95-7 01 14 0101 03CHECK 12:00

FROM: Alvin Buchanan

TO: Lillie Alberta Osteen

AFFIDAVIT OF HEIRSHIP

Send Tax Bills TO:	This Instrument Prepared By:	Map-Parcel No.
Lillie Alberta Osteen 25 Garden Street Nashville, TN 37210	David J. Tarpley, Attorney 211 Union Street, Suite 800 Nashville, Tennessee 37201 mail	105-4 200

STATE OF TENNESSEE
COUNTY OF DAVIDSON

MARY MURRAY and LILLIE ALBERTA OSTEEN, being first duly sworn according to law, make oath as follows:

That they are familiar with the family history of ALVIN BUCHANAN and his wife, LILLIE FLETCHER BUCHANAN, both deceased. At the time of his death, ALVIN BUCHANAN was the owner of the following property located at 25 Garden Street, Nashville, Davidson County, Tennessee, and described as follows:

> Being the western half of Lot #46 in Trimble's Addition, a plan of which is recorded in Book 21, Page 12, R.O.D.C. Said part of lot fronts twenty-five (25) feet on Garden St., and runs back one hundred and twenty (120) feet to an alley and for more particularity of description, reference is made to said PLAN.
>
> Being the same property conveyed to Albert Buchanan by deed from Laura White, of record in Book 505, Page 80, Register's Office for Davidson County Tennessee.

That the said ALVIN BUCHANAN died on June 10, 1943, in Davidson County, Tennessee; that his wife, LILLIE FLETCHER BUCHANAN, died on November 1, 1962, in Davidson County, Tennessee; and that the residence and homestead at the times of death was 25 Garden St., Nashville, Davidson County, Tennessee.

That the said decedents left only the following person survivng as heir or otherwise interested in the estate: affiant, LILLIE ALBERTA OSTEEN, daughter.

That neither of the said decedents had any other children, natural or adopted, legitimate or illegitimate, living or deceased.

That said decedents left no will or other testamentary instrument.

That the affiants are over the age of twenty-one years.

That affiant MARY MURRAY makes this affidavit of her own personal knowledge and as a disinterested party, having no interest of any kind whatsoever in said property and personally benefiting in no way from the establishment of record title to said property in LILLIE ALBERTA OSTEEN.

IN WITNESS WHEREOF, we have hereunto set our hands on this 8th day of January, 1991.

Mary Murray
MARY MURRAY

Lillie Alberta Osteen
LILLIE ALBERTA OSTEEN

NOTARY PUBLIC AT LARGE STATE OF TENNESSEE

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 MARY MURRAY and LILLIE ALBERTA OSTEEN, with whom I am personally acquainted, or who proved identity to me on the basis of satisfactory evidence, and who acknowledged that they executed the foregoing Affidavit for the purposes therein contained.

WITNESS my hand and official seal at Nashville, Tennessee, this 8th day of January, 1991.

Patricia M. Nyeton
NOTARY PUBLIC

My commission expires: 3-11-91

8612

IDENTIF. TREFERENCE

JAN 14 2 56 PM '91

FELIX Z. WILSON II-REGISTER
DAVIDSON COUNTY TN.

BOOK 8275 PAGE 621

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

JAN -3 1991

Paula Taylor
STATE REGISTRAR

DEPARTMENT OF PUBLIC HEALTH — CERTIFICATE OF DEATH — STATE OF TENNESSEE — DIVISION OF VITAL STATISTICS

DEATH NO. 62-29107

BIRTH NO.

NAME: Lillie (FIRST) (MIDDLE) Buchanan (LAST)

2. DATE OF DEATH: 11-1-1962 (MONTH DAY 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.
C.	F.		May 16 1894	68				

PLACE OF DEATH
COUNTY: Davidson
CITY OR TOWN: Nashville
NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address or Location): Mcharry
B. CIVIL DISTRICT: 1
D. LENGTH OF STAY IN THIS PLACE:
F. INSIDE CITY LIMITS? YES [X] NO [ ]

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: Nashville
E. INSIDE CITY LIMITS? YES [X] NO [ ]
F. STREET ADDRESS (OR LOCATION): 25 Garden St
G. IS RESIDENCE ON A FARM? YES [ ] NO [X]

10A. USUAL OCCUPATION (Kind of Work Done During Most of Working Life, Even If Retired): Harvesting Kitchen Helper
10B. KIND OF BUSINESS OR INDUSTRY: None
11. SOCIAL SECURITY NUMBER: 411-34-9229
12. WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN: NO
IF YES, GIVE WAR OR DATES OF SERVICE:

13. BIRTHPLACE (State or Foreign Country): Tennessee
14. CITIZEN OF WHAT COUNTRY? U.S.A.
15. NAME OF HUSBAND OR WIFE
16. FATHER'S NAME: Bill Fletcher
17. MOTHER'S MAIDEN NAME: Mary Nelson
18. INFORMANT: Mrs Alberta Ostieu ADDRESS: 25 Garden St

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)	Acute Meningitis	3 days
Conditions, if any, which gave rise to above cause (A); stating the underlying cause last — DUE TO (B)	Etiology Undetermined	570
DUE TO (C)		

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

20. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

21A. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
21B. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 19)
21C. TIME OF INJURY: HOUR A.M. P.M. MO. DAY YR.

