AFFIDAVIT OF HEIRSHIP/INHERITANCE

(Executed pursuant to T.C.A. Section 30-2-712, et. seq.)

FROM: Thomas M. Reynolds (dec'd) and wife,
Willie Reynolds a/k/a Willie Lucille Harper (dec'd)

TO: Raymond Ladd, Curtis Ladd, Clifton Ladd, Douglas Ladd, Elbert Heithcock, Mary Heithcock (surviving spouse of Marvin Heithcock), Gordon Hood, Edna Gentry, Margaret Fraley, Ernestine Hood and Clayborn Hood, beneficiaries and/or devisees under the Last Will and Testament of Willie Lucille Harper.

RE: 3621 Sanford Avenue, Nashville, Tennessee
Property Tax Map 133-6, Parcel 63
Land in Davidson County, Tennessee, being Lot No. 5 on the Map of D. M. Mincy's Addition to Flatrock, of record in Book 547, page 24, Register's Office for said County (to which plat reference is hereby made for a more particular description). Said Lot No. 5 fronts 50 feet on the westerly side of Sanford Avenue and runs back between parallel lines 180.25 feet to an alley.
Being the same property conveyed to Thomas M. Reynolds and wife, Willie Reynolds by deed from Jesse B. Gunn and wife, Mildred Gunn, of record in Book 1338, Page 604, said Register's Office.

AFFIANTS, being duly sworn according to law, do hereby depose, state and say that:

A. Affiant, RAYMOND LADD, is of lawful age, and presently resides (and has for many years) at 1013 WESTCHESTER DRIVE, MADISON, TN 37115. RAYMOND LADD personally knew the decedents, Thomas M. Reynolds and wife, Willie Reynolds, and has personal knowledge of the facts herein stated and of this family by reason of being a nephew to them.

B. Affiant, CURTIS LADD, is of lawful age, and presently resides (and has for many years) at 201 MAPLE DRIVE, FRANKLIN, TN 37064. CURTIS LADD personally knew the decedents, Thomas M. Reynolds and wife, Willie Reynolds, and has personal knowledge of the facts herein stated and of this family by reason of being a nephew to them.

C. Affiant, CLIFTON LADD, is of lawful age, and presently resides (and has for many years) at 2259 HENPECK LANE, FRANKLIN, TN 37064. CLIFTON LADD personally knew the decedents, Thomas M. Reynolds and wife, Willie Reynolds, and has personal knowledge of the facts herein stated and of this family by reason of being a nephew to them.

D. Affiant, DOUGLAS LADD, is of lawful age, and presently resides (and has for many years) at 806 GLENN WOOD LANE, FAIRFIELD GLADE, TN 38555. DOUGLAS LADD personally knew the decedents, Thomas M. Reynolds and wife, Willie Reynolds, and has personal knowledge of the facts herein stated and of this family by reason of being a nephew to them.

E. Affiant, ELBERT HEITHCOCK, is of lawful age, and presently resides (and has for many years) at 1408 ADAMS STREET, FRANKLIN, TN 37064. ELBERT HEITHCOCK personally knew the decedents, Thomas M. Reynolds and wife, Willie Reynolds, and has personal knowledge of the facts herein stated and of this family by reason of being a nephew to them.

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

F. Affiant, MARY HEITHCOCK, is of lawful age, and presently resides (and has for many years) at 2114 GENEVIA DRIVE, NASHVILLE, TN 37216. MARY HEITHCOCK personally knew the decedents, Thomas M. Reynolds and wife, Willie Reynolds, and has personal knowledge of the facts herein stated and of this family by reason of being a married to one of their nephews, namely Marvin Heithcock (dec'd.).

G. Affiant, GORDON HOOD, is of lawful age, and presently resides (and has for many years) at 1260 FRISTO LANE, FRANKLIN, TN 37064. GORDON HOOD personally knew the decedents, Thomas M. Reynolds and wife, Willie Reynolds, and has personal knowledge of the facts herein stated and of this family by reason of being a nephew to them.

