PREPARED BY:

Jimmy L. Badger
Attorney at Law
214 Second Avenue, North
Suite 103
Nashville, Tennessee 37201

Map 70-7
Parcel 84

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE:

COUNTY OF DAVIDSON:

Comes Richard L. Hale and Robert H. Hale, Jr., upon being duly sworn according to law, and state the following:

Robert Houston Hale, Sr., is our natural father. He died, a widower, on June 7, 1981, a resident of Nashville, Davidson County, Tennessee, intestate. Robert H. Hale, Jr., was appointed Administrator of his estate by Letters of Administration dated on or about October 6, 1982, being Rule No. 72011 of the Probate Court of Davidson County, Tennessee.

We, Richard L. Hale, and Robert H. Hale, Jr., are the only surviving children, heirs, and next of kin of the said Robert Houston Hale, Sr., our brother Ronald C. Hale having died on June 24, 1987, without children or heirs. (Certificate of Death attached.)

We, Richard L. Hale and Robert H. Hale, Jr., agree to share equally in the estate of our father, Robert Houston Hale, Sr., and, in particular, to share equally in the ownership and proceeds from any sale, lease, or rental of certain real property owned by our father and known as 915 Young's Lane, Nashville, Davidson County, Tennessee, 37027, and more particularly described as follows:

> Land in Davidson County, Tennessee, being part of Lot No. 43 on the plan of Free Silver of record in Book 332, page 46, Register's Office for Davidson County, Tennessee, described according to a survey of George W. Watkins, Surveyor, dated January 26, 1959, as follows:
>
> Beginning at an iron pin in the Northwesterly intersection of Roy Street and Young's Lane; thence with the Northwesterly margin of Young's Lane 72 feet West to property conveyed to Gus Church and wife, of record in Book 3374, page 96, said Register's Office; thence with Church's easterly line, and Northwardly 250 feet; thence

Easterly 38 feet to the westerly margin of Roy Street, thence with the Westerly margin of Roy Street, southwardly 250 feet to the point of beginning.

Being the same property conveyed from Louise Jones Resha, a widow, to Mr. Robert H. Hale, and wife, Margaret L. Hale, the said Margaret L. Hale having died on July 27, 1978. (Certificate of Death attached.)

Robert H. Hale and Robert Houston Hale, Sr., being one and the same person and having died on June 7, 1981 (Certificate of Death attached).

This the 14th day of July, 1995.

RICHARD L. HALE
3705 Seasons Drive
Antioch, Tennessee 37013

ROBERT H. HALE, Jr.
1452 Snell Boulevard
Nashville, Tennessee 37218

Sworn to and subscribed before me this the 14th day of July, 1995, for Richard L. Hale and the 14th day of July, 1995, for Robert H. Hale, Jr.

NOTARY PUBLIC

My Commission Expires:

PICK-UP

95 JUL 14 AM 11:03
FELIX Z. WILSO
DAVIDSON CO
REGISTER
TN.

IDENTIF. ▲ RE

00790771

20.00

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72011

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 9730 PG 992

81-02430

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED

TYPE OR PRINT IN PERMANENT BLACK INK

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

BIRTH NO _____ STATE FILE NO

DECEASED

1. DECEASED—NAME (FIRST, MIDDLE, LAST)			2. DATE OF DEATH (MONTH, DAY, YEAR)	
ROBERT	HOUSTON	HALE, SR.	JUNE 7, 1981	
3a. AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR: 3b. MOS. / 3c. DAYS	UNDER 1 DAY: 3d. HOURS / 3e. MIN.	4. DATE OF BIRTH (MONTH, DAY, YEAR)	5. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY))	6. SEX
63			May 7, 1918	Black	Male
7a. COUNTY OF DEATH	7b. CITY, TOWN, OR LOCATION	7c. INSIDE CITY LIMITS (SPECIFY YES OR NO)	7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.)	7e. IF HOSP. OR INST. INDICATE DOA OR FROM WHAT PLACE (SPECIFY)
Davidson	Nashville	Yes	Baptist Hospital	DOA
8a. STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY)	8b. CITIZEN OF WHAT COUNTRY	9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
Tennessee	U. S. A.	Widowed		
12a. SOCIAL SECURITY NUMBER (IF NON-RESIDENT GIVE KIND OF DOCUMENT AND NUMBER)	12b. SERVICE IN ARMED FORCES (SPECIFY BRANCH OR DATES OF SERVICE)	13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	13b. KIND OF BUSINESS OR INDUSTRY	
[redacted]-0075	U. S. Navy	Waiter		
14a. RESIDENCE—STATE	14b. COUNTY	14c. CITY, TOWN, OR LOCATION	14d. STREET AND NUMBER	14e. INSIDE CITY LIMITS (SPECIFY YES OR NO)	14f. CENSUS TRACT NO.
Tennessee	Davidson	Nashville	915 Youngs Lane	Yes	

