCCURRED
1 [ ] Natural 5 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide		M	1 [ ] Yes 2 [ ] No	

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)

NAME OF DECEDENT: For use by Physician or Institution

SEE INSTRUCTIONS ON OTHER SIDE

PH-1058 REV. 1/89

BIRTH NO. _____

202-06-002

BOOK 8061 PAGE 57

(B)

Last Will and Testament

OF

CLAUDE E. LAWHORN, JR.

I, CLAUDE E. LAWHORN, JR., Nashville, Tennessee, being of sound mind and disposing memory, realizing the uncertainty of this life, do hereby make, publish and declare this to be my Last Will and Testament, hereby revoking all former Wills or Codicils to Wills heretofore made by me.

ARTICLE I.

EXECUTOR AND TRUSTEE

Section 1. I hereby nominate and appoint my wife, Sue C. Lawhorn, as Executrix of this, my Last Will and Testament.

Section 2. In the event Sue C. Lawhorn is deceased or is unable or declines to serve as Executrix, or resigns or becomes incapacitated or dies after qualifying and assuming the duties of Executrix, Larry Edwin Lawhorn or his substitute, Malcolm R. Clayborne will be vested with all the powers and charged with all the duties and responsibilities herein contained and conferred upon Sue C. Lawhorn, as Executrix.

Section 3. I direct that any Executor or Trustee appointed hereunder, whether original or successor, be permitted to qualify and serve without giving bond in this or any jurisdiction. Any reference herein to "Executor" or "Trustee" shall be construed in the appropriate number and gender.

ARTICLE II.

I direct that all debts that shall be legally owing by me, my funeral expenses, and the expenses of administration of my estate be paid by my Executrix as soon as practicable, except

Claude E Lawhorn Jr.
TESTATOR

that as to any debt secured by real estate, whether by mortgage or any other security instrument, my Executrix may pay such debt or permit such real estate to pass subject to such debt. I further direct my Executrix to pay all inheritance and estate taxes that shall be imposed by reason of my death, including such taxes on proceeds of insurance on my life.

ARTICLE III.

DISTRIBUTION OF ALL PROPERTY

Section 1. I give, devise and bequeath to Sue C. Lawhorn, all my property, real, personal and mixed, wheresoever situated. In the event Sue C. Lawhorn predeceases me or that we die in a common disaster or in a situation where it is impossible to determine who predeceases the other or within sixty (60) days of each other, then I direct that all my property, real, personal, and mixed, wheresoever located, go to my son, Larry Edwin Lawhorn, per stirpes, except the house and lot at 1705 Riverwood Drive, Nashville, Tennessee to go to my grandson, Charles Edwin Lawhorn, when he reaches "twenty-one" (21) years of age. That until then, Larry Edwin Lawhorn and/or his substitute, Malcolm R. Clayborne will serve as Trustee with power to manage and maintain house and its rents, accounting for same to my grandson, except should my grandson, Charles Edwin Lawhorn, desire to live there, he may do so prior to his reaching "twenty-one" (21) years of age.

IN WITNESS WHEREOF, I have executed this, my Last Will and Testament on the 25 day of August, 1980.

Claude E. Lawhorn Jr.
TESTATOR

SIGNED by the said CLAUDE E. LAWHORN, JR., as for his Last Will and Testament in the presence of us, the undersigned, who at his request and in his presence and in the presence of each

Claude E. Lawhorn Jr.
TESTATOR

Last Will and Testament of CLAUDE E. LAWHORN, JR.

other have subscribed our names hereto as attesting witnesses on the day and date above written.

Carlton Lewis
Witness

1702 Parkway Towers
Address

Claire Lyn Cagle
Witness

1708 Second Floor Ave
Address

Prepared By:

Tom G. Coleman, Jr.
Attorney at Law
1702 Parkway Towers
Nashville, TN 37219

PAGE THREE OF THREE PAGES.

Claude E Lawhorn Jr
TESTATOR

A F F I D A V I T

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

Carlton Lewis and Claire L Cyr,

pursuant to Chapter 568 of the Public Acts of 1972 of the General Assembly of the State of Tennessee, after first being duly sworn or affirmed made oath that the foregoing Last Will and Testament of CLAUDE E. LAWHORN, JR. was signed by CLAUDE E. LAWHORN, JR. as and for his Last Will and Testament, at the time acknowledged, published and declared by him to be his Last Will and Testament, in the sight and presence of us, the undersigned, and who at his request and in his sight and presence, and in the sight and presence of each other, subscribed our names as attesting witnesses on the 25th day of August, 1980, and we do further make oath or affirm that the Testator was of sound mind and disposing memory and more than eighteen (18) years of age, and that each of the attesting witnesses was more than eighteen (18) years of age.

Carlton Lewis

Claire Lyn Cyr

Sworn to and subscribed before me,
this 25th day of August, 19__.

Jim D. Coleman Jr.
NOTARY PUBLIC

My commission expires: July 21, 1984

(c)

ORIGINAL 4102 ABC Acct. No.

