XIII-28 JRR/aw

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This instrument prepared by: JOHN R. REYNOLDS (#2522)
Attorney at Law
217 Second Avenue, North
P. O. Box 2512
Nashville TN 37219-0512

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AFFIDAVIT OF HEIRSHIP

BENNIE ED STEWART, Deceased

6376 08/23 0101 03CHECK 15.00

STATE OP TENNESSEE

COUNTY OF DAVIDSON

Come the undersigned, DOROTHY STEWART JAMES and ROSETTA STEWART JONES, who, after being first duly sworn, make oath as follows:

1. That I, DOROTHY STEWART JAMES, DOB 26 November 1919, reside at 1613 Branch Street, Nashville, Davidson County, Tennessee 37216.

2. That I, ROSETTA STEWART JONES, DOB 10 February 1922, reside at 1110 Second Avenue, South, Nashville, Davidson County, Tennessee 37210.

3. That our father, BENNIE ED STEWART, died intestate in Davidson County, Tennessee, on 28 June 1991, at the age of ninety one (91) years. That his certified Certificate of Death is attached hereto as **EXHIBIT 1**.

4. That our mother, ELIZABETH STEWART, died intestate in Davidson County, Tennessee, on 2 April 1965, at the age of sixty two (62) years. That her certified Certificate of Death is attached hereto as **EXHIBIT 2**.

5. Thatour father, BENNIE ED STEWART, died seized and possessed of certain real property located at and known as 1110 Second Avenue, South, Nashville, Davidson County, Tennessee 37210, and being more particularly described on **EXHIBIT 3** attached hereto and made a part hereof.

4 1 4 3 9

AUG 23 3 23 PM '91

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Further Deponents Saith Not.

Dorothy Stewart James

DOROTHY STEWART JAMES

Rosetta Stewart Jones

ROSETTA STEWART JONES

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 DOROTHY STEWART JAMES and ROSETTA STEWART JONES, with whom I am personally acquainted, (or 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 21st day of August 1991.

Anne Williams Notary Public

My commission expires 22 May 1993

ANNE WILLIAMS NOTARY PUBLIC AT LARGE

Metropolitan Government of Nashville and Davidson County

Bill Boner, Mayor

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

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JUL 19 1991

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.

H 9103113

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Bennie Ed. Stewart
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): 6-28-91
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE – LAST BIRTHDAY (Years): 91
5b. UNDER 1 YEAR: Months / Days / Hours / Minutes
6. DATE OF BIRTH (month, day, year): 3-15-00
7. BIRTHPLACE (City and State or Foreign Country): Franklin Tenn.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): 1 Inpatient 2 ER/Outpatient 3 [X] DOA 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Metro General
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville Tenn.
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name):
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Domestic
12b. KIND OF BUSINESS/INDUSTRY:
13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1110 2nd Av. South
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37211
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – if yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No. Specify, if yes:
15. RACE – American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Thomas Stewart
18. MOTHER'S NAME (First, Middle, Maiden Surname): Minnie Stewart

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Dorothy James
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1613 Branch St. Nashville Tn.

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): Greenwood Cemetery
20c. LOCATION – City or Town, State: Nashville Tenn.
21a. SIGNATURE OF FUNERAL DIRECTOR: Henry Smith
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3167
21c. SIGNATURE OF EMBALMER: Delmus Bogus
21d. LICENSE NUMBER OF EMBALMER: 3687
22a. NAME AND ADDRESS OF FUNERAL HOME: 709 Monroe St. Nashville Smith Funeral Directors Tenn. 37206
22b. LICENSE NUMBER OF FUNERAL HOME: 809

REGISTRAR

23. REGISTRAR'S SIGNATURE: Mary C. Penticost
24. DATE FILED (Month, Day, Year): July 5, 1991

CERTIFIER

25a. PHYSICIAN – To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner(s) stated. 1 [X] SIGNATURE AND TITLE OF PHYSICIAN:
25b. LICENSE NUMBER: MD 003335
25c. DATE SIGNED (Month, Day, Year): 7/2/91
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):

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Chronic Subdural Hematoma — DUE TO (OR AS A CONSEQUENCE OF):
Approximate Interval Between Onset and Death: 6 years

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST:
b. — DUE TO (OR AS A CONSEQUENCE OF):
c. — 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: Seizures, Aortic Aneurysm, Dementia

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 [ ] 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: M
31c. INJURY AT WORK? 1 [ ] Yes 3 [ ] 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):

EXHIBIT 1

202-06-002 (Rev. 10/89)

RECORDER'S MEMO
Legibility of Writing, Typing or [illegible] ins
Document Unsatisfactory When Received.

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

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

BIRTH NO.