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

PARENTS AND INFORMANT

15. FATHER—NAME	16. MOTHER—MAIDEN NAME	17. INFORMANT—NAME	MAILING ADDRESS
Unk.	Elizabeth Smith	Robert H. Hale, Jr.	Same

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

DISPOSITION

18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY)	18b. DATE	18c. CEMETERY OR CREMATORY—NAME	18d. LOCATION—CITY OR TOWN, STATE
Burial	June 11,1981	National	Madison, Tennessee

19a. FUNERAL DIRECTOR (SIGNATURE)	LICENSE NO.	19b. EMBALMER (SIGNATURE)	LICENSE NO.
K. Gardner	788	Fred Otey	1059

20. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	21. RECEIVED BY LOCAL REGISTRAR—SIGNATURE	21b. DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
K. Gardner, 1511 Jefferson St., Nashville, Tn.	Marguerite M. Dunigan	7-2-81

CERTIFIER

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

22a. PHYSICIAN—I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE ON THE DATE AND DUE TO THE CAUSES STATED	SIGNATURE	DEGREE	22b. DATE SIGNED (MONTH, DAY, YEAR)
23a. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATA OCCURRED ON THE DATE AND DUE TO THE CAUSES STATED	SIGNATURE	TITLE	23b. DATE SIGNED (MONTH, DAY, YEAR)
	John C Ashhurst M.D.		6-9-81
24a. CERTIFIER—NAME (TYPE OR PRINT)	24b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
John C. Ashhurst, M. D.	4200 Kings Court, Nashville, Tennessee 37218		

CAUSE

25. 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
DUE TO, OR AS A CONSEQUENCE OF	
b. CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE, STATING THE UNDERLYING CAUSE LAST	Ventricular Fibrillation
DUE TO, OR AS A CONSEQUENCE OF	
c.	Coronary Heart Disease

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

26. AUTOPSY (YES OR NO): 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 (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	

PHCH FORM NO. 55-10
REVISED [illegible] CRC

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Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
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CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

BOOK 9730 PG 993

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

3302

TYPE OR PRINT IN PERMANENT BLACK INK.

BIRTH NO. _____ STATE FILE NO.

DECEASED

1. DECEASED—NAME: Margaret L. Hale
2. DATE OF DEATH (MONTH, DAY, YEAR): July 27, 1978
3a. AGE—LAST BIRTHDAY (YEARS): 55
3b. UNDER 1 YEAR: MON. / DAYS; UNDER 1 DAY: HOURS / MIN.
3c.
4. DATE OF BIRTH (MONTH, DAY, YEAR): Aug. 13, 1922
5. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY): Black
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, GIVE STREET AND NUMBER): Vanderbilt Hospital
7e. IF HOSP. OR INST., INPATIENT OR OUTPATIENT: 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): Married
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Robert H. Hale, Sr.
12. SOCIAL SECURITY NUMBER: [redacted]-1925
13. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE):
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Cook
13b. KIND OF BUSINESS OR INDUSTRY: Hermitage Hotel

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: 1506 South St.
14e. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
14f. CENSUS TRACT NO.: 163

PARENTS AND INFORMANT

15. FATHER—NAME: Robert Smith, Sr.
16. MOTHER—MAIDEN NAME: Mattie B Reglus
17. INFORMANT—NAME: Robert Hale Sr - 1506 South St.
17a. MAILING ADDRESS

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): 7-31-78
18c. CEMETERY OR CREMATORY—NAME: National
18d. LOCATION (CITY OR TOWN, STATE): Madison, TN.
19. FUNERAL DIRECTOR (SIGNATURE):
19b. LICENSE NO.:
19c. EMBALMER (SIGNATURE):
19d. LICENSE NO.:
20. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): R. Gardner - 1511 Jefferson - Nashville, TN
21a. REGISTRAR—SIGNATURE: Esther D. Groh
21b. DATE RECEIVED BY LOCAL REGISTRAR: 8-9-78

CERTIFIER

22. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE: Frank W. Gluck, M.D. DEGREE: MD
22b. DATE SIGNED (MONTH, DAY, YEAR): 8/4/78
23a. 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:
23b. DATE SIGNED (MONTH, DAY, YEAR):

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE. ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 72 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

