Box 403

THIS AFFIDAVIT WAS PREPARED BY JOHN P. CAULEY, ATTY., 613 WOODLAND ST. NASHVILLE, TN. 37201

AFFIDAVIT OF HEIRSHIP

Name and Address of New Owners:	MAP &	PARCEL
Clifford Grady Clark 934 Sam Johnson Road Columbia, TN 38401	181	120

Carol Josephine Clark
6214 Pettus Road
Antioch, TN 37013

BOOK 9596 PG 919

Send Tax Bills To:

Carol Josephine Clark
6214 Pettus Road
Antioch, TN 37013

95 FEB 16 PM 3:24
REGISTER'S OFFICE
DAVIDSON COUNTY, TN.

IDENTIF. & REFERENCE
34747

Affiants, Clifford Grady Clark, Carol Josephine Clark and Johnnie Andrews Luken being duly sworn according to law, hereby make the following oath for the purpose of establishing the ownership of the following described property pursuant to the provisions of T.C.A., Section 30-2-712, et seq.:

> Land in the 31st Councilman District of Davidson County, Tennessee, described as follows:
>
> Beginning at a concrete monument set on the Easterly margin of Pettus Road said monument being the Northwest corner of a cemetery, thence with said margin N 17° 05' 34" E, 139.42 ft. to an iron pin, S 84° 51' 23" E, 608.07 ft. to an iron pin set in a drill hole in a rock in the bed of a small stream, thence S 19° 06' 56" W, 70.81 ft. to an iron pin set in stream bed, thence S 19° 27' 22" W, 102.81 ft. to an iron pin set in stream bed, thence S 1° 28'40" E, 51.39 ft. to an iron pin set in fence line, thence with said fence N 84° 46' 48" W, 532.29 ft. to an iron pin set at the South East corner of said cemetery, thence with an old fence line N 10° 23' 41" E, 86.16 ft. to an iron pin set in the North East corner of said cemetery, thence with an old fence line, being the Northerly Margin of said cemetery, 87° 30' 43" W, 76.03 ft. to a concrete monument being the point of beginning, containing 2.89 acres.
>
> Being the same property devised to the late Ronald F. Clark by the Last Will and Testament of Thomas Edward (Eddie) Clark of record in Will Book 156, page 703, Probate Court for Davidson County, Tennessee. This inheritance is also reflected in a document titled "QUITCLAIM DEED" of record in Book 7258, page 81, Register of Deeds for Davidson County, Tennessee.

1. That Carol Josephine Clark and Clifford Grady Clark are the only children of the late Ronald F. Clark, deceased as of January 10, 1995 and that they are both over the age of eighteen years.

2. That Ronald F. Clark had been married to Ida Lou Andrews Clark which marriage took place on September 15, 1967. That from

this marriage one child was born, namely, the affiant Carol Josephine Clark. That Ida Lou Andrews Clark died on January 16, 1990.

3. That Ida Lou Andrews Clark, during her lifetime, had two children, namely Carol Josephine Clark and Clifford Grady Clark. That Ida Lou Andrews Clark died intestate, in Davidson County, Tennessee.

4. That Ronald F. Clark formally adopted one child during his lifetime, namely Clifford Grady Clark.

5. That, through intestate succession, Carol Josephine Clark and Clifford Grady Clark inherited the real property of Ronald F. Clark, in equal shares.

6. That affiant Johnnie Andrews Luken is a sister of the late Ida Lou Andrews Clark.

7. That attached to this Affidavit of Heirship, as Exhibit "A", is a certified copy of the Certificate of Death of Ronald F. Clark as on file with the Tennessee Department of Health. WITNESS our hands this the 16th Day of February 1995.

Clifford Grady Clark
Clifford Grady Clark

Carol Josephine Clark
Carol Josephine Clark

Johnnie Andrews Luken
Johnnie Andrews Luken

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me John Patrick Cauley, a Notary Public in and for said County and State, the within named Clifford Grady Clark, Carol Josephine Clark and Johnnie Andrews Luken with whom I am personally acquainted, and who have acknowledged that they executed the within instrument for the purpose therein contained.

Witness my hand and official seal at Nashville, Tennessee, this 16th day of February, 1995.