Received from Mrs. C. E. Lawhorn

Forty five hundred + fifty nine dollars .36/100 Dollars

For FUNERAL SERVICE Rendered Claude Ellsworth Lawhorn, Jr.
NAME OF DECEASED

- ☐ Cash
- ☑ Check # 213
- ☐ Social Security
- ☐ V A Benefit
- ☐ Insurance

PHILLIPS-ROBINSON CO.

9/28 1989 By Ann Cantarutti
Thank You

LAST BAL.	$ 4,559.36
Int. Svs. Chg., Late Payment	
Sub - Tot.	
Credits	
Less P'ymt	
NEW BAL.	$ -0-

723

BOOK 8061 PAGE 62

This Contract is Subject to the Approval of HUNT MEMORIALS, INC., Nashville, Tenn. TELEPHONE 228-[illegible]03

MA

Made at NASHVILLE TN. the 1 day of OCT 19 89 between HUNT MEMORIALS, INC. and MRS. CLAUDE E. LAWHORN, JR. of 1705 RIVERWOOD DR. CITY

Witnesseth, That the said HUNT MEMORIALS, INC. agrees to furnish and erect complete in SPRING HILL CEMETERY

Floral carving one side ☐ or both ☒ Family name one side ☐ or both ☒

Design No.

Letter Style S-B LITH.

Material MAHOGANY GRAN.

Size of Die

Finish of Die

Size of Base

Finish of Base

Marker Design No. C-897

Marker Size 4-0 X 1-2 X 0-4

MONUMENT LETTERED AS DESCRIBED IN THIS CONTRACT. FUTURE LETTERING NOT INCLUDED.

Family Name Panel

Inscription Panel

Inscription Panel

SC BR. VASE

Lettering for Single Monuments and Markers

CLAUDE E., JR. (✓) SUE C.
AUG. 13, 1923 NOV. 7, 1924
SEPT. 24, 1989
LAWHORN

Place at head of grave ☒ or Foot ☐

Face inscription toward Grave ☒ or away ☐

Cost of Monument $	
Cost of Marker $	750.00
Cost of Foundation $	86.28
Total Cost of Mdse. $	836.28
Sales Tax $	64.81
Memorial Care $	86.28
Grand Total $	$987.37

PAID IN FULL

and in consideration the said ..... agrees to pay to the order of HUNT MEMORIALS, INC. the sum of $..... as follows: Deposit $987.37 Balance upon completion of work.

The party signing this order agrees that in case of his or her inability to pay the stipulated amount as agreed, the said HUNT MEMORIALS, INC., may, if they so elect, take the work from the cemetery or premises of the party signing this contract, he or she relinquishing all claims to said work or to any money he or she may have paid previous to such time.

It is further agreed by the parties of this contract that in the event this contract is placed in the hands of an attorney, or collection agency for collection, that the maker of this note, that is the purchaser of the above monument, agrees to pay a reasonable attorney fee, together with all costs of the suit. THIS ORDER NOT SUBJECT TO COUNTERMAND.

HUNT MEMORIALS, INC.

Purchaser Sign Here Claude C Lawhorn Salesman .....

Where Employed .....

BOOK 8061 PAGE 63

(e)

SPRING HILL CEMETERY CO.
5110 Gallatin Road
NASHVILLE, TENN.

No 012523

Sept. 25 1985

RECEIVED OF Sue Lawhorn

Three Hundred Fifty + 00/100 Dollars

For opening & closing chg

Amount Paid $ 350.00

Balance Due $ C.K. #211

Address

SPRING HILL CEMETERY CO.

By

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

TENNESSEE DEPARTMENT OF REVENUE

NON-TAXABLE CERTIFICATE

NT 13307

(D)

BOOK 8061 **PAGE** 64

MRS. SUE C. LAWHORN
ESTATE REPRESENTATIVE

ACCT. NO. 90-01617

Estate of:
LAWHORN, CLAUDE ELLSWORTH JR.
DAVIDSON (19)
09/24/89

To MR. TOM G. COLEMAN
ATTORNEY AT LAW
9000 BUILDING B
BRENTWOOD, TN 37027

THIS IS TO CERTIFY that a sworn Return for Inheritance Tax has been filed with this Department by the duly qualified representative of the above named Estate; that investigation has been made of the values placed upon all forms of property set out in the Schedules filed with said Return and found to be correctly appraised, and that, after allowing all lawful debts and other deductions and the statutory exemption applicable thereto, it was ascertained that said Estate was not subject to tax, hence no assessment was made thereon.

As provided in Section 67-8-420, Tennessee Code, this certificate shall be authority for the Probate Court of the County wherein said Estate was administered to permit a final settlement or accounting by the aforesaid representative.

0854 03/09 0101 03CHECK 36.00

This, the 20th **day of** February, **19** 90.

09465

IDENTIF. REFERENCE

MAR 9 9 15 AM '90

DAVIDSON COUNTY TN.

COMMISSIONER OF REVENUE

By _____
Director of Miscellaneous Tax Division

RV-0194 (REV. 5-88)

06-002-0909