FROM:

JOHN L. PALMER, SR., and wife,
REBECCA PALMER

TO:

JOHN L. PALMER, JR.
MORRIS PALMER
LOVIE PALMER NEAL and
NANCY PALMER

AFFIDAVIT OF HEIRSHIP

Send Tax Bills To:	This Instrument Prepared By:	Map-Parcel No.
LOVIE P. NEAL 1217 First Avenue So. Nashville, TN 37210	DAVID J. TARPLEY, Attorney 211 Union Street, Suite 800 Nashville, Tennessee 37201	105-3 299

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

JOHN L. PALMER, JR., MORRIS PALMER, and LOVIE PALMER NEAL, being first duly sworn according to law, make oath as follows:

1. That they are familiar with the family history of John L. Palmer, Sr. and wife Rebecca Palmer, both deceased, who were the owners, as tenants by the entireties, of the following property:

Land in Davidson County, Tennessee, described as follows to wit:

> Being the southerly 33 feet of the northerly 35 feet of Lot No. 19 on the plan of John Trimble's First Addition to South Nashville, as of record in Book No. 19, Page 220, Register's Office of said County.
>
> Said part of Lot No. 19 fronts 33 feet on the westerly side of First Avenue South, formerly Maple Street, and runs back between parallel lines 183 1/2 feet to an alley.
>
> Being the same property conveyed to John L. Palmer, Sr. and wife, Rebecca Palmer by deed from Mattie Allen, Cora Perkins, and Dr. James M. Tyus, of record in Book 1537, page 141, Register's Office for Davidson County, Tennessee.

2. That the said John L. Palmer, Sr. died on August 25, 1950, and the said Rebecca Palmer died on March 13, 1976 (copies of death certificates attached hereto); that the residence and homestead at the times of death was 1217 First Avenue South, Nashville, Davidson County, Tennessee.

3. That the said decedents left surviving the following persons as heirs or otherwise interested in the estate: JOHN L. PALMER, JR., son; MORRIS PALMER, son; LOVIE PALMER NEAL, daughter; and THURMAN PALMER, son.

4. That Thurman Palmer died on July 11, 1986, and left as his only surviving heir his wife, NANCY PALMER.

5. That the said John L. Palmer, Sr. and Rebecca Palmer had no other children, or adopted children, or descendants of deceased or adopted children.

6. That the said John L. Palmer, Sr. and Rebecca Palmer did not leave a will or other testamentary instrument.

7. That the affiants are over the age of twenty-one (21) years.

Further affiants saith not.

IN WITNESS WHEREOF we have hereunto set our hands this 14th day of May, 1990.

JOHN L. PALMER, JR.

MORRIS PALMER

LOVIE PALMER NEAL

****

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, David T. Tarpley, a Notary Public in and for said county and state, the within named JOHN L. PALMER, JR., MORRIS PALMER, and LOVIE PALMER NEAL, with whom I am personally acquainted, or who proved to me on the basis of satisfactory evidence, and who acknowledged that they executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at Nashville, Tennessee, this 14 day of May, 1990.

NOTARY PUBLIC

My Commission Expires:

26284

MAY 15 2 00 PM '90

Metropolitan Government of Nashville and Davidson County

Richard H. Fulton, Mayor

J. M. BISTOWISH, M.D.
DIRECTOR OF HEALTH

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

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PALMER

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH FILE NO.

VITAL RECORDS

LEGAL OPERLY

PERMA- K INK.

BIRTH NO.

DECEASED — NAME (First / Middle / Last)			DATE OF DEATH (Month, Day, Year)
1. REBECCA		PALMER	2. MARCH 13, 1976

RACE (White, Negro, American Indian, etc.) (Specify)	SEX	AGE — LAST BIRTHDAY (Years)	UNDER 1 YEAR: MON.	UNDER 1 YEAR: DAYS	UNDER 1 DAY: HOURS	UNDER 1 DAY: MIN.	DATE OF BIRTH (Month, Day, Year)
3. Black	4. Female	5a. 81	5b.		5c.		6. May 15, 1894

COUNTY OF DEATH	CITY, TOWN, OR LOCATION OF DEATH	INSIDE CITY LIMITS (Specify Yes or No)	HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number)
7a. Davidson	7b. Nashville	7c. Yes	7d. 1217 1st Ave. S.

STATE OF BIRTH (If not in U.S.A., name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)
8. Tennessee	9. U. S. A.	10. Widowed	11.

SOCIAL SECURITY NUMBER	SERVICE IN ARMED FORCES (Specify war or dates of service)	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY
13a.	12b.	13a. Housewife	13b.

RESIDENCE — STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (Specify Yes or No)	STREET AND NUMBER
14a. Tennessee	14b. Davidson	14c. Nashville	14d. Yes	14e. 1217 1st Ave. S.

FATHER — NAME	MOTHER — MAIDEN NAME	INFORMANT — NAME	MAILING ADDRESS
15. Lee McEwen	16. Matilda Carter	17. Lovie Neal	- Same

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

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	C. V. A.	Short
DUE TO, OR AS A CONSEQUENCE OF: (b)	A. S. C. V. D.	
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 (a)

AUTOPSY (Yes or No)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
19a. No	19b.

