0079844 Box 28

IDENTIFICATION REFERENCE

THIS INSTRUMENT PREPARED BY:
Richard R. Hedgepath, Attorney
4800 Charlotte Ave.
Nashville, TN 37209

95 JUL 18 AM 11:14

REGISTER
DAVIDSON COUNTY, TN.

AFFIDAVIT OF HEIRSHIP TO REAL ESTATE
DEBTS AND INHERITANCE TAXES OF DECEASED OWNERS

Address New Owner As Follows:]
Orville R. Bradford and wife,]
Marjorie J. Bradford]
4900 Danby Dr.,]
a.k.a. 339 Blackman Rd.]
Nashville, TN 37211]

BOOK 9733 PG 302

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

KNOW ALL MEN BY THESE PRESENTS, that **Harold E. Collins**, Executor of the Estate of Anna Ruth Handley, the undersigned, after being duly sworn under oath sayeth as follows:

1. That as Executor of the Estate of Anna Ruth Handley, of record in Probate Court of Davidson County, Tennessee, Rule No. 94P-914, I submit the following information:

a. That subject property was acquired by Milton I. Handley and wife, Anna R. Handley, by deed on March 3, 1955 of record in Deed Book 2883, Page 63.

b. Milton I. Handley died October 3, 1974, a resident of Davidson County, Tennessee, without issue and his sole surviving heir being his wife, Anna R. Handley. Copy of Death Certificate attached.

c. Anna R. Handley died June 11, 1994 in Davidson County, Tennessee, Testate, devising the subject real property to her niece, Nyla E. Cooper, of record in Will Book 191, Page 338, Probate Court for Davidson County, Tennessee. Copy of Death Certificate attached.

d. As Executor of the Estate, I hereby state that the Estate was solvent, all debts having been paid and the time for filing claims has expired. The Estate was subject to Federal and State Inheritance Taxes, all of which have been paid but no receipt has been received by either agency at this time. There are sufficient funds available to pay any adjustment thereon.

2. Nyla E. Cooper died September 29, 1994, a citizen and resident of Warren County, Tennessee, Intestate, her estate having been probated in the Chancery Court, Rule No. 580-P, Warren County, Tennessee. Copy of Death Certificate attached.

a. As attorney for the Estate, the law firm of Collins, Hedgepath, Lee & Young assisted in payment of all debts, all of which have been paid and the time for filing claims has expired. The Inheritance Tax Return to the State of Tennessee has been filed and and Non-taxable Certificate issued, copy attached. This estate was not subject to the filing of a Federal Inheritance Tax Return.

b. In preparing the Inheritance Tax Return, the Executor, Charles E. Cooper, surviving spouse and the children of the deceased furnished the office a list of her survivors-at-law, as follows:

1. Charles E. Cooper, spouse
2. Charles F. McCracken, son
3. Charlotte M. Howard, daughter
4. Penny C. Wade, daughter

3. The subject real property with improvements thereon is located and known as 4900 Danby Dr., a.k.a. 339 Blackman Rd., Nashville, TN 37211 and which is more fully described herein.

3. A certain tract or parcel of land in Davidson County, State of Tennessee, described as follows to wit:

Map 147-5, Parcel 209, Field Book 6DU 30555

LAND in Davidson County, Tennessee, being Lot No. 53 on the Plan of Section 1, Caldwell Country Estates, as of record in Book 2663, Pages 68 and 69, Register's Office for said County, described as follows:

BEGINNING at a point in the easterly margin of Danby Drive, the common corner of Lots Nos. 53 and 54; thence with the line between said two lots, easterly 125 feet to the common corner of Lots Nos. 53, 54 and 82; thence with the line between said Lots Nos. 53 and 82, northerly 125 feet to a point in the southerly margin of Blackman Road; thence with the margin of said road, westerly 100 feet to a concrete monument at the beginning of a curve; thence around said curve in a southwesterly direction 39.27 feet to another concrete monument in the easterly margin of said Danby Drive; thence with the margin of said Drive, southerly 100 feet to the point of beginning.

