AFFIDAVIT OF HEIRSHIP
HEIRS AT LAW OF MICHAEL E. HURT, DECEASED

I, Ruth Ellen Hurt Riley, formerly Ruth Ellen Hurt, for the purpose of creating an accurate record of the death of my father and my mother and their surviving children, do make oath as follows:

1. That Michael Ewing Hurt, being one and the same as Michael E. Hurt, died on the 25th day of January, 1988.

2. That he was predeceased by his wife, Betty Ann Hurt, who died on the 27th day of November, 1973.

3. That the said Michael E. Hurt never remarried after the said Betty Ann Hurt died.

4. That the said Michael E. Hurt died intestate, leaving no Last Will and Testament.

5. That said Michael E. Hurt died leaving two (2) next-of-kin at law, namely, to wit, Ruth Ellen Hurt Riley and Emily Jane Hurt Brumit.

6. That Ruth Ellen Hurt Riley is one and the same as Ruth Ellen Hurt and the same as Ruth Riley.

7. That Emily Jane Hurt Brumit is one and the same as Emily Jane Hurt and one and the same as Emily Brumit.

8. That I, Ruth Ellen Hurt Riley, and Emily Jane Hurt Brumit are sisters.

9. That I, Ruth Ellen Hurt Riley, and my sister, Emily Jane Hurt Brumit, are the sole surviving next-of-kin of the deceased, Michael E. Hurt.

10. That Michael E. Hurt had two (2) children, my sister and I, and no other children were born to him.

11. That at the time of the death of Michael E. Hurt, he was the owner, in fee simple, of real property known as and

located at 830 Russleo Drive, Nashville, Davidson County, Tennessee, which is legally described as follows:

> Land in Davidson County, State of Tennessee, described as follows, to wit:
>
> Being Lot No. 19 on the Plan of Horton Heights, Section IV, as of record in Book 1835, page 129, Register's Office for said County.
>
> Said Lot No. 19 fronts 125 feet on the northeasterly margin of Russleo Drive, and runs back 224.5 feet on the southeasterly line and 155 feet on the northwesterly line, to a dead line, measuring 141 feet thereon.
>
> Being the same property conveyed to Michael E. Hurt and wife, Betty Ann Hurt, of record in Book 4491, page 737 and re-recorded in Book 4497, page 92.

12. The two (2) attached certificates of death are true and accurate death certificates of Michael E. Hurt and Betty Ann Hurt.

Further affiant sayeth not.

Ruth Ellen Hurt Riley
RUTH ELLEN HURT RILEY

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

SWORN to and Subscribed before me this 28th day of February, 1991.

Joyce Jordan
Notary Public

JOYCE JORDAN NOTARY PUBLIC

My Commission Expires: 9-25-93

THIS INSTRUMENT PREPARED BY: PHILLIP E. KIRK
ATTORNEY AT LAW
1800 CHARLOTTE AVENUE
NASHVILLE, TN 37209

BOOK 8697 PAGE 740

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 RUTH ELLEN HURT RILEY, the bargainor, with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence), and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee, this 28th day of February, 1991.

Joyce Jordan
Notary Public

My Commission Expires: 9-25-93

352800

IDENTIF. REFERENCE

AUG 10 11 00 AM '92

DAVIDSON COUNTY TN.

PICK-UP

8971 08/10 0101 03CHECK 20.00

STATE OF TENNESSEE
DEPARTMENT OF HEALTH AND ENVIRONMENT
CORDELL HULL BUILDING
NASHVILLE, TENNESSEE 37219-2505

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.

NOV Paula Taylor — Paula Taylor, STATE REGISTRAR

Paula Taylor
State Registrar

BOOK 8697 PAGE 741

300382
BECOMES A LEGAL
WHEN PROPERLY EXE-
ID FILED

19094
90
19094 BIRTH NO

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

STATE FILE NO 88-002947

DECEASED—NAME: MICHAEL E HURT
DATE OF DEATH: January 25, 1988
AGE—LAST BIRTHDAY: 64
DATE OF BIRTH: 3-14-23
RACE: White
AMERICAN INDIAN OR OTHER SPECIFY: American
SEX: Male
COUNTY OF DEATH: Davidson
CITY, TOWN OR LOCATION: Nashville
INSIDE CITY LIMITS: Yes
HOSPITAL OR OTHER INSTITUTION—NAME: VA Medical Center
Inpatient / Outpatient
STATE OF BIRTH: Tennessee 43
CITIZEN OF WHAT COUNTRY: USA
MARRIED, NEVER MARRIED, DIVORCED, WIDOWED: Widowed
SURVIVING SPOUSE:
SOCIAL SECURITY NUMBER: [redacted]-6172
SERVICE: WW II
USUAL OCCUPATION: Retired Salesman 274
KIND OF BUSINESS OR INDUSTRY: 691
RESIDENCE—STATE: Tennessee
COUNTY: Davidson
CITY, TOWN OR LOCATION: Pegram
STREET AND NUMBER: 8655 Old Charlotte Pike
CENSUS TRACT NO
FATHER—NAME: Henry E. Hurt
MOTHER—MAIDEN NAME: Margaret Curley
INFORMANT—NAME: VA Files
MAILING ADDRESS: Nashville, TN
BURIAL, CREMATION, REMOVAL: Burial
DATE: 1-26-88
CEMETERY OR CREMATORY—NAME: Calvary Cemetery
LOCATION—CITY OR TOWN, STATE: Nashville, TN
FUNERAL DIRECTOR
LICENSE NO
EMBALMER
LICENSE NO
FUNERAL HOME—NAME AND ADDRESS: Marshall, Donnelly & Combs, Nashville, TN
REGISTRAR—SIGNATURE: Esther D. Grob
DATE RECEIVED BY LOCAL REGISTRAR: Feb 3 1988
PHYSICIAN—CERTIFY THAT THE DEATH OCCURRED AT THE TIME, DATE AND DUE TO THE CAUSES STATED
SIGNATURE
DEGREE: M.D.
DATE SIGNED
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
DATE SIGNED
CERTIFIER—NAME AND TITLE OF PERSON: Roger M. Des Prez, M.D.
MAILING ADDRESS: 1310 24th Ave. So., Nashville, TN 37212-2637