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (Specify)	DATE OF INJURY (Month, Day, Year)	HOUR	HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 18)
20a.	20b.	20c. M.	20d.

INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY (At home, farm, street, factory, office bldg., etc.) (Specify)	LOCATION (Street or R.F.D. No., City or Town, State)
20e.	20f.	20g.

21a. PHYSICIAN — CERTIFICATION: I ATTENDED THE DECEASED AND DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. SIGNATURE — DEGREE

21b. DATE SIGNED (Month, Day, Year)

22a. 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 CAUSE(S) STATED. SIGNATURE: I. E. Simpkins, MD — TITLE

22b. DATE SIGNED (Month, Day, Year): 4-19-76

CERTIFIER — NAME (Type or Print)	MAILING ADDRESS (Street or R.F.D. No. / City or Town / State / Zip)
23a. T. E. Simpkins, M.D.	23b. 1120 Dickerson Rd., Nashville, TN. 37207

BURIAL, CREMATION, REMOVAL (Specify)	DATE (Month, Day, Year)	CEMETERY OR CREMATORY — NAME	LOCATION (City or Town / State)
24a. Burial	24b. Mar. 18, 1976	24c. Greenwood	24d. Nashville, Tennessee

FUNERAL HOME — NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	REGISTRAR — SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR
Wright's F.H., 15 N. Hill St., Nashville, Tenn 37210	25a. Esther D. Gross	25b. 4-20-76

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

MAY 4 1976

J. M. Bistowish, M.D.

08-018 (11/74)

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.

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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

JUN - 2 1989

Paula Taylor
STATE REGISTRAR

24
1991

DEPARTMENT OF PUBLIC HEALTH **CERTIFICATE OF DEATH** DIVISION OF VITAL STATISTICS
STATE OF TENNESSEE?
COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS

BIRTH NO. _____ DEATH NO. 50-17380

1. NAME: John (First) L. (Middle) Palmer (Last) 2. DATE OF DEATH: Aug. (Month) 25 (Day) 1950 (Yr)

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	IF UNDER 1 YR. DAYS	IF UNDER 24 HR. HOURS	IF UNDER 24 HR. MINS.
Col.	M.	Married	Unknown	57				

8. PLACE OF DEATH
A. COUNTY: Davidson B. CIVIL DISTRICT: 1
C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL): Nashville
D. LENGTH OF STAY IN THIS PLACE: 57 yrs.
E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address and Location): General Hospital

9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission)
A. STATE: Tenn. B. COUNTY: Davidson C. CIVIL DISTRICT: 1
D. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL): Nashville
E. STREET ADDRESS (IF RURAL, GIVE LOCATION): 1233 - 1st Ave. So.

10A. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired): Type setter
10B. KIND OF BUSINESS OR INDUSTRY: Cowan Sunbeam Planing Mill
11. SOCIAL SECURITY NUMBER: 411-24-7654

12. WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY, YES, NO, OR UNKNOWN): No
IF YES, GIVE WAR AND DATES OF SERVICE:
13. BIRTHPLACE (State or Foreign Country): Tenn.
14. CITIZEN OF WHAT COUNTRY?:

15. FATHER'S NAME: James Palmer
16. MOTHER'S MAIDEN NAME: Maggie Bryant
17. INFORMANT: Rebecca Palmer ADDRESS: 1233-1st Ave. So

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A)	Massive sub-dural hemorrhage.	9 & 2 hrs.
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B)	Multiple fractures of skull.	24 hrs.
DUE TO (C)	Fractures right femur & tibia - Septicemia	24 hrs.
2. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH	—	

19A. DATE OF OPERATION: 8/25/50
19B. MAJOR FINDINGS OF OPERATION: Large sub-dural hemorrhage
20A. AUTOPSY: YES ☐ NO ☑
20B. FINDINGS AT AUTOPSY:

21A. ACCIDENT (SPECIFY) SUICIDE HOMICIDE: Accident
21B. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office Bldg., etc.):
21C. PLACE OF INJURY CITY, TOWN OR RURAL COUNTY STATE: 3rd Ave
21D. TIME OF INJURY (Month Day Year Hour): 8 24 50 12 P.M.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?: STATE HEALTH DEPT.

I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE
SIGNATURE: Hoskins Sayers M.D. ☑ OTHER (SPECIFY) ☐
ADDRESS: 137 - 7th Ave. N.
DATE: 8/29/50

22A. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
22B. DATE OF BURIAL, CREMATION, OR REMOVAL: Aug. 28-1950
22C. NAME OF CEMETERY OR CREMATORY: Greenwood
22D. LOCATION CITY, TOWN OR COUNTY STATE: Nashville Tenn.
23. FUNERAL DIRECTOR ADDRESS: Tenson & Brown. Nashville Tenn
25. REGISTRATION DIST. NO.: 2190
26. DATE SIGNED BY LOCAL REG.: 8-30-50
27. REGISTRAR'S SIGNATURE: J W Tillis

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