FROM:

James C. Ferguson and wife
Eula Mae Ferguson

TO:

Barbara Ferguson Mayo

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SEND TAX BILLS TO: Barbara Mayo
819 Fatherland St.
Nashville, TN 37206

Map-Parcel No. 82-6/20

This Instrument Prepared By: David J. Tarpley, Legal Services of Middle TN, 800 Stahlman Bldg., Nashville, TN 37201

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

AFFIDAVIT OF HEIRSHIP

Kathy Shapiro, being first duly sworn according to law, makes oath as follows:

1. That she is familiar with the family history of James C. Ferguson and wife Eula Mae Ferguson, both deceased, who were the owners of the following property:

> Land in Davidson County, Tennessee, being Lot No. 83 in Barrow's Addition to Edgefield, as shown on Plan Book 1, page 13, Chancery Court at Nashville.
>
> Said Lot No. 83 fronts 50 feet on the northerly side of Fatherland Street and extends back between parallel lines 170 feet to an alley in the rear.
>
> Being the same property conveyed to James C. Ferguson and wife, Eula Mae Ferguson, by deed from Ronald S. Zeitlin and Albert H. Phillips, of record in Book 4214, Page 223, Register's Office for Davidson County, Tennessee.

2. That said Eula Mae Ferguson died on July 19, 1988; that said James C. Ferguson died on November 17, 1988, copies of death certificates attached hereto; and that the piece of real property, at the times of death, was 819 Fatherland St., Nashville, Tennessee, Davidson County.

3. Affiant further states that said decedents left only the following person surviving as heir or otherwise interested in the estate: Barbara Ferguson Mayo, daughter.

4. Said decedents left no other children, or adopted children or descendants of deceased or adopted children.

5. Said decedents did not leave a will or any other testamentary instrument.

6. That the above party is over the age of twenty-one years.

7. Affiant makes this Affidavit of her own free will, without collusion with any person, and of her own knowledge. Affiant has no interest, legal or otherwise, in said real property.

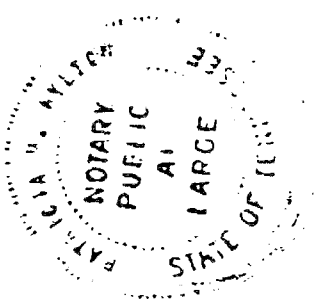
FURTHER AFFIANT SAID NOT.

Kathy Shapiro
KATHY SHAPIRO

Sworn to and subscribed before me
this 11th day of June, 1991.

Patricia M. Hylton
NOTARY PUBLIC

My commission expires 3-25-95



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Metropolitan Government of Nashville and Davidson County

Bill Boner, Mayor

FREDIA S. WADLEY, M.D.
LOCAL REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY, TN

AUG 10 1988

Fredia S. Wadley, M.D

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.

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THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT BLACK INK.

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

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

BIRTH NO. _____ STATE FILE NO.

1. DECEASED—NAME (FIRST, MIDDLE, LAST): EULA MAE PERGUSON
2. DATE OF DEATH (MONTH, DAY, YEAR): July 19, 1988
3a. AGE—LAST BIRTHDAY (YEARS): 77
3b. UNDER 1 YEAR: MOS. DAYS
3c. UNDER 1 DAY: HOURS MINS.
4. DATE OF BIRTH (MONTH, DAY, YEAR): Sep.28,1910
5. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)): White
6. ORIGIN OF DESCENT (ITALIAN, MEXICAN, GERMAN, ETC. (SPECIFY)): American
7. SEX: Female
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 EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.): West Side Hospital
7e. If hosp. or inst. indicate DOA (Dead on Arr., Inpatient, Outpatient, ER): Inpatient
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Tennessee
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): J. Cecil Ferguson
12a. SOCIAL SECURITY NUMBER: [redacted]-3471
12b. SERVICE IN ARMED FORCES (SPECIFY BRANCH OR DATES OF SERVICE): No
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Sales Clerk
13b. KIND OF BUSINESS OR INDUSTRY: Department Store
14a. RESIDENCE—STATE: Tennessee
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: Nashville
14d. STREET AND NUMBER: 819 Fatherland St.
14e. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes
14f. CENSUS TRACT NO.:
15. FATHER—NAME: William R. King
16. MOTHER—MAIDEN NAME: Lela Mae Jones
17. INFORMANT—NAME AND MAILING ADDRESS: J.Cecil Ferguson, 819 Fatherland St. Nashville, TN. 37206
18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial
18b. DATE (MONTH, DAY, YEAR): Jul.21,1988
18c. CEMETERY OR CREMATORY—NAME: Woodlawn
18d. LOCATION (CITY OR TOWN, STATE): Nashville, Tennessee
19a. FUNERAL DIRECTOR (SIGNATURE): Macy D. Higlt
19b. LICENSE NO.: 3930
19c. EMBALMER (SIGNATURE): Roger B. King
19d. LICENSE NO.: 3923
20. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Woodlawn F.H., Nashville, TN
21a. REGISTRAR—SIGNATURE: Mary C. Pentecost
21b. DATE RECEIVED BY LOCAL REGISTRAR: July 26, 1988
22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSES STATED. SIGNATURE: R T Cochran Jr. DEGREE:
22b. DATE SIGNED (MONTH, DAY, YEAR): 20 July 88
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): Robert T. Cochran, Jr. M.D.
24b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 2201 Murphy Ave Nashville, Tn 37203
25. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a): Congestive heart failure — 3yrs
DUE TO, OR AS A CONSEQUENCE OF (b): arteriosclerotic cardiovascular disease — 3yrs
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST — 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): diabetes mellitus, arteriosclerotic disease with stroke
26. AUTOPSY (YES OR NO): No
27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):
27b. DATE OF INJURY (MONTH, DAY, YEAR):
27c. HOUR:
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):