REC'D BY STATE NOV 13 '62

21D. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE
SIGNATURE: [signature] M.D. [X] D.O. [ ] OTHER (SPECIFY) [ ]
ADDRESS: Hubbard Hospital Nashville, Tennessee
DATE: 11-5-1962

22A. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
22B. DATE OF BURIAL, CREMATION, OR REMOVAL: Nov 6-1962
22C. NAME OF Cemetery or Crematory: Greenwood
22D. LOCATION CITY, TOWN OR COUNTY — STATE: Nashville Tenn
23. FUNERAL DIRECTOR: Wright Bros + Hill ADDRESS: 150 N. Hill St.
25. REGISTRATION DIST. NO.: 2 1901
26. DATE SIGNED BY LOCAL REG.: 11-9-62
27. REGISTRAR'S SIGNATURE: [signature]

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

BOOK 8275 PAGE 622

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

JAN - 3 1991

Paula Taylor
STATE REGISTRAR

CERTIFICATE OF DEATH 11482

1911 1911

DEPT. OF PUBLIC HEALTH — STATE OF TENNESSEE — DIV. OF VITAL STATISTICS
COOPERATING WITH DEPT. OF COMMERCE — BUREAU OF THE CENSUS

REG. NO. 1152
REG. DIST. NO. 21901

1. FULL NAME Albert (FIRST) Buchanan (LAST) 2. DATE OF DEATH 6 (MONTH) 10 (DAY) 1943 (YEAR)

3. PLACE OF DEATH:
A) COUNTY Davidson CIVIL DISTRICT 1
B) CITY OR TOWN Nashville (IF OUTSIDE CITY LIMITS, WRITE RURAL)
C) NAME OF HOSPITAL 25 - Garden St. (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)
D) LENGTH OF STAY: IN HOSPITAL IN COMMUNITY 56

4. LEGAL RESIDENCE:
A) STATE Tenn
B) COUNTY Davidson CIVIL DISTRICT 1
C) CITY OR TOWN Nashville (IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)
D) STREET NO 25 - Garden
E) CITIZEN OF FOREIGN COUNTRY _____ (YES OR NO) IF YES, NAME COUNTRY _____

5. RACE OR COLOR Col. | 6. SEX M. | 7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~ ~~DIVORCED~~

8. AGE 56 YEARS | 11 MONTHS | 22 DAYS | IF LESS THAN ONE DAY HRS. MINS.

9. DATE OF BIRTH: MONTH 6 DAY 18 YEAR 1886

10. PLACE OF BIRTH: CITY OR COUNTY Davidson STATE OR COUNTRY Tenn

11. HUSBAND ~~OR WIFE~~ OF Lillie Buchanan
AGE OF HUSBAND OR WIFE, IF LIVING 48 YEARS

12. IF VETERAN NAME OF WAR _____ SOCIAL SECURITY NUMBER None

13. USUAL OCCUPATION Huckster

14. INDUSTRY OR BUSINESS

FATHER
15. FULL NAME Dan Buchanan
BIRTHPLACE CITY OR COUNTY Davidson STATE OR COUNTRY Tenn

MOTHER
16. MAIDEN NAME Laura Bridgett
BIRTHPLACE CITY OR COUNTY Davidson STATE OR COUNTRY Tenn

17. INFORMANT Lillie Buchanan
ADDRESS 25 - Garden St.

18. BURIAL, REMOVAL OR CREMATION Burial DATE 6-14-1943
CEMETERY Greenwood PLACE Nashville

19. UNDERTAKER Johnson & Brown
ADDRESS 96 - Lafayette BY Walter Johnson

DATE FILED 6-14-1943 Jim Ellis REGISTRAR

MEDICAL CERTIFICATION

20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 4-12-1943 TO 6-10-1943
AND THAT I LAST SAW HIM ALIVE ON 6-10-1943
AND THAT DEATH OCCURRED ON THE DATE STATED AT 5 P.M.

IMMEDIATE CAUSE OF DEATH: Tuberculosis, Orchitis — DURATION
Miliary Tuberculosis — 2 mos
DUE TO: _____ — 2 yrs

OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH) _____

OPERATION No FINDINGS _____

AUTOPSY? No FINDINGS _____

PHYSICIAN UNDERLINE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY

21. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:
A) ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY) _____
B) DATE OF OCCURRENCE _____
C) WHERE DID INJURY OCCUR _____ (CITY COUNTY STATE)
D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE? _____
WHILE AT WORK MEANS OF INJURY _____

SIGNATURE [signature] M.D.
ADDRESS 4 x Lafayette DATE SIGNED 6-13-

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