24a. CERTIFIER—NAME (TYPE OR PRINT): Frank W. Gluck, M. D.
24b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Vanderbilt Hospital, Nashville, Tennessee 37232

CAUSE

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

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST

(a) IMMEDIATE CAUSE: Pneumonia
DUE TO, OR AS A CONSEQUENCE OF:
(b) Heart failure
DUE TO, OR AS A CONSEQUENCE OF:
(c)

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

27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):
27b. DATE OF INJURY (MONTH, DAY, YEAR):
27c. HOUR: M.
27d. DESCRIBE HOW INJURY OCCURRED:
28. 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):

PHLH FORM NO. 55.10
REVISED 1-78 CRC

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Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

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BOOK 9730 PG 994

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

8702973
THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED

BIRTH NO. _____ STATE FILE NO

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

1. DECEASED—NAME (First, Middle, Last): Ronald C. Hale
2. DATE OF DEATH (Month, Day, Year): June 24, 1987
3a. AGE—Last Birthday (Years): 29
3b. Under 1 Year: Mos. / Days
3c. Under 1 Day: Hours / Min.
4. DATE OF BIRTH (Month, Day, Year): Dec. 20, 1957
5. RACE (White, Black, American Indian, Etc. (Specify)): Black
6. Hispanic Origin (No, Not Spanish/Hispanic, Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Other Spanish/Hispanic (Specify)): American
7. SEX: Male
8. COUNTY OF DEATH: Davidson
9. CITY, TOWN, OR LOCATION: Nashville
9c. INSIDE CITY LIMITS (Specify Yes or No): Yes
10. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, specify private residence, business, street, etc.): Metro General
10c. If Hosp. or Inst., Inpatient or Outpatient, Emergency Room or Dead on Arrival: DOA
11. STATE OF BIRTH (If not in U.S.A. name country): Tennessee
12. CITIZEN OF WHAT COUNTRY: USA
13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
14. SURVIVING SPOUSE (If wife, give maiden name):
15. SOCIAL SECURITY NUMBER: [redacted]-6224
16. SERVICE (Armed Forces) (Specify Wars or Dates of Service): No
17. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager
18. KIND OF BUSINESS OR INDUSTRY: Poe's Sporting Goods

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

19. RESIDENCE—STATE: Tennessee
20. COUNTY: Davidson
21. CITY, TOWN, OR LOCATION: Nashville
22. STREET AND NUMBER: 915 Youngs Ln.
23. INSIDE CITY LIMITS (Specify Yes or No): Yes
24. CENSUS TRACT NO.:

PARENTS AND INFORMANT

25. FATHER—NAME: Robert H. Hale
26. MOTHER—MAIDEN NAME: Margaret Smith
27. INFORMANT—NAME: Richard Hale
28. MAILING ADDRESS: 915 Youngs Lane

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

DISPOSITION

29a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
29b. DATE (Month, Day, Year): June 27, 1987
29c. CEMETERY OR CREMATORY—NAME: Hills of Calvary
29d. LOCATION—CITY OR TOWN, STATE: Nashville, Tennessee
30a. FUNERAL DIRECTOR (Signature): K. Gardner
30b. LICENSE NO.: 2218
30c. EMBALMER (Signature): Jack Athey (for)
30d. LICENSE NO.: 1059
31. FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip): K. Gardner & Sons Inc. 1514 Jefferson St. Nashville, TN 37208
32. REGISTRAR—SIGNATURE: Marguerite McDonald
33. DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year): 7-7-87

CERTIFIER

34. PHYSICIAN—CERTIFY THAT I PRONOUNCED DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED—SIGNATURE: _____ DEGREE: _____ DATE SIGNED (Month, Day, Year): _____
35. 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: Charles W. Harlan, M.D. TITLE: _____ DATE SIGNED (Month, Day, Year): 7/1/87

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

36a. CERTIFIER—NAME (Type or Print): Charles W. Harlan, M.D.
36b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State): 84 Hermitage Ave., Nashville, TN 37210-2110

CAUSE

37. 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 ARRHYTHMIA
b. DUE TO, OR AS A CONSEQUENCE OF: HYPERTENSIVE CARDIOVASCULAR DISEASE
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST
c. DUE TO, OR AS A CONSEQUENCE OF:

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

39. ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED (Specify):
40. DATE OF INJURY (Month, Day, Year):
41. HOUR:
42. DESCRIBE HOW INJURY OCCURRED:
43. INJURY AT WORK (Specify Yes or No):
44. PLACE OF INJURY (At home, farm, street, factory, office bldg., etc. Specify):
45. LOCATION (Street or R.F.D. No., City or Town, State):

PH 1659
Rev. 9/81

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