10/26/94 08:56 TO 6334931 P.01

Prepared by: Charles R. Newell

BOOK 9504 PG 621

94 OCT 28 AM 11:00

PICK-UP

IDENTIFICATION REFERENCE 03831

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE

COUNTY OF DAVIDSON

The undersigned, MARY YOUNGBLOOD, upon being first duly sworn, does hereby make oath and give the following affidavit:

That HATTIE EDWARDS died on the 4 day of OCT., 1984 leaving as 1 only heirs-at-law, 1 Children, MARY YOUNGBLOOD, and

That HATTIE EDWARDS had no other children, living or deceased at the time of HER death.

That the estates of the above named decedents have been opened and closed, and all debts, claims, estate and/or inheritance taxes have been paid; or in the event the estate of any of the above named decedents has not been probated or closed, the undersigned hereby agrees to hold Amqui Title & Escrow, Inc., and Stewart Title Guaranty Company harmless from any loss either may incur by virtue of their removal of any exception for any debts, claims, estate and/or inheritance taxes pertaining to the estate of the decedents in the insurance of a mortgage title insurance policy insuring _____, their successors and/or their assigns., on property known as 509 - FISK STREET NASHVILLE, TN. 37203.

WITNESS my hand this 26 day of OCT, 19 94.

Mary Youngblood

2322 10/28 0101 03CHECK 8.00

Subscribed to and sworn to me this the 26 day of OCT 19 94.

Notary Public

My Commission Expires: September 18, 1995

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

OCT 27 1994

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. Wadley, M.D.
LOCAL REGISTRAR

BOOK 9504 PG 622

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

8404461

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: Hattie Edwards
2. DATE OF DEATH: 10-4-84
3a. AGE—LAST BIRTHDAY: 93
4. DATE OF BIRTH: 4-15-1891
5. RACE: Black
6. SEX: Female
7a. COUNTY OF DEATH: Davidson
7b. CITY, TOWN OR LOCATION: Nashville
7c. INSIDE CITY LIMITS: Yes
7d. HOSPITAL OR OTHER INSTITUTION: 509 Fisk St.
7e. Residence
8. STATE OF BIRTH: Tennessee
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Widowed
11. SURVIVING SPOUSE:
12a. SOCIAL SECURITY NUMBER: [redacted]5315
12b. SERVICE:
13a. USUAL OCCUPATION: Maid
13b. KIND OF BUSINESS OR INDUSTRY: Maid Service

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

14a. RESIDENCE—STATE: Tennessee
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: Nashville
14d. STREET AND NUMBER: 509 Fisk St.
14e. INSIDE CITY LIMITS: Yes
14f. CENSUS TRACT NO.:

PARENTS AND INFORMANT

15. FATHER—NAME: Henry Blackman
16. MOTHER—MAIDEN NAME: Harriett Unknown
17. INFORMANT—NAME: Mary Lee Youngblood 509 Fisk St.
MAILING ADDRESS

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

DISPOSITION

18a. BURIAL, CREMATION, REMOVAL, OTHER: Burial
18b. DATE: 10-9-84
18c. CEMETERY OR CREMATORY—NAME: National
18d. LOCATION—CITY OR TOWN, STATE: Madison, Tennessee
19a. FUNERAL DIRECTOR: Marcus H. Dante
19b. LICENSE NO.: 2212
19c. EMBALMER: Ernest McTeer
19d. LICENSE NO.: 3874
20. FUNERAL HOME—NAME AND ADDRESS: Wm. Gunter and Sons, Nash. Tenn.
21. REGISTRAR—SIGNATURE: Esther D. Grost
DATE RECEIVED BY LOCAL REGISTRAR: 10-12-84

CERTIFIER

22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSES STATED.
SIGNATURE: _____ DEGREE: _____ DATE SIGNED: _____

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 CAUSES STATED.
SIGNATURE: Charles W. Harlan, M.D. TITLE: _____ DATE SIGNED: 10/10/84

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.

23a. CERTIFIER—NAME: CHARLES W. HARLAN, M.D.
23b. MAILING ADDRESS: 72 Hermitage Avenue Nashville TN 37210

CAUSE

25. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
(a) IMMEDIATE CAUSE: ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE
(b) DUE TO, OR AS A CONSEQUENCE OF:
(c) DUE TO, OR AS A CONSEQUENCE OF:
(d)
INTERVAL BETWEEN ONSET AND DEATH:

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).

AUTOPSY (YES OR NO): No

27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED:
27b. DATE OF INJURY:
27c. HOUR:
27d. DESCRIBE HOW INJURY OCCURRED:
27e. INJURY AT WORK:
27f. PLACE OF INJURY:
27g. LOCATION:

PH-1658
Rev. 9/81 CRC

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