PART I DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR a, b AND c.
INTERVAL BETWEEN ONSET AND DEATH
a. Metastatic adenocarcinoma of lung — 1 1/2 9
DUE TO OR AS A CONSEQUENCE OF
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST
b.
DUE TO OR AS A CONSEQUENCE OF
c.

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I a
AUTOPSY: No

ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED: DATE OF INJURY: HOUR: DESCRIBE HOW INJURY OCCURRED
WHILE AT WORK: PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. SPECIFY: LOCATION—STREET OR R.F.D. NO., CITY OR TOWN, STATE

DECEASED
RESIDENCE WHERE DE-
IVED IF DEATH OC-
IN INSTITUTION. GIVE
BEFORE ADMIS-
PARENTS AND INFORMANT
REQUIRED PRIOR TO
RATION OF BODY BY
CARRIER OR RE
OM STATE
DISPOSITION
CERTIFIER
NOT ATTENDED BY
AN AUTHORIZED OF
SIGN HERE ANY
AN OR MEDICAL EX
EXECUTING CER
MUST COMPLETE
SIGN MEDICAL CER
TION WITHIN 48
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URE CANNOT BE
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CAUSE

RECORDERS MEMO
LEGIBILITY OF WRITING, TYPING OR PRINTING IN
THIS 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.

DEC 12 199

Paula Taylor
Paula Taylor
State Registrar

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1994
35
1994
BIRTH NO.

CERTIFICATE OF DEATH 24-50-42

TENNESSEE DEPARTMENT OF PUBLIC HEALTH FILE NO. 73-035129
DIVISION OF VITAL STATISTICS

DECEASED — NAME 1.	FIRST: Betty	MIDDLE: Griffin	LAST: Hurt			2. DATE OF DEATH (MONTH, DAY, YEAR): Nov. 27, 1973
RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)) 3. White	SEX 4. Female	AGE — LAST BIRTHDAY (YEARS) 5a. 50	UNDER 1 YEAR: MOS. 5b.	DAYS	UNDER 1 DAY: HOURS 5c.	MIN.	6. DATE OF BIRTH (MONTH, DAY, YEAR): Nov. 21, 1923
COUNTY OF DEATH 7a. Davidson		CITY, TOWN, OR LOCATION OF DEATH 7b. Nashville		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. Yes		HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. Baptist
PLACE OF BIRTH (IF NOT IN U.S.A., GIVE COUNTRY) 8. Tennessee	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Married		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. Michael Hurt		
SOCIAL SECURITY NUMBER	SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE) 12b.	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Housewife		KIND OF BUSINESS OR INDUSTRY 13b. Domestic		
FATHER — STATE 14a. Tennessee	COUNTY 14b. Davidson	CITY, TOWN, OR LOCATION 14c. Nashville	INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. Yes	STREET AND NUMBER 14e. 830 Russelo Dr.		
FATHER — NAME 15. Donald Griffin	MOTHER — MAIDEN NAME 16. Ruth Petty	INFORMANT — NAME 17. Michael Hurt	MAILING ADDRESS Nashville			

PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)]

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Ventricular fibrillation 402K	4min
DUE TO, OR AS A CONSEQUENCE OF: (b)	Hypertensive heart disease c congestive 427	2yrs
DUE TO, OR AS A CONSEQUENCE OF: (c)	Heart failure —	

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c. M.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d.	AUTOPSY (YES OR NO) 19a.	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.
AT WORK	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.			

20h. CERTIFICATION — I ATTENDED THE DECEASED AND DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. SIGNATURE: Thomas J Brin TITLE: MD DATE SIGNED (MONTH, DAY, YEAR) 21b. 12-5-73

20i. CERTIFICATION — I HAVE ON THE DATES OF THE EXAMINATION OF THE BODY AND/OR THE POST MORTEM EXAMINATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. SIGNATURE TITLE DATE SIGNED (MONTH, DAY, YEAR) 22b.

NAME (TYPE OR PRINT) MAILING ADDRESS (STREET OR R.F.D. NO.) CITY OR TOWN STATE ZIP 23b.

DISPOSITION, REMOVAL	DATE (MONTH, DAY, YEAR) 24b. 11-29-1973	CEMETERY OR CREMATORY — NAME 24c. Calvary	LOCATION CITY OR TOWN 24d. Nashville, Tenn.	STATE
NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 25a. Donnelly-Combs 201 25th Ave. No.	REGISTRAR — SIGNATURE 26a. Esther D. Grob	DATE RECEIVED BY LOCAL REGISTRAR 26b. 12-10-73		

RECORDERS MEMO
LEGIBILITY OF WRITING, TYPING OR PRINTING IN THIS DOCUMENT UNSATISFACTORY WHEN RECEIVED