DEATH NO. 65-009485

1. NAME: Elizabeth (FIRST) Stewart (LAST)

2. DATE OF DEATH: April 2, 1965 (MONTH DAY YEAR)

3. COLOR OR RACE	4. SEX	5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY)	6. DATE MONTH DAY YEAR OF BIRTH	7. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YR. MONTHS	IF UNDER 1 YR. DAYS	IF UNDER 24 HRS. HOURS	IF UNDER 24 HRS. MINS.
Negro	Female	Married		62				

8. PLACE OF DEATH
A. COUNTY: Davidson
B. CIVIL DISTRICT: 26
C. CITY OR TOWN: Nashville
D. LENGTH OF STAY IN THIS PLACE:
E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address or Location): Vanderbilt
F. INSIDE CITY LIMITS? YES ☐ NO ☐

9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission)
A. STATE: Tenn. B. COUNTY: Davidson C. CIVIL DISTRICT
D. CITY OR TOWN: Nashville
E. INSIDE CITY LIMITS? YES ☐ NO ☐
F. STREET ADDRESS (OR LOCATION): 1110 2nd Avenue South
G. IS RESIDENCE ON A FARM? YES ☐ NO ☒

10A. USUAL OCCUPATION (Kind of Work Done During Most of Working Life, Even if Retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. SOCIAL SECURITY NUMBER	12. WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN	IF YES, GIVE WAR OR DATES OF SERVICE
Laundry		[redacted]-1881	No	

13. BIRTHPLACE (State or Foreign Country)	14. CITIZEN OF WHAT COUNTRY?	15. NAME OF HUSBAND OR WIFE
Tennessee	United States of America	Bennie Stewart

16. FATHER'S NAME	17. MOTHER'S MAIDEN NAME	18. INFORMANT ADDRESS
Henry Copeland		Bennie Stewart, 1110 2nd Avenue So., Nashville, Tenn.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — Enter only one cause per line for (A), (B), (C)

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Carcinoma of splenic flexure colon — INTERVAL BETWEEN ONSET AND DEATH:

Conditions, if any, which gave rise to above cause (A); stating the underlying cause last
DUE TO (B):
DUE TO (C):

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

20. WAS AUTOPSY PERFORMED? YES ☐ 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.

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

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE
SIGNATURE: Jehad Mannon
M.D. ☒ MED. EXAM. ☐ D.O. ☐ OTHER (SPECIFY) ☐
ADDRESS: Vanderbilt Hospital Nashville, Tennessee
DATE: 4/19/1965

23A. BURIAL, CREMATION, REMOVAL (SPECIFY)	23B. DATE OF BURIAL, CREMATION, OR REMOVAL	23C. NAME OF Cemetery or Crematory	23D. LOCATION CITY, TOWN OR COUNTY STATE
Burial	April 6, 1965	Greenwood	Nashville, Tennessee

24. FUNERAL DIRECTOR ADDRESS	25. REGISTRATION DIST. NO.	26. DATE SIGNED BY LOCAL REG.	27. REGISTRAR'S SIGNATURE
Wright Brothers & Hill, Nashville, Tennessee	21901	4-22-65	

EXHIBIT 2

EXHIBIT 2

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EXHIBIT 3 BOOK 8427 PAGE 201

Land in Davidson County, Tennessee, and being described as shown in an Installment Deed from Miss Jane Cockrill, a single person, to Bennie Ed Stewart and wife, Elizabeth Stewart, as shown of record in Book 1278, page 207, Register's Office for Davidson County, Tennessee, and being more particularly described as follows, to wit:

BEGINNING on the easterly margin of Second Avenue, South (formerly Market Street), 275 feet northerly from the northerly margin of Chestnut Street, the northwest corner of the J. H. Frith Lot; thence with the easterly margin of said Avenue northerely 32-1/2 feet to the southwest corner of the Gerth Lot; thence easterly with the southerly line of the Gerth Lot, 190 feet, more or less, to the westerly margin of an alley; thence with said alley southerly 32-1/2 feet to the northeast corner of the said Frith Lot; thence with the northerly line of said Frith Lot, westerly 190 feet, more or less, to the beginning.

Being the same property conveyed to Bennie Ed Stewart and wife, Elizabeth Stewart, by Installment Deed from Miss Jane Cockrill, as shown of record in Book 1278, page 207, Register's Office for Davidson County, Tennessee.

The said Elizabeth Stewart died intestate in Davidson County, Tennessee, on 2 April 1965, at the age of 62 years.

The said Bennie Ed Stewart died intestate in Davidson County, Tennessee, on 28 June 1991, at the age of 91 years.

The said Dorothy Stewart James and Rosetta Stewart Jones are the only heirs-at-law of Bennie Ed Stewart, deceased.