Prepared Mai F. Burns
4. 2037 McKinley
Nashville, Tenn.
37207

AFFIDAVIT

I, Mai F. Burns, after having been duly sworn, depose and state as follows, to wit:

BOOK 8067 PAGE 856

(1) By deed (deed or will) dated 4-1-29 and recorded in Book 0766, page 563, of the Register's Office or County Clerk's Office of Davidson County, Tennessee, real estate was conveyed to me and my Father (wife or husband). The description for said property is duly included in said recorded instrument. The property is further identified as being Map and Parcel Number 070-8-092 on the official property maps for The Metropolitan Government of Nashville and Davidson County on this date.

(2) On 11/7/59 (date of death), my W. L. Jarrett (wife or husband) _____ (name of deceased) died. A certified copy of the death certificate is attached hereto.

(3) The real estate my spouse and I owned as tenants by the entirety has in no way been conveyed, assigned or transferred since the date of conveyance.

March 19 1990
Date

Mai F. Burns
(Signature)

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Sworn to and subscribed before me this 19th day of March, 1990

Joan B. Wallace
Notary Public

My Commission expires: [illegible]

[illegible] OR PRINTING ON THIS DOCUMENT UNSATISFACTORY, MAY BE REJECTED

BOOK 8067 PAGE 857

STATE OF TENNESSEE
DEPARTMENT OF HEALTH AND ENVIRONMENT
CORDELL HULL BUILDING
NASHVILLE, TENNESSEE 37219-5402

I hereby certify the below to be a true and correct copy of the official document on file in this department. Valid ONLY when embossed seal of the Tennessee Department of Health and Environment and red imprinted signature of the State Registrar are affixed.

Paula Taylor

Paula Taylor
State Registrar

STATE REGISTRAR

1900
1C
1900
BIRTH NO.

DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH
STATE OF TENNESSEE

DIVISION OF VITAL STATISTICS

DEATH NO. 59-21293

1. NAME: M (FIRST) I (MIDDLE) Jarrett (LAST)
2. DATE OF DEATH: November (MONTH) 7 (DAY) 1959 (YEAR)

3. COLOR OR RACE	4. SEX	5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY)	6. DATE OF BIRTH (MONTH DAY YEAR)	7. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YR. MONTHS	DAYS	IF UNDER 24 HRS. HOURS	MINS.
Color	Male	Widowed	12-7-1887	71	11			

PLACE OF DEATH
A. COUNTY: Davidson
B. CIVIL DISTRICT: 12
C. CITY OR TOWN: Nashville
D. LENGTH OF STAY IN THIS PLACE:
E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address or Location): 800 W. Trinity Lane
F. INSIDE CITY LIMITS? YES ☐ NO ☒

9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission.)
A. STATE: Tenn. B. COUNTY: Davidson C. CIVIL DISTRICT: 12
D. CITY OR TOWN: Nashville
E. INSIDE CITY LIMITS? YES ☐ NO ☒
F. STREET ADDRESS (OR LOCATION): 800 W. Trinity Lane
G. IS RESIDENCE ON A FARM? YES ☐ NO ☒

10a. USUAL OCCUPATION (Kind of Work Done During Most of Working Life. Do Not Use Retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. SOCIAL SECURITY NUMBER	12. WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN	IF YES, GIVE WAR OR DATES OF SERVICE
Unemployed				

13. BIRTHPLACE (State or Foreign Country)	14. CITIZEN OF WHAT COUNTRY?	15. NAME OF HUSBAND OR WIFE
Rutherford County	U. S. A.	

16. FATHER'S NAME	17. MOTHER'S MAIDEN NAME	18. INFORMANT	ADDRESS
Richard Jarrett	Mary Ann Morton	Mrs. Adell Turrentine	Fosterville, Tenn

MEDICAL CERTIFICATION

19. CAUSE OF DEATH
Enter only one cause per line for (A), (B), (C)

		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A)	Cerebral Thrombosis	17 ?
DUE TO (B)	Arteriosclerosis	? ? ?
DUE TO (C)	Carcinoma of prostate	—

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (A)

20. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
21a. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 19)
HOUR A.M. P.M. MO. DAY YR.
INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
REC'D BY STATE A. 25 '59
21e. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office Building, etc.)
21f. PLACE OF INJURY — CITY, TOWN OR RURAL — COUNTY — STATE

I CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE
Carl Elmer Cockrill M.D. ☒ D.O. ☐ OTHER (SPECIFY)
ADDRESS 800 W. Trinity Ln. Nashville 12, Tenn.
DATE 7 Nov 59

23. CREMATION	23b. DATE OF BURIAL, CREMATION, OR REMOVAL	23c. NAME OF Cemetery or Crematory	23d. LOCATION CITY, TOWN OR COUNTY STATE
	11-11-59	Greenwood Cemetery	Davidson Co, Tennessee

24. FUNERAL DIRECTOR ADDRESS	25. REGISTRATION DIST. NO.	26. DATE SIGNED BY LOCAL REG.	27. REGISTRAR'S SIGNATURE
General Home-2214 White Creek	191	11-17-59	Lee Eagle

RECORDER'S MEMO
Illegibility of Writing, Date of Printing or Typing
Document Unsatisfactory When Received

I 1 9 8 4

IDENTIF. REFERENCE

MAR 19 4 07 PM '90

DAVIDSON COUNTY TN.

RUSH

3836 03/19 0101 01CASH 6.00

BOOK 8067 PAGE 858