PREPAIRED BY:

RETURN TO: CHARLES A. ROBERTS
1315 KINGS LANE
FRANKLIN,TN 37064

9370 10/02 0101 01CASH 6.00

AFFIDAVIT OF HEIRSHIP OF LORENA ALLISON ROBERTS

BOOK 8455 PAGE 66

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

I, CHARLES A. ROBERTS, WHO AFTER BEING DULY SWORN ACCORDING TO LAW, DEPOSES AND SAYS:

THAT I, CHARLES A. ROBERTS A CITIZEN AND RESIDENT OF FRANKLIN, TENNESSEE, AM THE OLDEST OF TWO CHILDREN BORN TO LORENA ALLISON ROBERTS WHO DIED ON JULY 13,1991. I WAS BORN JUNE 16,1951 IN NASHVILLE, TENNESSEE. MY SURVIVING SISTER MARILYN ROBERTS JONES WAS BORN APRIL 1, 1957.

FURTHER, MY DECEASED MOTHER, LORENA ALLISON ROBERTS WAS AN UNMARRIED WOMAN AT THE TIME OF HER DEATH AND DID NOT HAVE ANY CHILD BORN TO HER OTHER THAN THOSE LISTED ABOVE.

SINCE MY MOTHER LORENA ALLISON ROBERTS DIED INTERSTATE* (WITHOUT A WILL) I AM MAKING THIS AFFIDAVIT TO COMPLY WITH CODE SECTION 30-1201 AND FOLLOWING SECTIONS OF THE TENNESSEE CODE ANNOTATED SO THAT SAME SHALL BE ACCEPTED FOR REGISTRATION BY THE REGISTRAR OF DEEDS.

FURTHER, THAT THIS AFFIDAVIT IS GIVEN TO HELP ESTABLISH AND REFLECT THE HEIRSHIP WITH RESPECT TO ANY REAL OR PERSONAL PROPERTY OWNED BY MY MOTHER, LORENA ALLISON ROBERTS IN NASHVILLE and DAVIDSON COUNTY, TENNESSEE and ELSEWHERE.

FURTHER, THE DEPONENT SAITH NOT

*See Exhibit "A"

Charles A Roberts
CHARLES A. ROBERTS

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

PERSONALLY APPEARED BEFORE ME, JOHN K. KIMERY, A NOTARY PUBLIC IN AND FOR SAID COUNTY, THE WITHIN NAMED, CHARLES A. ROBERTS, THE DEPONENT, WITH WHOM I AM PERSONALLY ACQUAINTED AND WHO ACKNOWLEDGES THAT SHE EXECUTED THE WITHIN INSTRUMENT FOR THE PURPOSES THEREIN CONTAINED.

WITNESS MY HAND AND OFFICIAL SEAL AT NASHVILLE, TENNESSEE THIS THE 2nd DAY OF October, 1991.

John K. Kimery
NOTARY PUBLIC
DAVIDSON COUNTY, TENN.

MY COMMISSION EXPIRES: MY COMMISSION EXPIRES OCT. 9, 1991

PICK-UP

5.1333.

IDENTIFICATION REFERENCE

OCT 2 10 04 AM '91 24 1991

FELIX Z. W[illegible] REGISTER
DAVIDSON [illegible] M.D.
REGISTRAR

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.

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TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

9103416 — STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): LORENA ALLISON ROBERTS
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): July 13, 1991
4. SOCIAL SECURITY NUMBER (If Deceased): [redacted]-8346
5a. AGE – LAST BIRTHDAY (Years): 70
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): May 19, 1921
7. BIRTHPLACE (City and State or Foreign Country): WAVERLY, TENNESSEE
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
8a. PLACE OF DEATH (Check only one): HOSPITAL 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): BAPTIST HOSPITAL
9c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): DIVORCED
11. SURVIVING SPOUSE (If wife, give maiden name): NONE
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): BOOKKEEPER
12b. KIND OF BUSINESS/INDUSTRY: JOBER OF PLUMBING SUPPLIES
13a. RESIDENCE – STATE: TN
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 2219 CABIN HILL ROAD
CENSUS TRACT: 5
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37214
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): WHITE
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): AUSTIN ALFRED ALLISON
18. MOTHER'S NAME (First, Middle, Maiden Surname): ANNA PEARL GIBBONS

INFORMANT

19a. INFORMANT'S NAME (Type/Print): MR. CHARLES ROBERTS
19b. RELATIONSHIP TO DECEASED: SON
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1315 KINGS LANE, FRANKLIN, TN 37064

NAME OF DECEDENT: For use by physician or institution

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): WOODLAWN MEMORIAL PARK
20c. LOCATION – City or Town, State: NASHVILLE, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Lynn Gauthier
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3900
21c. SIGNATURE OF EMBALMER: Joseph Moore
21d. LICENSE NUMBER OF EMBALMER: 4135
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODLAWN FUNERAL HOME 660 THOMPSON LANE, NASHVILLE, TN 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 731

REGISTRAR

23. REGISTRAR'S SIGNATURE: Ann M. Jones
24. DATE FILED (Month, Day, Year): July 23, 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: William C Thompson MD
25b. LICENSE NUMBER: 13191
25c. DATE SIGNED (Month, Day, Year): 7-17-91
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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	Septic Shock	6 hrs
DUE TO (OR AS A CONSEQUENCE OF): b.	Pneumonia	2 days
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST — DUE TO (OR AS A CONSEQUENCE OF): c.	Chronic Lymphocytic Leukemia	75 years
d.		

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

28a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [ ] No
28b. 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):

BIRTH NO.

EXHIBIT "A"

PH-1050 REV. 1/89

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

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