Prepared by T.B. Wilson
Nashville, Tennessee

AFFIDAVIT

BOOK 8198 PAGE 884

I, PEGGY J. LILLICRAP, after having been duly sworn, depose and state as follows, to wit:

0134 09/19 0101 03CHECK 6.00

(1) By DEED (deed or will) dated 12-2-69 and recorded in Book 4384, page 32, of the Register's Office or County Clerk's Office of Davidson County, Tennessee, real estate was conveyed to me and my HUSBAND (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 MAP102-4 PARCEL 186 on the official property maps for The Metropolitan Government of Nashville and Davidson County on this date.

(2) On FEBRUARY 17, 1986 (date of death), my HUSBAND (wife or husband) DONALD H. LILLICRAP (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.

SEPTEMBER 19, 1990
Date

Peggy J. Lillicrap
(Signature)

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Sworn to and subscribed before me this 19TH day of SEPTEMBER 1990.

Felix J. Wilson III
Notary Public

My Commission expires: 7-18-92

58401

FEE REFERENCE

SEP 19 10 11 AM '90

FELIX J. WILSON III
DAVIDSON COUNTY

RE-RECORD

Metropolitan Government of Nashville and Davidson County

Richard H. Fulton, Mayor

Certified Copy

J. M. BISTO[illegible]
METROPOLITAN [illegible]VILLE
AND DAVIDSON COUNTY

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

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FEB 2[illegible]

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.

J. M. Bistowish M.P.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

8600754

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

BIRTH NO. _____ STATE FILE NO

TYPE OR PRINT IN PERMANENT BLACK INK.

10 DECEASED

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

PARENTS AND INFORMANT

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

DISPOSITION

CERTIFIER

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

1. DECEASED—NAME (First) Donald	(Middle) Harris	(Last) Lillicrap				2. DATE OF DEATH (Month, Day, Year) 2-17-1986
3a. AGE—Last Birthday (Years) 46	3b. Under 1 Year: Months	3c. Under 1 Day: Hours	Min.	4. DATE OF BIRTH (Month, Day, Year) 3-6-1939	5a. RACE (White, Black, American Indian, Etc. (Specify)) White	5b. ORIGIN OR DESCENT (Italian, Mexican, German, Etc. (Specify)) American	6. SEX Male
7a. COUNTY OF DEATH Davidson	7b. CITY, TOWN OR LOCATION Nashville	7c. INSIDE CITY LIMITS (Specify Yes or No) Yes	7d. HOSPITAL OR OTHER INSTITUTION—NAME (If not in hospital, specify: Private residence, Business, Street, Etc.) St. Thomas			7e. If hosp. or inst., indicate DOA, Dying en route, Brought in dead	DOA
8. STATE OF BIRTH (If not in U.S.A., name country) TN	9. CITIZEN OF WHAT COUNTRY USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Peggy Farmer				
12a. SOCIAL SECURITY NUMBER 411-56-9311	12b. SERVICE (Armed Forces) (Specify Branch or Dates of Service)	13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman	13b. KIND OF BUSINESS OR INDUSTRY Metro				
14a. RESIDENCE—STATE TN	14b. COUNTY Davidson	14c. CITY, TOWN, OR LOCATION Nashville	14d. STREET AND NUMBER 6509 Firestone Ct	14e. INSIDE CITY LIMITS (Specify Yes or No) Yes	14f. CENSUS TRACT NO.		
15. FATHER—NAME Daniel E. Lillicrap	16. MOTHER—MAIDEN NAME Lucille Murray	17. INFORMANT—NAME Peggy Lillicrap	MAILING ADDRESS 6509 Firestone Ct. Nashville, TN				
18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial	18b. DATE (Month, Day, Year) 2-19-86	18c. CEMETERY OR CREMATORY—NAME Harpeth Hills	18d. LOCATION (City or Town) Nashville,	(State) TN			
19a. FUNERAL DIRECTOR (Signature) Hoyt Maloney	19b. LICENSE NO. 3462	19c. EMBALMER (Signature) Floyd D. Pickett	19d. LICENSE NO. 2922				
20. FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip) Petus-Owen & Wood 4506 Charlotte Nashville, TN	21. REGISTRAR—SIGNATURE Esther D. Groh	DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year) FEB-27 1986					
22a. PHYSICIAN—I certify that the death occurred at the place, on the date, and due to the causes stated	SIGNATURE William Ewers	DEGREE	22b. DATE SIGNED (Month, Day, Year) 2/24/86				
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 causes stated	SIGNATURE	TITLE	23b. DATE SIGNED (Month, Day, Year)				
24a. CERTIFIER—NAME (Type or Print) William Ewers, M.D.	24b. MAILING ADDRESS (Street or R.F.D. No.) 2001 Glen Echo Rd.	(City or Town) Nashville, Tenn.	(State) 37215				

25. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) — INTERVAL BETWEEN ONSET AND DEATH

- (a) IMMEDIATE CAUSE: Cardiac arrhythmia (ventricular fibrillation) — Instant
- DUE TO, OR AS A CONSEQUENCE OF:
- (b) CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: due to acute coronary insufficiency — few hrs
- 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). — 26. AUTOPSY (Yes or No) No

27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (Specify)	27b. DATE OF INJURY (Month, Day, Year)	27c. HOUR	M.	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 (Street or R.F.D. No.)	(City or Town)	(State)	

PH-1859
Rev. 9/81 CRC

202-06-002

RECORDER'S [illegible]
Legibility of Writing, Typing or [illegible]
Documents Unsatisfactory When Received