H. Affiant, EDNA GENTRY, is of lawful age, and presently resides (and has for many years) at 423 FIGUERS DRIVE, FRANKLIN, TN 37064. EDNA GENTRY personally knew the decedents, Thomas M. Reynolds and wife, Willie Reynolds, and has personal knowledge of the facts herein stated and of this family by reason of being a neice to them.

I. Affiant, MARGARET FRALEY, is of lawful age, and presently resides (and has for many years) at 7211 BLAINE ROAD, ABERDEEN, WASHINGTON 98520. MARGARET FRALEY personally knew the decedents, Thomas M. Reynolds and wife, Willie Reynolds, and has personal knowledge of the facts herein stated and of this family by reason of being a neice to them.

J. Affiant, ERNESTINE HOOD, is of lawful age, and presently resides (and has for many years) at 322 HARRISON STREET, NASHVILLE, TN 37211. ERNESTINE HOOD personally knew the decedents, Thomas M. Reynolds and wife, Willie Reynolds, and has personal knowledge of the facts herein stated and of this family by reason of being a neice to them.

K. Affiant, CLAYBORN HOOD, is of lawful age, and presently resides (and has for many years) at 3201 EZELL PIKE, NASHVILLE, TN 37211. CLAYBORN HOOD, personally knew the decedents, Thomas M. Reynolds and wife, Willie Reynolds, and has personal knowledge of the facts herein stated and of this family by reason of being a nephew to them.

1. Thomas M. Reynolds and wife, Willie Reynolds, owned the subject property as described above. Thomas M. Reynolds and Tom M. Reynolds were one and the same person. Willie Reynolds, Willie Lucille Harper and Willie L. Harper were one and the same person.

2. Thomas M. Reynolds died on March 17, 1960, in Nashville, Davidson County, Tennessee where he had resided for several years prior to his death (see the Certificate of Death, a copy of which is attached hereto as Exhibit "A", and is hereby incorporated by reference). The decedent, Thomas M. Reynolds was survived by his wife and widow, Willie Reynolds, who acquired said real property by survivorship, as surviving tenant by the entirety; they were continuously married from March 1, 1946 (date of deed) to the date of his death.

3. There were no children born from the marriage of Thomas M. Reynolds and Willie Reynolds. Neither Willie Reynolds, nor Thomas M. Reynolds had any other children, adopted or otherwise.

4. Willie Reynolds subsequently remarried (now Willie Lucille Harper); her second husband predeceased her, and she remained unmarried to the date of her death. Willie Lucille Harper had no children, natural born or adopted.

5. The said Willie Lucille Harper died testate on June 29, 1991, in Nashville, Davidson County, Tennessee where she had resided for several years prior to her death (see the Certificate of Death, a copy of which is attached hereto as Exhibit "B", and is hereby incorporated by reference).

6. The decedent, Willie Lucille Harper, left a Last Will and Testament dated February 10, 1989 (a copy of which is attached hereto as Exhibit "C" and hereby incorporated by reference), devising and bequeathing all property to her neices and nephews as follows: "Raymond Ladd, Curtis Ladd, Clifton Ladd, Douglas Ladd, James Ennis Heithcock, Elbert Heithcock, Marvin Heithcock, Gordon Hood, Edna Gentry, Margaret Fraley, Ernestine Hood and Clayborn Hood, or such of them as maybe living at the time of my death". Said Will was probated as a muniment of title in the Probate Court of Davidson County, Tennessee (Rule No. 97775), in Minute Book 353, page 390, and filed in Will Book 176, page 100, Clerk's Office for said Court.

7. James Ennice Heithcock died on March 18, 1989, in Franklin, Williamson County, Tennessee where he had resided for several years prior to his death (see the Certificate of Death, a copy of which is attached hereto as Exhibit "D", and is hereby incorporated by reference). James Ennis Heithcock and James Ennice Heithcock were one and the same person. Since he predeceased Willie Lucille Harper, neither James Ennice Heithcock nor his issue take any share under and according to the terms of the Last Will and Testament of Willie Lucille Harper.

