This Instrument Prepared By:

Stanly T. Snodgrass
2300 21st Avenue South
Nashville, Tennessee 37212

BOOK 9551 PG 900

AFFIDAVIT OF HEIRSHIP

1. I, Patricia Eleanor Totty, am the only child of Samuella V. Totty, who died on September 4, 1957 in Baton Rouge, Louisiana. My mother was the only child of my maternal grandmother Parthenia Maud Totty, who died in Davidson County, Tennessee on January 7, 1973.

2 After my mother's death in 1957 my grandmother Parthenia Maud Totty brought me to Nashville to live and adopted me as her child.

3. My grandmother had no children of her own and no husband at her death. At death she owned in her sole name a house and lot in Davidson County, Tennessee of record in Book 712, page 769-70, Registers Office for Davidson County, Tennessee.

4. My grandmother left no Will at her death. As her adopted child I inherited her home and furniture which was the extent of her estate.

5. As her sole heir under the laws of descent and distribution in Tennessee I became the lawful owner of my grandmother's home at her death and have been in control, and have maintained same and paid all taxes assessed against my home since the death of my grandmother Maul P. Totty in 1973.

6. I am making this Affidavit to establish my sole heirship to the real property involved and to create a record in the Davidson County Registers Office of my personal ownership.

Appropriate death certificates of my mother and grandmother are attached.

Patricia Eleanor Totty

Patricia Eleanor Totty

19061
IDENTIF. & REFERENCE

94 DEC 21 AM 9:57
FEE
REGISTER
DAVIDSON COUNTY, TN.

MAIL ENV

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me Patricia L. Sorey, a Notary Public in and for the State and County aforesaid; Patricia Eleanor Totty with whom I am personally acquainted and acknowledged under oath that the statements made herein are true for the purposes herein contained.

Witness my signature this 16th day of December, 1994.

Patricia L. Sorey

PATRICIA L. SOREY NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TENN.

My commission expires: July 25th, 1998

12/21 0101 01CASH

RECORDERS MEMO
LEGIBILITY OF WRITING, TYPING OR PRINTING IN
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STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

BOOK 9551 PG 901

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE

CERTIFICATE OF DEATH
STATE OF MISSISSIPPI

STATE FILE NO. 14162

BIRTH NO.

REGISTRAR'S NO. 425

1. PLACE OF DEATH
a. COUNTY: Warren
b. CITY, TOWN, OR LOCATION: Vicksburg
c. LENGTH OF STAY IN 1b: 35 Min.
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Vicksburg Hospital
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☒ NO ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Louisiana
b. COUNTY: East Baton Rouge Parish
c. CITY, TOWN, OR LOCATION: Baton Rouge
d. STREET ADDRESS: Southern University
e. IS RESIDENCE INSIDE CITY LIMITS? YES ☒ NO ☐
f. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First: Samuella; Middle: V; Last: Totty

4. DATE OF DEATH: Month: 9; Day: 4; Year: 57

5. SEX: Female

6. COLOR OR RACE: Colored

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒

8. DATE OF BIRTH: 6-27-14

9. AGE (In years last birthday): 43
IF UNDER 1 YEAR: Months; Days
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Director of Business

10b. KIND OF BUSINESS OR INDUSTRY: Sou. Univ.

11. BIRTHPLACE (State or foreign country): Centergille, Tenn

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel M. Totty

14. MOTHER'S MAIDEN NAME: Maud Gantt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. J. M. Totty — Address: 1021 31st Ave N Nashville, Tenn

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Basal Skull Fracture
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Multiple Contusion & Laceration
DUE TO (c): Multiple fracture of ribs
INTERVAL BETWEEN ONSET AND DEATH: 8 1 6 4
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY occurred. (Enter nature of injury in Part I or Part II of item 18.): Automobile accident

20c. TIME OF INJURY (Hour, a.m. p.m.; Month, Day, Year): 9 4 1957

collision two cars

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Highway 61 North

20f. CITY, TOWN, OR LOCATION: At Vicksburg COUNTY: Warren STATE: Miss

21. I attended the deceased from 9-4-57, to 9-4-57 and last saw her alive on 9-4-57
Death occurred at 7:35 AM on the date stated above; and to the best of my knowledge, from the causes stated

22a. SIGNATURE (Degree or title): Wm Abel Choat M.D.

22b. ADDRESS: Vicksburg Hospital Vicksburg Miss

22c. DATE SIGNED: 9-5-1957

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 9-5-57

23c. NAME OF CEMETERY OR CREMATORY: Greenwood

23d. LOCATION (City, town, or county) (State): Nashville, Tenn.

