Prepared by Carrie J. Tyler
2003 Yarmouth Dr.
Nash., Tn 37215

AFFIDAVIT OF FEE OWNERSHIP BY INHERITANCE

BOOK 9632 PG 640

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

1. I am the (an) owner in fee of the property described as District ____, Map 072-12, Parcel 233.00 on the official property ownership records maintained by the Davidson County Assessor of Property.

8.00

2. The owner of record through whom I claim is Carson Brent Tyler, who died on or about January 30, 1991, at Marietta, Ga
(Place of Death)

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

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
Jane Tyler Carroll	1241 Grandview #204 Palatine, Ill 60067

5. I have resided on the property since August, 1987.

Further affiant saith not.

Carrie J. Tyler
(Signature)

95 MAR 31 AM 9:52
DAVIDSON COUNTY TN
REGISTER OF DEEDS

47140
IDENTIFICATION REFERENCE

MAIL ENV.

Subscribed to and sworn before me this 31ST day of MARCH, 1995.

Janie Conyers
Notary Public

JANE CONYERS NOTARY PUBLIC DAVIDSON COUNTY

My commission expires: NOVEMBER 22, 1997

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

BOOK 9632 PG 641

CERTIFICATE OF DEATH/STATE OF GEORGIA

Birth Number | Local File Number | State File Number

TYPE OR PRINT IN PERMANENT BLACK OR BLUE-BLACK INK

DECEDENT'S NAME (First, Middle, Last): 1a. Carson Trent TYLER
IF DECEDENT IS FEMALE, ENTER MAIDEN LAST NAME: 1b.
SEX: 2. Male
DATE OF DEATH (Mo., Day, Year): 3. January 30,1991

RACE (White, Black, Amer. Indian, etc.) (Specify): 4. White
ORIGIN OF DECEDENT (Italian, Mex., French, English, etc.): 5. American
DATE OF BIRTH (Mo., Day, Year): 6. May 27, 1922
AGE-Last Birthday (Years): 7a. 68
UNDER 1 YEAR: Mos. 7b.
UNDER 1 DAY: Days 7c. / Hours / Mins.
COUNTY OF DEATH: 8a. Cobb

DECEDENT: CITY, TOWN or LOCATION OF DEATH: 8b. Marietta
HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and No.): 8c. Kennestone Hosp., Windy Hill
IF HOSPITAL OR INST. (Indicate DOA, OP/EMER. Rm., Inpatient) (Specify): 8d. inpatient

STATE AND COUNTY OF BIRTH (If not in USA, name Country): 10a. Tenn.,
CITIZEN OF WHAT COUNTRY?: 10b. U.S.A.
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 11. Widowed
SPOUSE (If married or widowed, give spouse's name—if wife, give maiden name): 12. Willie Mae Hall
WAS DECEDENT EVER IN U.S. ARMED FORCES (Yes or No): 13. no

Usual Residence Where Deceased Lived If Death Occurred In Institution. See Handbook Regarding Completion of Residence Items.

SOCIAL SECURITY NUMBER: 14. [redacted]-8139
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 15a. Supervisor
KIND OF INDUSTRY OR BUSINESS: 15b. Metro Davidson Co. Hwy. Dept.

RESIDENCE – STATE: 16a. Tennessee
COUNTY: 16b. Davidson
CITY, TOWN or LOCATION: 16c. Nashville
STREET AND NUMBER: 16d. 2003 Tammany Dr.
INSIDE CITY LIMITS? (Yes or No): 16e. yes

PARENTS

FATHER'S NAME First Middle Last: 17. Henry Hugh Tyler
MOTHER'S MAIDEN NAME First Middle Last: 18. Mary Ellen Higgins

INFORMANT

INFORMANT'S NAME First Middle Last: 19a. Carry E. Tyler
MAILING ADDRESS (Street, R.F.D. No., City or Town, State, Zip): 19b. 3255 Beechwood Dr.,Marietta, Ga.30067
RELATIONSHIP: 19c. Sister

DISPOSITION

BURIAL, CREMATION, REMOVAL (Specify): 20a. Burial
DISPOSITION DATE (Mo., Day, Year): 20b. Feb. 1,1991
CEMETERY OR CREMATORY NAME: 20c. Hermitage Memorial Gardens
LOCATION (City or Town, State, Zip, County): 20d. Nashville, Tenn.,Davidson Co.