8. Oscar Marvin Heithcock died intestate (without a will) on April 22, 1992, in Nashville, Davidson County, Tennessee where he had resided for several years prior to his death (see the Certificate of Death, a copy of which is attached hereto as Exhibit "E", and is hereby incorporated by reference). Oscar Marvin Heithcock and Marvin Heithcock were one and the same person. Since he survived Willie Lucille Harper, Marvin Heithcock inherited a share (1/11) of her estate. The share of Marvin Heithcock passed to his surviving spouse, Mary Heithcock, at his death. Marvin Heithcock had no children, adopted or otherwise. Marvin Heithcock was only married once.

9. There are no unpaid debts nor taxes due upon the estates of the deceased.

10. The real property (described herein) of the decedent(s), (Thomas M. Reynolds and wife,) Willie Reynolds a/k/a Willie Lucille Harper, passed to Raymond Ladd, Curtis Ladd, Clifton Ladd, Douglas Ladd, Elbert Heithcock, Marvin Heithcock, Gordon Hood, Edna Gentry, Margaret Fraley, Ernestine Hood and Clayborn Hood, by virtue of said Will. The share of Marvin Heithcock passed to his wife, Mary Heithcock, at his death. It is affirmed and agreed that the subject property is vested in Raymond Ladd, Curtis Ladd, Clifton Ladd, Douglas Ladd, Elbert Heithcock, Mary Heithcock, Gordon Hood, Edna Gentry, Margaret Fraley, Ernestine Hood and Clayborn Hood, and 1/11th interest each.

11. Affiant executes this instrument for the purpose of stating that the above facts are true and for the purposes of inducing the issuance of title insurance on the above-referenced property and directing the distribution of the net proceeds of closing.

12. Affiant will, and does hereby agree to save, hold harmless and indemnify Lawyers Title Insurance Corporation and/or David Coleman, Attorney from any loss or expense (specifically including, but not limited to, court costs and

attorneys fees) (1) arising by reason of claims (whether valid or not) against said Estates of Thomas M. Reynolds and/or Willie Reynolds a/k/a Willie Lucille Harper, both deceased, and/or (2) for damages concerning the purposes of this instrument.

FURTHER, Affiant saith not.

WITNESS OUR hands on the day and date notated below by our respective signatures, at office in said State and County.

Raymond Ladd
RAYMOND LADD
Date: 9/5/92

Curtis Ladd
CURTIS LADD
Date: 9/5/92

Clifton Ladd
CLIFTON LADD
Date: 9/5/92

Douglas Ladd
DOUGLAS LADD
Date: 9/5/92

Elbert Heithcock
ELBERT HEITHCOCK
Date: 9/5/92

Mary Heithcock
MARY HEITHCOCK
Date: 10/22/92

Gordon Hood
GORDON HOOD
Date: 9/5/92

Edna A. Gentry
EDNA GENTRY
Date: 9/5/92

Margaret Fraley
MARGARET FRALEY
Date: 8/27/92

Ernestine Hood
ERNESTINE HOOD
Date: 9/5/92

Clayborn Hood
CLAYBORN HOOD
Date: 9/5/92

STATE OF Washington
COUNTY OF Grays Harbor

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named Margaret Fraley, 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 Aberdeen, Wa., on this day; Subscribed and sworn to before me, the undersigned Notary Public on this the 27th day of August, 1992.

Jolene K Newman
Notary Public

My commission expires: Oct. 20, 1993.

JOLENE K NEWMAN
NOTARY PUBLIC
STATE OF WASHINGTON
My Commission Expires Oct. 20, 1993

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 Raymond Ladd, with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence), and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville Tenn, on this day; Subscribed and sworn to before me, the undersigned Notary Public on this the 5 day of Sept, 1992.

Jeffrey S Sidler
NOTARY PUBLIC

My commission expires: May 23rd 1994

JEFFREY S. SIDLER NOTARY PUBLIC AT LARGE STATE OF TENN.

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 Clifton Ladd, with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence), and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tenn, on this day; Subscribed and sworn to before me, the undersigned Notary Public on this the 5 day of Sept, 1992.

