Prepared By: Melvin B Batler

FRANKLIN NORWOOD MEDLIN AND WIFE HELEN K. MEDLIN

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NOTICE

I Helen K. Medlin, serve notice that myself and Franklin Norwood Medlin were married and Tenants By Entirety of the following described property by description:

Being lot No. 345 on the Plan of Cloverhill, Section IV as of record in Book 2133, Page 89, Register's Office for said County.

5761 12/03 0101 03CHECK 6.00

Said lot No. 345 fronts 65 feet on the southerly side of Emery Drive and runs back between parallel lines 160.8 feet to a dead line.

Being the same property conveyed to Susie Mai Coggin Hager, by deed from Jerry L. Parker and wife, of record in Book 3938, Page 9, Register's Office for said County, and being the same property conveyed to Franklin N. Medlin Jr., and wife Stella N. Medlin by warranty deed from Susie Mai Coggin Hager, of record in Book 4508, Page 201, Register's office for said County.

Recorded in Book 5250, Page 782, Register's Office for Davidson County, Tennessee.

Franklin Norwood Medlin died July 5, 1989, a copy of death certificate is attached hereto and made a part hereof. Above property being by Tenants by the Entirety, then become Helen K. Medlin property entirely and should be so noted on Tax Assessors and Trustee Tax Roles and listed in Helen K. Medlin name only.

X Helen K. Medlin
Helen K. Medlin

Sworn to and subscribed before me this 30 day of November, 1990.

Notary Public

My Commission Expires: 10 November 1991

DEC 3 3 40 PM '90
FELIX Z. WILSON II REGISTER
DAVIDSON COUNTY TN

IDENTIF. REFERENCE

76698

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*Metropolitan Government of Nashville and Davidson County*

**Bill Boner, Mayor**

**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.**

8903197

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): Franklin N. Medlin
2 SEX: M
3 DATE OF DEATH (Month, Day, Year): July 5, 1989
4 SOCIAL SECURITY NUMBER: [redacted]-8848
5a AGE - LAST BIRTHDAY (Years): 65
6 DATE OF BIRTH: 2/5/24
7 BIRTHPLACE (City and State or Foreign Country): Nashville, TN
8 WAS DECEDENT EVER IN US ARMED FORCES? 1 [X] Yes 2 [ ] No
5b PLACE OF DEATH: 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other
5c FACILITY NAME: Donelson Hospital
5c CITY, TOWN, OR LOCATION OF DEATH: Donelson
5d COUNTY OF DEATH: Davidson
10 MARITAL STATUS: Married
11 SURVIVING SPOUSE: Helen Kemp
12a DECEDENT'S USUAL OCCUPATION: Paint Supervisor
12b KIND OF BUSINESS/INDUSTRY: Metro Water Dept.
13a RESIDENCE - STATE: Tennessee
13b COUNTY: Davidson
13c CITY, TOWN OR LOCATION: Donelson
13d STREET AND NUMBER OR RURAL LOCATION: 2849 Emery Dr.
CENSUS TRACT
13e INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f ZIP CODE: 37204
14 WAS DECEDENT OF HISPANIC ORIGIN? [ ] Yes [X] No
15 RACE: White
16 DECEDENT'S EDUCATION: Elementary/Secondary (0-12): 8th Grade; College (1-4 or 5+):

NAME OF DECEDENT (For use by physician or institution)

**PARENTS**

17 FATHER'S NAME (First, Middle, Last): Franklin Norwood Medlin
18 MOTHER'S NAME (First, Middle, Maiden Surname): Lorena Kile

**INFORMANT**

19a INFORMANT'S NAME (Type/Print): Helen Medlin
19b RELATIONSHIP TO DECEASED: Wife
19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2849 Emery Dr., Donelson, TN 37204

**DISPOSITION**

20a METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): National Cemetery
20c LOCATION - City or Town, State: Madison, TN
21a SIGNATURE OF FUNERAL DIRECTOR: ▶ Robb Robinson
21b LICENSE NUMBER OF FUNERAL DIRECTOR: 346
21c SIGNATURE OF EMBALMER: ▶ Jeff Croy
21d LICENSE NUMBER OF EMBALMER: 3867
22a NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Co., 2707 Gallatin Rd., Nashville, TN 37216
22b LICENSE NUMBER OF FUNERAL HOME: 331

**REGISTRAR**

23 REGISTRAR'S SIGNATURE: ▶ Mary C. Pentecost
24 DATE FILED (Month, Day, Year): July 14, 1989

**CERTIFIER**

25a PHYSICIAN - On the basis of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated
1 [ ] SIGNATURE AND TITLE OF PHYSICIAN: ▶ Aaron M. Esbenshade Jr MD
25b LICENSE NUMBER: MD011346
25c DATE SIGNED (Month, Day, Year): 7/10/89
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. Aaron M. Esbenshade, Jr. 4733 Andrew Jackson Pkwy, Suite 1C, Hermitage, TN 37076

**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. List only one cause on each line.
Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Cardiac arrest. — DUE TO (OR AS A CONSEQUENCE OF): — 10 min
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
b. 3rd. D AV heart block — DUE TO (OR AS A CONSEQUENCE OF):
c. Ischemic cardiomyopathy — DUE TO (OR AS A CONSEQUENCE OF):
d.

SEE INSTRUCTIONS ON OTHER SIDE

PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Severe COPD c chronic respiratory failure
29a WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] No
29b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [X] No

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

BIRTH NO

PH 1050 REV 1/89

202-06-002

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