BEING the same property conveyed to Milton I. Handley and wife, Anna R. Handley, by deed from F. L. Eubank and wife, Helen L. Eubank, of even date with this instrument which is to be recorded in Book 2883, Page 63, Register's Office for Davidson County, Tennessee.

The said Milton I. Handley having predeceased Anna R. Handley who having since died, Testate, devising the property to Nyla E. Cooper of record in Will Book 191, Page 338, Probate Court for Davidson County, Tennessee. The said Nyla E. Cooper having died, Intestate, survived by her spouse, Charles E. Cooper, her son, Charles F. McCracken, daughter, Charlotte M. Howard and daughter, Penny C. Wade.

IN WITNESS WHEREOF I have hereunto set my hand on this the 11th day of July, 1995.

Harold E Collins

HAROLD E. COLLINS

Personally appeared before me, **Belinda C. Dixon**, a Notary Public in and for said County and State, the within named, **Harold E. Collins**, who after being duly sworn did he subscribe before me the within instrument for the purpose therein contained.

WITNESS my hand and official seal at Nashville, Tennessee this 11th day of July, 1995.

Belinda C. Dixon

NOTARY PUBLIC

NOTARY PUBLIC AT LARGE

My commission expires: 11/22/97

30.00

JUL-18-95 TUE 9:59 P.01

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 9733 PG 305

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH FILE NO.

VITAL RECORDS

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED

4474

TYPE OR PRINT IN PERMANENT BLUE OR BLACK INK

BIRTH NO.

DECEASED

1. DECEASED — NAME: Milton Isaac Handley
2. DATE OF DEATH: Oct. 17, 1974
3. RACE: White
4. SEX: Male
5a. AGE — LAST BIRTHDAY (YEARS): 63
5b. UNDER 1 YEAR — MONTHS: —
5c. UNDER 1 YEAR — DAYS: —
6. DATE OF BIRTH: May 26, 1911
7a. COUNTY OF DEATH: Davidson
7b. CITY, TOWN, OR LOCATION OF DEATH: Nashville
7c. WITHIN CITY LIMITS: Yes
7d. HOSPITAL OR OTHER INSTITUTION — NAME: 339 Blackman Road
8. STATE OF BIRTH: Georgia
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married
11. SURVIVING SPOUSE: Anna Ruth Collier
12a. SOCIAL SECURITY NUMBER: [redacted]-7358
12b. SERVICE IN ARMED FORCES: No
13a. USUAL OCCUPATION: Salesman
13b. KIND OF BUSINESS OR INDUSTRY: Real Estate
14a. RESIDENCE — STATE: Tenn.
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: Nashville
14d. WITHIN CITY LIMITS: Yes
14e. STREET AND NUMBER: 939 Blackman Rd.

PARENTS AND INFORMANT

15. FATHER — NAME: James Handley
16. MOTHER — MAIDEN NAME: Sarah Ann Jordan
17. INFORMANT — NAME AND MAILING ADDRESS: Mrs. Ruth Handley 939 Blackman Rd.

CAUSE

18 PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

IMMEDIATE CAUSE (a): Acute Cardiac arrhythmia — Interval: Instant

DUE TO, OR AS A CONSEQUENCE OF (b): Arteriosclerotic heart disease — Interval: 2 years

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

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)

19a. AUTOPSY (YES OR NO):

19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH:

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):

20b. DATE OF INJURY (MONTH, DAY, YEAR):

20c. HOUR:

20d. HOW INJURY OCCURRED (GIVE NATURE OF INJURY IN PART I OR PART II, ITEM 18):

20e. INJURY AT WORK (YES OR NO):

20f. PLACE OF INJURY (HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. SPECIFY):

20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE):

ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 72 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED

409 **CERTIFIER**

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE.