Jeffrey S Sidler
NOTARY PUBLIC

My commission expires: May 23rd 1994

JEFFREY S. SIDLER NOTARY PUBLIC AT LARGE STATE OF TENN.

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 Elbert Heithcock, with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence), and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville Tenn, on this day; Subscribed and sworn to before me, the undersigned Notary Public on this the 5th day of Sept, 1992.

Jeffrey S Sidler
NOTARY PUBLIC

My commission expires: May 23rd 1994

JEFFREY S. SIDLER NOTARY PUBLIC AT LARGE STATE OF TENN.

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 Gordon Hood, with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence), and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville Tenn, on this day; Subscribed and sworn to before me, the undersigned Notary Public on this the 5th day of Sept, 1992.

Jeffrey S Sidler
NOTARY PUBLIC

My commission expires: May 23rd 1994

JEFFREY S. SIDLER NOTARY PUBLIC AT LARGE STATE OF TENN.

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 Clayborn Hood, with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence), and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville Tenn, on this day; Subscribed and sworn to before me, the undersigned Notary Public on this the 5th day of Sept, 1992.

NOTARY PUBLIC

My commission expires: May 23 1994

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 Curtis Ladd, with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence), and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville Tenn, on this day; Subscribed and sworn to before me, the undersigned Notary Public on this the 5th day of Sept, 1992.

NOTARY PUBLIC

My commission expires: May 23 1994

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 Douglas Ladd, with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence), and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville TN, on this day; Subscribed and sworn to before me, the undersigned Notary Public on this the 5th day of Sept, 1992.

NOTARY PUBLIC

My commission expires: May 23 1994

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 Mary Heithcock, 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 TN, on this day; Subscribed and sworn to before me, the undersigned Notary Public on this the 22nd day of October, 1992.

NOTARY PUBLIC

My commission expires: May 23 1994

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 Edna Gentry, 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 TN, on this day; Subscribed and sworn to before me, the undersigned Notary Public on this the 5th day of Sept, 1992.

NOTARY PUBLIC

My commission expires: May 23rd 1994

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 Ernestine Hood, 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, Tenn, on this day; Subscribed and sworn to before me, the undersigned Notary Public on this the 5th day of Sept, 1992.

NOTARY PUBLIC

My commission expires: May 23rd 1994

This instrument was prepared by:
David Coleman, Attorney
9000 E. Church St. B-102
Brentwood, TN 37027

5 7 7 2 6.

IDENTIFICATION REFERENCE

Oct 23 4 14 PM '92

DAVIDSON COUNTY, TN

1992 10/23 0101 03CHECK 48.00

Exhibit "A"

STATE OF TENNESSEE
CORDELL HULL BUILDING
DEPARTMENT OF HEALTH
NASHVILLE, TENNESSEE 37247

BOOK 8765 PAGE 800

I hereby certify the below to be a true and correct copy of the original document on file in this department. Valid ONLY when embossed seal of the Tennessee Department of Health and red imprinted signature of the State Registrar are affixed.

Paula Taylor
Paula Taylor
State Registrar

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

BIRTH NO. 19 1

DEATH NO. 61-06662

1. NAME: Tom (First) M. (Middle) Reynolds (Last)
2. DATE OF DEATH: 3/17/1960 (Month Day Year)
3. COLOR OR RACE: white
4. SEX: Male
5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6. DATE OF BIRTH: 10/18/1893
7. AGE (IN YEARS LAST BIRTHDAY): 66
IF UNDER 1 YR. MONTHS / DAYS
IF UNDER 24 HRS. HOURS / MINS.

