BOX 23

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63941

AFFIDAVIT OF HEIRSHIP/INHERITANCE

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

IDENTIFICATION REFERENCE:

Nov 13 9 20 AM '92

FELIX Z. WILSON II REGISTER
DAVIDSON COUNTY, TN

FROM: Ruby W. Dunlap (dec'd)

TO: David K. Dunlap and
Michael H. Dunlap,

RE: 702 Glenview Drive, Nashville, Tennessee.
Property Tax Map 93-8, Parcel 53

LAND in Davidson County, Tennessee, being Lot No. 4 on the Map of Shelby Heights Subdivision, Section II, of record in Book 2854, page 5, of the Register's Office for said County as follows:

BEGINNING at a point in the southerly margin of Glenview Street which is a common corner of Lots Nos. 4 and 5; thence southwardly 98.2 feet to a concrete monument at the common corners of Lots Nos. 4, 5, and 6; thence southeasterly 87.1 feet to a point in the westerly margin of Ozark Street which is the common corner of Lots Nos. 4, 6 and 7; thence northwardly 132 feet with the westerly margin of Ozark Street to a concrete monument which marks the beginning of a curve with a radius of 25.0 feet; thence to the left around said curve 39.27 feet to a concrete monument in the southerly margin of Glenview Street; thence easterly along the southerly margin of Glenview Street, 39.47 feet to the beginning.

BEING the same property conveyed to Ruby W. Dunlap by deed from Roy Arch Russell and wife, Phyllis Russell, of record in Book 3896, page 544, said Register's Office.

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

1. Affiant, David K. Dunlap, is of lawful age, and presently resides (and has for the past few years) at 205 Rader Ct., Antioch, Davidson County, Tennessee 37013. David K. Dunlap, personally knew the decedent, Ruby W. Dunlap, and has personal knowledge of the facts herein stated and of this family by reason of being a son of Ruby W. Dunlap.

2. Affiant, Michael H. Dunlap, is of lawful age, and presently resides at 238 Jacksonian Drive, Hermitage, Davidson County, Tennessee 37076. Michael H. Dunlap, personally knew the decedent, Ruby W. Dunlap, and has personal knowledge of the facts herein stated and of this family by reason of being a son of Ruby W. Dunlap.

3. Ruby W. Dunlap, acquired fee simple title to the above-described property by deed from Roy Arch Russell and wife, Phyllis Russell of record in Book 3896, page 544, said Register's Office.

4. Ruby W. Dunlap died intestate on May 5, 1992, in Davidson County, Tennessee where she had resided for several years prior to her death (see the copy of the Certificate of Death attached hereto as Exhibit "A", and hereby incorporated by reference).

5. There were two children born to Ruby W. Dunlap, from a previous marriage (which ended in divorce before she bought said property), namely David K. Dunlap and Michael H. Dunlap. Ruby W. Dunlap had no other children, adopted or otherwise. Ruby W. Dunlap was only married once. Ruby W. Dunlap and Ruby Alice Dunlap were one and the same person.

6. The real property (described herein) of the decedent, Ruby W. Dunlap passed to her heirs at law and issue, namely David K. Dunlap and Michael H. Dunlap, under the Tennessee state laws of descent and distribution concerning intestate succession.

7. The property (estate) that Ruby W. Dunlap owned at the time of her death was less than $600,000.00. All her known debts and taxes (if any) have been fully paid.

8. The parties and affiants join in the execution of this instrument for the purposes of stating that the above facts are true and for the purpose of inducing the issuance of title insurance on the above-referenced property.

9. Affiants David K. Dunlap and Michael H. Dunlap (but not will, and do hereby agree to save, hold harmless and indemnify Lawyers Title Insurance Corporation from any loss or expense (specifically including, but not limited to, court costs and attorneys fees) arising by reason of claims (whether valid or not) (1) against said Estate of Ruby W. Dunlap, deceased, and/or (2) for damages concerning the purposes of this instrument.

FURTHER, Affiants saith not.

WITNESS OUR HANDS this the 10 day of November, 1992, at office in said State and County.

David K. Dunlap
DAVID K. DUNLAP

Michael H. Dunlap
MICHAEL H. DUNLAP

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

Personally appeared before me, the undersigned. a Notary Public in and for said County and State, the within named David K. Dunlap , 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 Brentwood, Tennessee on this day; Subscribed and sworn to before me, the undersigned Notary Public on this the 10 day of November, 1992.

Notary Public

DAVID COLEMAN NOTARY PUBLIC AT LARGE STATE OF TENNESSEE

My commission expires: 5/22/93.

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named Michael H. Dunlap. 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 Brentwood, Tennessee on this day; Subscribed and sworn to before me, the undersigned Notary Public on this the 10 day of November, 1992.

Notary Public

DAVID COLEMAN NOTARY PUBLIC AT LARGE STATE OF TENNESSEE

My commission expires: 5/22/93.

This instrument was prepared by:
DAVID COLEMAN, Attorney
9000 East Church Street B-102
Brentwood, TN 37027

6370 11/13 0101 03CHECK 16.00

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Metropolitan Government of Nashville and Davidson County

Exhibit "A"

Philip Bredesen, 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.

MAY 15 1992

Freda S. Ward, M.D.
Director of Health

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER: 9202178

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Ruby Alice Dunlap
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): May 5, 1992
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-4268
5a. AGE – LAST BIRTHDAY (Years): 72
5b. UNDER 1 YEAR – MOS.: 5c. UNDER 1 DAY – DAYS: 5d. UNDER 1 DAY – HOURS: 5e. UNDER 1 DAY – MIN.:
6. DATE OF BIRTH (Month, Day, Year): 8/28/1919
7. BIRTHPLACE (City and State or Foreign Country): St. Louis, Missouri
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
8a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [X] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
8b. FACILITY NAME (If not institution, give street and number): University Health Care
8c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
8d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): Divorced
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.): Seamstress
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: 702 Glennview
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37206
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): ; College (1-4 or 5+): 4

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Jeremiah R. Wood
18. MOTHER'S NAME (First, Middle, Maiden Surname): Thursie M. Fairchild

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Michael H. Dunlap
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 238 Jacksonian Dr, Hermitage, Tn. 37076

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): Hermitage Memorial Gardens
20c. LOCATION – City or Town, State: Hermitage, Tn. 37076
21a. SIGNATURE OF FUNERAL DIRECTOR: Douglas Rainer
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2300
21c. SIGNATURE OF EMBALMER: William Carter
21d. LICENSE NUMBER OF EMBALMER: 3610
22a. NAME AND ADDRESS OF FUNERAL HOME: Hibbett & Hailey Funeral Home, 429 Donelson pk. Nashville, Tn. 37214
22b. LICENSE NUMBER OF FUNERAL HOME: 492

REGISTRAR

23. REGISTRAR'S SIGNATURE: Marsha H. Jones
24. DATE FILED (Month, Day, Year): May 15, 1992

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: Robert J Neaderthal
25b. LICENSE NUMBER: MO8275
25c. DATE SIGNED (Month, Day, Year): 5/9/92
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): Dr. Robert Neaderthal 2021 Church St. Nashville, Tn. 37203

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.	Bacterial Meningitis	2 wk
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.

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 [ ] 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.

PH-1859 (REV 1/89)

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

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