Prepared by
IRA J. HECKMAN
103 BELLEBROOK CK.
NASHVILLE, TN. 37205

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MAIL ENV.

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AFFIDAVIT

2242 09/19 0101 01CASH 6.00

I, IRA J. HECKMAN, after having

been duly sworn, depose and state as follows, to wit:

SEP 19 11 18 AM '91

(1) By DEED (deed or will) dated 10/16/80 and recorded in Book 5672, page 479, of the Register's Office or County Clerk's Office of Davidson County, Tennessee, real estate was conveyed to me and my WIFE (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 142-05-0-A065.00 on the official property maps for The Metropolitan Government of Nashville and Davidson County on this date.

(2) On 12/31/90 (date of death), my WIFE (wife or husband) JEANNE W. HECKMAN (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.

9/19/91
Date

Ira J. Heckman
(Signature)

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Sworn to and subscribed before me this 19 day of SEPT., 1991.

NOTARY PUBLIC

Timothy P. Hill
Notary Public

My Commission expires: 7-18-92

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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JAN 9 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.

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TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER **9006401**

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): JEANNE WEBB HECKMAN
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): December 31, 1990
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-2950
5a. AGE – LAST BIRTHDAY (Years): 69
5b. UNDER 1 YEAR – months / days / hours / minutes:
6. DATE OF BIRTH (Month, Day, Year): JAN 4, 1921
7. BIRTHPLACE (City and State or Foreign Country): NASHVILLE, TENNESSEE
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 Inpatient 2 [X] ER/Outpatient 3 DOA; OTHER 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): ST. THOMAS
9c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): IRA J. HECKMAN
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): HOUSEWIFE
12b. KIND OF BUSINESS/INDUSTRY: HOME
13a. RESIDENCE – STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN, OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 103 BELLEBROOK CIR.
CENSUS TRACT: 12
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37205
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
15. RACE – American Indian, Black, White, etc. (Specify): WHITE
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

NAME OF DECEDENT For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): EMMETT WEBB
18. MOTHER'S NAME (First, Middle, Maiden Surname): MARGARET KELLY

INFORMANT

19a. INFORMANT'S NAME (Type/Print): IRA J. HECKMAN
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 103 BELLEBROOK CIR. NASHVILLE, TN. 37205

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): HARPETH HILLS
20c. LOCATION – City or Town, State: NASHVILLE, TN.
21a. SIGNATURE OF FUNERAL DIRECTOR: John T Shutt
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3020
21c. SIGNATURE OF EMBALMER: John T Shutt
21d. LICENSE NUMBER OF EMBALMER: 3460
22a. NAME AND ADDRESS OF FUNERAL HOME: MARSHALL-DONNELLY-COMBS 201 25TH AVE. N. NASHVILLE, TN. 37203
22b. LICENSE NUMBER OF FUNERAL HOME: 40

REGISTRAR

23. REGISTRAR'S SIGNATURE: Mary C. Pentecost
24. DATE FILED (Month, Day, Year): January 8, 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 as stated. 1 [ ] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER
25c. DATE SIGNED (Month, Day, Year)
26a. MEDICAL EXAMINER – On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER: Gretel C. Harlan M.D.
26b. LICENSE NUMBER: 8872
26c. DATE SIGNED (Month, Day, Year): 1/4/91
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Gretel C. Harlan, M.D. 84 Hermitage Ave.,Nashville, TN 37210-2110

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS

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. ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE
Due to (or as a consequence of):
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.
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 [ ] 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: M
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)

STATE ID NO.

PH-1050 REV. 1/89

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

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