8. PLACE OF DEATH
A. COUNTY: Davidson
B. CIVIL DISTRICT: 1
C. CITY OR TOWN: Nashville
D. LENGTH OF STAY IN THIS PLACE: 15 yrs
E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address or Location): 3621 Sanford Ave.
F. INSIDE CITY LIMITS? YES [X] NO [ ]

9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission)
A. STATE: Tenn. B. COUNTY: Davidson C. CIVIL DISTRICT: 1
D. CITY OR TOWN: Nashville
E. INSIDE CITY LIMITS? YES [X] NO [ ]
F. STREET ADDRESS (OR LOCATION): 3621 Sanford Ave.
G. IS RESIDENCE ON A FARM? YES [ ] NO [X]

10A. USUAL OCCUPATION (Kind of Work Done During Most of Working Life. Even if Retired): Groceryman
10B. KIND OF BUSINESS OR INDUSTRY: Grocery
11. SOCIAL SECURITY NUMBER:
12. WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN: yes
IF YES, GIVE WAR OR DATES OF SERVICE: WW-1
13. BIRTHPLACE (State or Foreign Country): Dekalb Co. Tennessee
14. CITIZEN OF WHAT COUNTRY? USA
15. NAME OF HUSBAND OR WIFE: Mrs Willie C. Reynolds
16. FATHER'S NAME: Herbert Reynolds
17. MOTHER'S MAIDEN NAME: Sara
18. INFORMANT: Mrs Willie C. Reynolds ADDRESS: Nashville

MEDICAL CERTIFICATION

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

		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A)	CEREBRAL THROMBOSIS 334	7 days
Conditions, if any, which gave rise to above cause (A); stating the underlying cause last — DUE TO (B)	GENERALIZED ARTERIOSCLEROSIS 450	4 years
DUE TO (C)	420	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (A)	CORONARY ARTERY THROMBOSIS	20. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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.
REC'D BY STATE MAR 29 '60
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: Edmund W Berg M.D. [X] D.O. [ ] OTHER (SPECIFY)
ADDRESS: 422 Medical Arts Bldg Nashville 12 Tenn
DATE: 3-25-60

23A. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
23B. DATE OF BURIAL, CREMATION, OR REMOVAL: March 18, 1960
23C. NAME OF Cemetery or Crematory: Mt. Hope
23D. LOCATION CITY, TOWN OR COUNTY STATE: Franklin, Tennessee
24. FUNERAL DIRECTOR ADDRESS: Franklin Memorial Chapel Franklin, Tennessee
25. REGISTRATION DIST. NO.: 191
26. DATE SIGNED BY LOCAL REG.: 3-28-60
27. REGISTRAR'S SIGNATURE: Jessie Potter

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

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.

JUL 25 1991

LOCAL REGISTRAR

BOOK 8765 PAGE 801 **Exhibit "B"**

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

9103450

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT (For use by physician or funeralist)

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): WILLIE LUCILLE HARPER
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): JUNE 29, 1991
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-5541
5. AGE – LAST BIRTHDAY (Years): 88
6. DATE OF BIRTH (Month, Day, Year): MAY 11,1903
7. BIRTHPLACE (City and State or Foreign Country): FRANKLIN, TENNESSEE
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 DOA 4 [X] Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): BETHANY HEALTH CARE CENTER
9c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
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): HOUSEWIFE
12b. KIND OF BUSINESS/INDUSTRY: SELF
13a. RESIDENCE – STATE: TENN.
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 3621 SANFORD AVENUE
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
15. RACE – American Indian, Black, White, etc. (Specify): WHITE
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 6; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): ENNIS CULVERSON
18. MOTHER'S NAME (First, Middle, Maiden, Surname): EMMA LEE TAYLOR

INFORMANT

19a. INFORMANT'S NAME (Type/Print): ERNESTINE HOOD
19b. RELATIONSHIP TO DECEASED: NIECE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 322 HARRISON ST., NASHVILLE, TN 37211

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): MT. HOPE CEMETERY
20c. LOCATION – City or Town, State: FRANKLIN, TENNESSEE
21a. SIGNATURE OF FUNERAL DIRECTOR: Herman Potts
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 1600
21c. SIGNATURE OF EMBALMER: Bruce D. Wingham
21d. LICENSE NUMBER OF EMBALMER: 4172
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODBINE FUNERAL HOME, INC. 3620 NOLENSVILLE ROAD, NASHVILLE, TN 37211
22b. LICENSE NUMBER OF FUNERAL HOME: 396