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Rev. 9/81 CMC

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Metropolitan Government of Nashville and Davidson County

Bill Boner, Mayor

FREDIA S. WADLEY, M.D.
LOCAL REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY, TN

NOV 29 1988

Fredia S Wadley, M.D

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
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CAUSE

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

BIRTH NO. _____ STATE FILE NO.

DECEASED—NAME (FIRST / MIDDLE / LAST)			DATE OF DEATH (MONTH, DAY, YEAR)
1.	JAMES	CECIL FERGUSON	2. November 17, 1988

AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR: MOS.	DAYS	UNDER 1 DAY: HOURS	MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)	ORIGIN OR DESCENT—ITALIAN, MEXICAN, GERMAN, ETC (SPECIFY)	SEX
3a. 79	3b.		3c.		4. Feb. 19, 1909	5. White	5a. American	6. Male

COUNTY OF DEATH	CITY, TOWN OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.)	IF HOSP OR INST, INDICATE DOA, OP/Emer Rm, Inpatient (Specify)
7a. Davidson	7b. Nashville	7c. yes	7d. West Side Hospital	7e. Inpatient

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. USA	10. Widowed	11. None

SOCIAL SECURITY NUMBER (IF NONE, SPECIFY)	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
[redacted]-2468	12b. No	13a. Manager	13b. Theater

RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (SPECIFY YES OR NO)	CENSUS TRACT NO.
14a. Tennessee	14b. Davidson	14c. Nashville	14d. 819 Fatherland St	14e. yes	14f.

FATHER—NAME	MOTHER—MAIDEN NAME	INFORMANT—NAME	MAILING ADDRESS
15. William B. Ferguson	16. Evie Waggoner	17. Barbara Ann Mayo,	819 Fatherland Street Nashville, TN. 37206

BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY)	DATE (MONTH, DAY, YEAR)	CEMETERY OR CREMATORY—NAME	LOCATION: CITY OR TOWN	STATE
18a. Burial	18b. Nov. 19, 1988	18c. Woodlawn	18d. Nashville	Tennessee

FUNERAL DIRECTOR (SIGNATURE)	LICENSE NO.	EMBALMER (SIGNATURE)	LICENSE NO.
19a. Stacey D. Hight	19b. 3930	19c. Stacey D. Hight	19d. 4072

FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR
20. Woodlawn Funeral Home, Nashville, TN.	21. Mary C. Pentecost	21b. Nov. 28, 1988

PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. — SIGNATURE: R.T. Cochran — DEGREE — DATE SIGNED (MONTH, DAY, YEAR): 22a. 22b. 21 Nov 88

MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. — SIGNATURE — TITLE — DATE SIGNED (MONTH, DAY, YEAR): 23a. 23b.

CERTIFIER—NAME (TYPE OR PRINT)	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
24a. Robert T. Cochran, Jr. MD	24b. 2201 Murphy Ave 301 Nashville Tn 37203

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

IMMEDIATE CAUSE (a): acute respiratory distress syndrome — one month
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, 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): infarcted myocardial infarction — AUTOPSY (YES OR NO) 26.

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	DESCRIBE HOW INJURY OCCURRED
27a.	27b.	27c. M.	27d.

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
27e.	27f.	27g.		

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