NOTARY PUBLIC
My Commission Expires: Nov. 28, 1998

NOTARY PUBLIC AT LARGE DAVIDSON COUNTY

950222/16 0101 03CHECK 12.00

EXHIBIT A

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

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

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.

BOOK 9596 PG 921

95-0153

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT: RONALD CLARK (For use by physician or institution)

DECEDENT

1 DECEDENT'S NAME (First, Middle, Last): Ronald Frank Clark
2 SEX: Male
3 DATE OF DEATH (Month, Day, Year): January 10, 1995
4 SOCIAL SECURITY NUMBER: [redacted]6254
5a AGE – LAST BIRTHDAY (Years): 53
5b UNDER 1 YEAR – Months
5c UNDER 1 DAY – Hours / Minutes
6 DATE OF BIRTH (Month, Day, Year): Nov. 16, 1941
7 BIRTHPLACE (City and State or Foreign Country): Davidson County, TN
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 5 [ ] Residence 6 [X] Other (Specify) See 31e
9b FACILITY NAME (If not institution, give street and number): Deadend, New Orchard Lane
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): N/A
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Skilled Worker
12b KIND OF BUSINESS/INDUSTRY: Metro Public Works
13a RESIDENCE – STATE: Tennessee
13b COUNTY: Davidson
13c CITY, TOWN OR LOCATION: Nashville
13d STREET AND NUMBER OR RURAL LOCATION: 6214 Pettus Road
CENSUS TRACT
13e INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f ZIP CODE: 37013
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); College (1-4 or 5+)

PARENTS

17 FATHER'S NAME (First, Middle, Last): Thomas Edward Clark
18 MOTHER'S NAME (First, Middle, Maiden Surname): Annie Carnell Martin

INFORMANT

19a INFORMANT'S NAME (Type/Print): Clifford Clark
19b RELATIONSHIP TO DECEASED: Son
19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 934 Sam Johnson Road Columbia, TN 38401

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): Harpeth Hills Cemetery
20c LOCATION – City or Town, State: Nashville, TN
21a SIGNATURE OF FUNERAL DIRECTOR: ▶ Stephen R. Murphy
21b LICENSE NUMBER OF FUNERAL DIRECTOR: 4097
21c SIGNATURE OF EMBALMER: ▶ Stephen R. Murphy
21d LICENSE NUMBER OF EMBALMER: 4159
22a NAME AND ADDRESS OF FUNERAL HOME: Pettus Owen & Wood Funeral Home Inc., 4506 Charlotte Avenue Nashville, TN 37209
22b LICENSE NUMBER OF FUNERAL HOME: 905

REGISTRAR

23 REGISTRAR'S SIGNATURE: ▶ Ruby Leonard Williams
24 DATE FILED (Month, Day, Year): January 20, 1995

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 [ ] SIGNATURE AND TITLE OF PHYSICIAN ▶
25b LICENSE NUMBER
25c DATE SIGNED (Month, Day, Year)
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 [X] SIGNATURE AND TITLE OF MEDICAL EXAMINER ▶ J.C. Giles, MD
26b LICENSE NUMBER: 25291
26c DATE SIGNED (Month, Day, Year): 1-11-95

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): J.C. GILES, M.D., DAVIDSON CO. CHIEF MEDICAL EXAMINER, MES-0038-95, 84 HERMITAGE AVE., NASH. TN. 37210-2110

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. SKULL LACERATIONS AND CEREBRAL LACERATIONS
DUE TO (OR AS A CONSEQUENCE OF): GUNSHOT WOUND OF HEAD
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.

SEE INSTRUCTIONS ON OTHER SIDE

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

30 MANNER OF DEATH: 1 [ ] Natural 5 [ ] Pending Investigation 2 [ ] Accident 3 [X] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide
31a DATE OF INJURY (Month, Day, Year): 1-10-95
31b TIME OF INJURY: Approx. Late a M
31c INJURY AT WORK? 1 [ ] Yes 2 [X] No
31d DESCRIBE HOW INJURY OCCURRED: Apparent self-inflicted injury
31e PLACE OF INJURY – At home, farm, street, factory, office building, etc. (Specify): Parked Truck
31f LOCATION (Street and Number or Rural Route Number, City or Town, State): Same as 9b-d

BIRTH NO. ____

PH-1659
REV. 1/89

RECORDERS MEMO
[illegible] OR PRINTING IN [illegible] BLACKOUT WAS NOTED