REGISTRAR

23. REGISTRAR'S SIGNATURE: Ona M. Jones
24. DATE FILED (Month, Day, Year): July 25, 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 [X] SIGNATURE AND TITLE OF PHYSICIAN: Attending physician Y. Charles Joe M.D.
25b. LICENSE NUMBER: MD9230
25c. DATE SIGNED (Month, Day, Year): July 2, 1991
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): Y. CHARLES JOE, M.D. 7182 Whites Creek Pike, Joelton, Tenn. 37080

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. Pneumonitis
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.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Dehydration; Rheumatoid Arthritis; Bursitis, Right Olecranon. Decubitus, Buttocks.

28a. WAS AN AUTOPSY PERFORMED? 1 Yes 2 [X] No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 [X] 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 [X] 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

SEE INSTRUCTIONS ON OTHER SIDE

PH-1653 REV 1/89

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

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

Xerox only

97775
8-6-91
WB176-100

LAST WILL AND TESTAMENT
OF
WILLIE LUCILLE HARPER
FEBRUARY 10, 1989 BOOK 8765 PAGE 892

I, Willie Lucille Harper, am revoking all previous and old wills I have made in the past.

I now will and devise all the rest and residue of my estate to be divided equally among my neices and nephews, Raymond Ladd, Curtis Ladd, Clifton Ladd, Douglas Ladd, James Ennis Heithcock, Elbert Heithcock, Marvin Heithcock, Gordon Hood, Edna Gentry, Margaret Fraley, Ernestine Hood and Clayborn Hood, or such of them as maybe living at the time of my death.

Willie L Harper

Charles D. Cooper
Witness

John E. Underwood Jr.
Witness

STATE OF TENNESSEE, DAVIDSON COUNTY

I, BILL COVINGTON, Clerk of the Probate Court of Davidson County, State aforesaid, do certify that the foregoing is a full, true and complete copy, of the original on file in my office. Will Book 176 Page 100
Given under my hand and official seal, at office, in Nashville, this 9th of August 1994.

BILL COVINGTON
Clerk of Probate Court
By Ruby Dew Thurman
Deputy Clerk

Exhibit "C"

BOOK 8765 PAGE 803

WILLIAMSON COUNTY HEALTH DEPARTMENT

1324 WEST MAIN STREET
FRANKLIN, TENNESSEE 37064
(615) 794-1542

Exhibit "D"

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1 DECEDENT'S NAME (First, Middle, Last): James Ennice Heithcock
2 SEX: Male
3 DATE OF DEATH (Month, Day, Year): March 18, 1989
4 SOCIAL SECURITY NUMBER (for Decedent): [redacted]-1263
5a AGE — LAST BIRTHDAY (Years): 73
6 DATE OF BIRTH: Sept. 26, 1915
7 BIRTHPLACE (City and State or Foreign Country): Unknown, Tennessee
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
5b PLACE OF DEATH (Check only one): Hospital: 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; Other: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9a FACILITY NAME (If not institution, give street and number): Williamson Medical Center
9c CITY, TOWN, OR LOCATION OF DEATH: Franklin
9d COUNTY OF DEATH: Williamson
10 MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify): Married
11 SURVIVING SPOUSE (If wife, give maiden name): Elise Newcome
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): State Hwy. Department
12b KIND OF BUSINESS/INDUSTRY: State of TN
13a RESIDENCE — STATE: Tennessee
13b COUNTY: Williamson
13c CITY, TOWN, OR LOCATION: Franklin
13d STREET AND NUMBER OR RURAL LOCATION: Rt. #6 Peach Hollow Road
CENSUS TRACT
13e INSIDE CITY LIMITS? 1 [ ] Yes 2 [X] No
13f ZIP CODE: 37064
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): 8th; College (1-4 or 5+):

PARENTS

17 FATHER'S NAME (First, Middle, Last): William Fletcher Heithcock
18 MOTHER'S NAME (First, Middle, Maiden Surname): Amanda Culberson

INFORMANT

19a INFORMANT'S NAME (Type/Print): Kathy Beard
19b RELATIONSHIP TO DECEASED: Daughter
19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): Rt.#6 Peach Hollow Rd. Franklin, TN37064