24. FUNERAL DIRECTOR: K. Gardner Fun Home ADDRESS: Nashville, Tenn

25. DATE RECD. BY LOCAL REG.: 9-11-57

26. REGISTRAR'S SIGNATURE: Gladys S Dykes

Revised 1-1-56

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

F. E. Thompson Jr. MD
F. E. Thompson, Jr., M.D., M.P.H.
STATE HEALTH OFFICER

NOV -7 1994

Nita Cox Gunter
Nita Cox Gunter
STATE REGISTRAR

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BOOK 9551 PG 902

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

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
STATE REGISTRAR

1794
26
1954

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH FILE NO. 73-000424
DIVISION OF VITAL STATISTICS

1-27-37
BECOMES A LEGAL DOCUMENT WHEN PROPERLY SIGNED AND FILED
57
3011

1. DECEASED — NAME: Parthenia	Maude	Totty	2. DATE OF DEATH (MONTH, DAY, YEAR): Jan. 7, 1973	
3. RACE: Negro	4. SEX: Female	5a. AGE: 83	5b. UNDER 1 DAY:	5c. UNDER 1 DAY:
6a. COUNTY OF DEATH: Davidson	6b. CITY, TOWN, OR LOCATION OF DEATH: Nashville	6c. INSIDE CITY LIMITS: Yes	7. DATE OF BIRTH: March 11, 1889	
7a. HOSPITAL OR OTHER INSTITUTION — NAME: Riverside Hospital				
8. STATE OF BIRTH: Tennessee	9. CITIZEN OF WHAT COUNTRY: U.S.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Widowed	11. SURVIVING SPOUSE:	
12a. SOCIAL SECURITY NUMBER:	12b. RESIDENCE OF ARMED FORCES:	13a. USUAL OCCUPATION: Teacher	13b. KIND OF BUSINESS OR INDUSTRY:	
14a. RESIDENCE — STATE: Tenn	14b. COUNTY: Davidson	14c. CITY, TOWN, OR LOCATION: Nashville	14d. INSIDE CITY LIMITS: yes	14e. STREET AND NUMBER: 1021-31st Ave No
15. FATHER — NAME: Snowden Stut	16. MOTHER — MAIDEN NAME: Lucinda Broom	17. INFORMANT — NAME: Patricia E. Totty	MAILING ADDRESS: 1021-31st Ave No	

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) Azotemia	4339
CONDITIONS IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST	(b) cerebral thrombosis-renal failure	593
	(c)	

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

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED	AUTOPSY: Y
INJURY AT WORK	PLACE OF INJURY	LOCATION		

PHYSICIAN — CERTIFICATION: SIGNATURE: Dorothy L. Brocere M.D. DATE SIGNED: 1-11-73

MEDICAL EXAMINER — CERTIFICATION: SIGNATURE: DATE SIGNED:

CORONER — NAME: MAILING ADDRESS: CITY OR TOWN: STATE: ZIP:

BURIAL, CREMATION, REMOVAL: Burial | DATE: 1-11-73 | CEMETERY OR CREMATORY — NAME: Greenwood | LOCATION: Nashville Tenn

FUNERAL HOME — NAME AND ADDRESS: R Buchner 1511 Jefferson Nashville Tenn | REGISTRAR — SIGNATURE: Luther D. Groth | DATE RECEIVED BY LOCAL REGISTRAR: 1-19-73

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

BOOK 9551 PG 903

FORM NO. 504
MISSISSIPPI STATE BOARD OF HEALTH

CERTIFICATE OF BIRTH

STATE OF MISSISSIPPI

STATE FILE NUMBER 5977

1. Place of birth
a. County: Bolivar
b. City, Town or Location: Mound Bayou

2. Full name of child: Patricia Eleanor Totty

3. Sex: Female
4. Date of birth: January 29, 1951

FATHER	MOTHER
5. Full name: Deceased	11. Full name Before marriage: Maude Parthenia Gantt (Totty)
6. Address	12. Address: Nashville, Tennessee
7. Color or Race	8. Age Yrs.	13. Color or Race: Negro	14. Age: 3-11-1889 Yrs.
9. Birthplace	15. Birthplace: Tennessee
10. Occupation	16. Occupation: Housewife

I hereby certify that this child was born alive on the date stated above.

This the 17 day of November 19 60

File Date: 2-13-51

B. E. Bennett by Esther Bennett
Deputy State Registrar — Authorized Clerk in Department

REVISED 9-1-58

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

F. E. Thompson Jr. MD
F. E. Thompson, Jr., M.D., M.P.H.
STATE HEALTH OFFICER

November 7, 1994

Nita Cox Gunter
Nita Cox Gunter
STATE REGISTRAR

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