Prepared By: Margaret Matthews, Nashville, Tn. 37210

AFFIDAVIT OF FEE OWNERSHIP BY INHERITANCE AND RESIDENCY

BOOK 9421 PAGE 837

2520 07/29 0101 03CHECK 12.00

The affiant, first being duly sworn, states as follows:

1. I am the (an) owner in fee of the property described as District 6th, Map 118-8, Parcel 199 on the official property ownership records maintained by the Davidson County Assessor of Property.

2. The owner of record through whom I claim is GLENN D SIMON ETUX + Lucy Simon, who died on or about 7/25, 1988, at DAVIDSON Co., TN. (Place of Death)

3. My relationship to the decedent is as follows: SON.

4. The names and addresses of persons other than myself who are also presently entitled to ownership of this property under the laws of descent and distribution are as follows:

Name	Address
None	MAIL ENV.

94 JUL 29 PM 1:56
FELIX ... DAVIDSON COUNTY, TN REGISTER

IDENTIF. & REFERENCE 76259

5. I have resided on the property since _____, 19___.

Further affiant saith not.

Edgar C Lugg
(Signature)

Subscribed to and sworn before me this 25 day of July, 1994.

Connie L. Attwood
Notary Public

NOTARY PUBLIC DAVIDSON COUNTY

My commission expires: 1/25/97

(For yout protection this instrument should be recorded by the County Register of Deeds.)

Metropolitan Government of Nashville and Davidson County

BOOK 9421 PAGE 838

Bill Boner, Mayor

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

FREDIA S. WADLEY, M.D.
LOCAL REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY, TN

MAY 3 1988

Fredia S. Wadley, M.D

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.

102963

BECOMES A LEGAL
ID WHEN PROPERLY EXE-
AND FILED.

OR PRINT IN
MENT BLACK INK.

DECEASED

RESIDENCE WHERE DE-
D LIVED. IF DEATH OC-
D IN INSTITUTION, GIVE
ENCE BEFORE ADMIS-

PARENTS AND INFORMANT

T REQUIRED PRIOR TO
PORTATION OF BODY BY
ON CARRIER OR RE-
FROM STATE.

DISPOSITION

CERTIFIER

EH NOT ATTENDED BY
CIAN, AUTHORIZED OF-
SIGN HERE ANY
CIAN OR MEDICAL EX-
ER EXECUTING CER-
TE MUST COMPLETE
SIGN MEDICAL CER-
ATION WITHIN 48
S. POWER OF
ATURE CANNOT BE
ATED.

CAUSE

1 1658
V. 9/81 CRC

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

VITAL RECORDS

BIRTH NO. _____ STATE FILE NO.

1. DECEASED—NAME: GLENN DARWIN SIMON
2. DATE OF DEATH (MONTH, DAY, YEAR): April 21, 1988
3a. AGE—LAST BIRTHDAY (YEARS): 63
3b. UNDER 1 YEAR: MOS. / DAYS
3c. UNDER 1 DAY: HOURS / MIN.
4. DATE OF BIRTH (MONTH, DAY, YEAR): Feb. 27, 1925
5a. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)): White
5b. ORIGIN OR DESCENT (ITALIAN, MEXICAN, GERMAN, ETC. (SPECIFY)): American
6. SEX: Male
7a. COUNTY OF DEATH: Davidson
7b. CITY, TOWN OR LOCATION: Nashville
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.): General Hospital
7e. IF HOSP. OR INST. Inpatient, Outpatient, Res., Emergency (Specify)
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Ohio
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Lucy Barlar
12. SOCIAL SECURITY NUMBER (IF NONE, WRITE "NONE"): [redacted]0-1173
13a. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE): 1946-1966
13b. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Wielder
13c. KIND OF BUSINESS OR INDUSTRY: U.S. Air Force
14a. RESIDENCE—STATE: Tennessee
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: Nashville
14d. STREET AND NUMBER: 2519 Winford Ave.
14e. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
14f. CENSUS TRACT NO.
15. FATHER—NAME: Frank J. Close
16. MOTHER—MAIDEN NAME: Allie Shirley
17. INFORMANT—NAME: Wife
MAILING ADDRESS: Same
18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial
18b. DATE (MONTH, DAY, YEAR): 4-25-1988
18c. CEMETERY OR CREMATORY—NAME: National
18d. LOCATION—CITY OR TOWN, STATE: Madison, TN
19a. FUNERAL DIRECTOR (SIGNATURE): Herman Potts
19b. LICENSE NO.: 1600
19c. EMBALMER (SIGNATURE): Herman Potts
19d. LICENSE NO.: 2313
20. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Woodbine Funeral Home Nashville, TN
21. REGISTRAR—SIGNATURE: Esther D. Groh
21b. DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): May 3, 1988
22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, OR THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE: [signature] DEGREE: MD
22b. DATE SIGNED (MONTH, DAY, YEAR):
23a. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR OF INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. SIGNATURE: TITLE:
23b. DATE SIGNED (MONTH, DAY, YEAR):
24a. CERTIFIER—NAME (TYPE OR PRINT): Gary Jacques, M. D.
24b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Nashville, TN.