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): Mt. Hope Cemetery
20c LOCATION — City or Town, State: Franklin, TN
21a SIGNATURE OF FUNERAL DIRECTOR: [signature]
21b LICENSE NUMBER OF FUNERAL DIRECTOR: 3164
21c SIGNATURE OF EMBALMER: John W. Harper
21d LICENSE NUMBER OF EMBALMER: 3415
22a NAME AND ADDRESS OF FUNERAL HOME: Franklin Memorial Chapel 1009 West Main St. Franklin, TN 37065
22b LICENSE NUMBER OF FUNERAL HOME: 773

REGISTRAR

23 REGISTRAR'S SIGNATURE: Mary J. Adkisson
24 DATE FILED (Month, Day, Year): April 7, 1989

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 [X] SIGNATURE AND TITLE OF PHYSICIAN: Fred L. Haley, M.D.
25b LICENSE NUMBER: [illegible]
25c DATE SIGNED (Month, Day, Year): 3/[illegible]
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)
27 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Dr. Fred L. Haley 100 Covey Drive Suite 304 Franklin, TN 37064

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. Disseminated intravascular coagulation — [illegible]
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. Carcinoma of the [illegible] — [illegible]
DUE TO (OR AS A CONSEQUENCE OF)
c. Bronchial pneumonia — [illegible]
DUE TO (OR AS A CONSEQUENCE OF)
d. Cholelithiasis with biliary hydrocarcinoma — [illegible]

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

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 [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
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)

Mary J. Adkisson
8-3-92

BIRTH NO. _____

This is to certify that the above is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Local Health Department.

This is valid only when the seal of the issuing Local Health Department is affixed.

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

BOOK 8765 PAGE 804

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

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

Exhibit "E"

MAY 14 1992

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.

Linda S. Weadley, M.D.
REGISTRAR

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER 9202119

TYPE / PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT (For use by physician or institution)

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): OSCAR MARVIN MEITHCOCK
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): April 22, 1992
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-7536
5a. AGE – LAST BIRTHDAY (Years): 71
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): Mar. 2, 1921
7. BIRTHPLACE (City and State or Foreign Country): FRANKLIN, TENNESSEE
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home b [X] Residence c [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 2114 GENEIVA DRIVE
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): MARY MORSE
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): DRY CLEANING
12b. KIND OF BUSINESS/INDUSTRY:
13a. RESIDENCE – STATE: TN
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 2114 GENEIVA DRIVE
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37216
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [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): 8; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): WILLIAM FLETCHER MEITHCOCK
18. MOTHER'S NAME (First, Middle, Maiden Surname): AMANDA CULBERSON

INFORMANT

19a. INFORMANT'S NAME (Type/Print): MRS. MARY MEITHCOCK
19b. RELATIONSHIP TO DECEASED: WIFE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2114 GENEIVA DRIVE, NASHVILLE, TN 37216

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): FOREST LAWN MEMORIAL GARDENS
20c. LOCATION—City or Town, State: GOODLETTSVILLE, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Mary Ann Wiggins
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3839
21c. SIGNATURE OF EMBALMER: ▶ Joseph Moore
21d. LICENSE NUMBER OF EMBALMER: 4135
22a. NAME AND ADDRESS OF FUNERAL HOME: FOREST LAWN FUNERAL HOME 1150 DICKERSON ROAD, GOODLETTSVILLE, TN 37072
22b. LICENSE NUMBER OF FUNERAL HOME: 732

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Mary C. Pentecost
24. DATE FILED (Month, Day, Year): May 13, 1992

CERTIFIER

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

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 ▶ [signature] T. [illegible] M.D.
25b. LICENSE NUMBER:
25c. DATE SIGNED (Month, Day, Year): 5-11-92
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):
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.	Consequences of the fracture	
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.	

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 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [ ] Natural 6 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide
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. ____

SEE INSTRUCTIONS ON OTHER SIDE

PH 1659
REV 1/89

202-06-002 (Rev. ' ')

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