FUNERAL DIRECTOR (Signature): 21a. Mary L. Morris
FUN. DIR. LICENSE NO.: 21b. 916
NAME AND ADDRESS OF FACILITY (Street, R.F.D. No., City or Town, State, Zip): 21c. Green Lawn Funeral Directors, 1270 Spring St., N.W., Atlanta, Ga.30309
EST. LICENSE NO.: 21f. 500

EMBALMER (Signature): 21d. Jason M. Bozer
EMBALMER LICENSE NO.: 21e. 3398

CAUSE OF DEATH

Conditions, If Any, Which Gave Rise To Immediate Cause Stating The Underlying Cause Last.

PART I — 23. IMMEDIATE CAUSE (Enter only one cause per line for A, B, and C)
A. Respiration Arrest — Approximate interval between onset and death:
Due to, or as a consequence of:
B. Severe Chronic Obstructive Pulmonary Disease — Approximate interval between onset and death:
Due to, or as a consequence of:
C. Pulmonary TB & Lung Surgery / Smoking — Approximate interval between onset and death:

PART II — 24. OTHER SIGNIFICANT CONDITIONS - conditions contributing to death but not related to cause given in Part I A. (If female, indicate if pregnant at birth occurred within 90 days of death.)
Electively Impaired Cognitive Abilities
AUTOPSY (Yes or No): 25a. no
IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (Yes or No): 25b.

If Infant Death, Indicate Birth Certificate No. of Mate(s).

WAS OPERATION PERFORMED? (Yes or No): 26a. No
DATE OF OPERATION (Mo., Day, Year): 26b.
CONDITIONS FOR WHICH OPERATION WAS PERFORMED (Specify): 26c.

ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify): 27.
DATE OF INJURY (Mo., Day, Year): 28a.
DESCRIBE HOW INJURY OCCURRED: 28b.
HOUR OF INJURY: 28c. M
INJURY AT WORK? (Yes or No): 28d.
PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc. If Specify): 28e.
LOCATION (Street, R.F.D. No., City or Town, State, Zip, County): 28f.

CERTIFIER

To Be Completed By CERTIFYING PHYSICIAN ONLY

29a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)
DATE SIGNED (Mo., Day, Year): 29b. 2-1-91
HOUR OF DEATH: 29c. 7:42 A M
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: 29d.

To Be Completed By MEDICAL EXAMINER OR CORONER ONLY

30a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)
DATE SIGNED (Mo., Day, Year): 30b.
HOUR OF DEATH: 30c. M
DATE PRONOUNCED DEAD (Mo., Day, Year): 30d. ON
HOUR PRONOUNCED DEAD: 30e. AT

TYPE OR PRINT

NAME AND TITLE OF CERTIFIER (Physician, Medical Examiner, or Coroner): 31a. Mitchell A. Jablow, M.D.
ADDRESS OF CERTIFIER (Street, R.F.D. No., City or Town, State, Zip): 31b. 2520 Windy Hill Rd.,SE, S-301,Marietta,Ga.30067

REGISTRAR

REGISTRAR (Signature): 22a. J. Clem Biddington Dep.
DATE RECEIVED BY REGISTRAR (Mo., Day, Year): 22b. FEB 05 1991

113 (Rev. 4-88) GEORGIA DEPARTMENT OF HUMAN RESOURCES/VITAL RECORDS SERVICE — DO NOT FOLD THIS CERTIFICATE

"CERTIFICATE OF RECORD"

THIS IS AN EXACT COPY OF THE DEATH CERTIFICATE RECEIVED FOR FILING IN COBB COUNTY, GEORGIA.

Elton S. Cistrone Jr. M.D.
LOCAL CUSTODIAN

BY J. Clem Biddington
LOCAL CUSTODIAN OFFICE

DATE FEB 05 1991

(Seal)