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

IMMEDIATE CAUSE (a): Arterior Myocardial Infarction
DUE TO, OR AS A CONSEQUENCE OF (b): Atherosclerotic coronary artery ds
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST (c):
INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)
26. AUTOPSY (YES OR NO):

27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):
27b. DATE OF INJURY (MONTH, DAY, YEAR):
27c. HOUR:
27d. DESCRIBE HOW INJURY OCCURRED:
27e. INJURY AT WORK (SPECIFY YES OR NO):
27f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (SPECIFY):
27g. LOCATION—STREET OR R.F.D. NO., CITY OR TOWN, STATE:

RECORDER'S MEMO
LEGIBILITY OF WRITING 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

FREDIA S. WADLEY, M.D.
LOCAL REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY, TN

AUG 4 1988

Fredia S Wadley, M.D

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.

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BOOK 9421 PAGE 839

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

8803683

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT BLACK INK.

BIRTH NO. _____ STATE FILE NO.

DECEASED

1. DECEASED—NAME (First, Middle, Last): L'UCY ROWENA SIMON
2. DATE OF DEATH (Month, Day, Year): July 25, 1988
3a. AGE—Last Birthday (Years): 74
3b. Under 1 Year: Mos. / Days
3c. Under 1 Day: Hours / Min.
4. DATE OF BIRTH (Month, Day, Year): Feb. 9, 1914
5a. RACE (White, Black, American Indian, Etc. (Specify)): White
5b. ORIGIN OR DESCENT (Italian, Mexican, German, Etc. (Specify)): Irish-Indian
6. SEX: Female
7a. COUNTY OF DEATH: Davidson
7b. CITY, TOWN OR LOCATION: Nashville
7c. INSIDE CITY LIMITS (Specify Yes or No): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, specify private residence, business, street, etc.): Carriage Health Care
7e. Inpatient
8. STATE OF BIRTH (If not in U.S.A., name country): Tenn.
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name)
12a. SOCIAL SECURITY NUMBER (If none, specify): [redacted]-2000
12b. SERVICE IN ARMED FORCES (Specify war or dates of service): No
13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
13b. KIND OF BUSINESS OR INDUSTRY: Self

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

14a. RESIDENCE—STATE: Tenn.
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: Nashville
14d. STREET AND NUMBER: 2519 Winford Ave.
14e. INSIDE CITY LIMITS (Specify Yes or No): Yes
14f. CENSUS TRACT NO.

PARENTS AND INFORMANT

15. FATHER—NAME: Cornelius B. Barlar
16. MOTHER—MAIDEN NAME: Annie Ingram
17. INFORMANT—NAME: Ed Pigg
MAILING ADDRESS: 209 Melmack Drive Nashville, Tenn.

PERMIT REQUIRED PRIOR TO TRANSPORTATION OF BODY BY COMMON CARRIER OR REMOVAL FROM STATE.

DISPOSITION

18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
18b. DATE (Month, Day, Year): 7-28-88
18c. CEMETERY OR CREMATORY—NAME: National
18d. LOCATION—CITY OR TOWN, STATE: Madison, Tenn.
19a. FUNERAL DIRECTOR (Signature): Herman Potts
19b. LICENSE NO.: 1600
19c. EMBALMER (Signature): Herman Potts
19d. LICENSE NO.: F313
20. FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip): Woodbine Funeral Home Nashville, Tenn.
21a. REGISTRAR—SIGNATURE: Mary C. Pentecost
21b. DATE RECEIVED BY LOCAL REGISTRAR: Aug. 3, 1988

CERTIFIER

22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE: Wes Baker DEGREE: M.D. DATE SIGNED (Month, Day, Year): Aug 1. 88
22b. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. SIGNATURE / TITLE / DATE SIGNED (Month, Day, Year)
23a. CERTIFIER—NAME (Type or Print): Thurman D. Baker, M.D.
23b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 209 Melmack Drive Nashville, Tenn.

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE. ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

CAUSE

24. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) — INTERVAL BETWEEN ONSET AND DEATH
(a) IMMEDIATE CAUSE: Cardiac Arrest
(b) DUE TO, OR AS A CONSEQUENCE OF: ASHD
(c) CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST — DUE TO, OR AS A CONSEQUENCE OF:
(d)

25. PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a): CJA — AUTOPSY (Yes or No): 26.

27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (Specify)
27b. DATE OF INJURY (Month, Day, Year)
27c. HOUR
27d. DESCRIBE HOW INJURY OCCURRED
27e. INJURY AT WORK (Specify Yes or No)
27f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Specify)
27g. LOCATION—STREET OR R.F.D. NO., CITY OR TOWN, STATE

PH-1650
Rev. 9-81

202-06-003

RECORDER'S MEMO
LEGIBILITY OF WRITING, TYPING OR PRINTING IN THIS DOCUMENT UNSATISFACTORY WHEN RECEIVED