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

21a. PHYSICIAN — CERTIFICATION: I ATTENDED THE DECEASED FROM [illegible] AND DEATH OCCURRED AT THE HOUR, ON THE DATE, AND FOR THE CAUSES STATED. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED DUE TO THE CAUSES STATED. SIGNATURE: Carl Mann M.D. TITLE:

21b. DATE SIGNED (MONTH, DAY, YEAR): 10/18/74

21c. MEDICAL EXAMINER — CERTIFICATION: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSES STATED. SIGNATURE: TITLE:

21d. DATE SIGNED (MONTH, DAY, YEAR):

22a. CERTIFIER — NAME (TYPE OR PRINT):

22b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP):

BURIAL

23a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

24b. DATE (MONTH, DAY, YEAR): 10-15-74

24c. CEMETERY OR CREMATORY — NAME: Woodlawn

24d. LOCATION (CITY OR TOWN, STATE): Nashville, Tenn.

25. FUNERAL HOME — NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Woodbine Funeral Home Nashville, Tenn.

26a. REGISTRAR — SIGNATURE: Esther D Groh

26b. DATE RECEIVED BY LOCAL REGISTRAR: 10-21-74

FORM NO. 00 10 REVISED 11-72

RECORDER'S MEMO ... PROCESS IN ... WAS RECEIVED

JUL-18-95 TUE 10:00 P.02

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

JUL 8 1994

9403421

BOOK 9733 PG 306

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

1a. DECEDENT'S NAME (First, Middle, Last)		2. SEX	3. DATE OF DEATH (Month, Day, Year)
ANNA RUTH HANDLEY		FEMALE	JUNE 11, 1994
4. SOCIAL SECURITY NUMBER	5. AGE (Last Birthday)	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)
[redacted]-5900	80	JAN. 5, 1914	GRANVILLE, TENN.

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ Yes 2 ☒ No

9. PLACE OF DEATH (Check only one) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 ☒ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify)

10a. FACILITY NAME (If not institution, give Street and Number)	10b. CITY, TOWN, OR LOCATION OF DEATH	10c. COUNTY OF DEATH
GOOD SAMARITAN CONVALESCENT CENTER	ANTIOCH	DAVIDSON

11. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify)	12. SURVIVING SPOUSE (If wife, give maiden name)	13a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life, Do not use retired)	13b. KIND OF BUSINESS/INDUSTRY
WIDOWED		HOUSEWIFE	SELF

14a. RESIDENCE – STATE	14b. COUNTY	14c. CITY, TOWN, OR LOCATION	14d. STREET AND NUMBER OR RURAL LOCATION
TENN.	DAVIDSON	NASHVILLE	4900 DANBY DRIVE

14e. Inside City Limits?	14f. ZIP CODE	15. WAS DECEDENT OF HISPANIC ORIGIN? (Mexican, Puerto Rican, etc.)	16. RACE – American Indian, Asian, Black, White (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5+)
1 ☒ Yes 2 ☐ No	37211	☐ Yes ☒ No (Specify)	WHITE	9	

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
COLIE C. COLLIER	ALLIE ETHEL WILSON

20a. INFORMANT'S NAME (Type/Print)	20b. RELATIONSHIP TO DECEASED	20c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
ELIZABETH MALONEY	NIECE	4900 DANBY DR., NASHVILLE, TN 37211

21. METHOD OF DISPOSITION: 1 ☒ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)	22. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	23. LOCATION – City or Town, State
	WOODLAWN CEMETERY	NASHVILLE, TENN.

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER OF FUNERAL DIRECTOR	24c. SIGNATURE OF EMBALMER	24d. LICENSE NUMBER OF EMBALMER
▶ Herman Potts	1600	▶ Bruce [illegible]	4177

25a. NAME AND ADDRESS OF FUNERAL HOME	25b. LICENSE NUMBER OF FUNERAL HOME
WOODBINE FUNERAL HOME, INC. 3020 NOLENSVILLE ROAD, NASHVILLE, TENN. 37211	396

26. REGISTRAR'S SIGNATURE	27. DATE FILED (Month, Day, Year)
▶ Patricia Sawyer	July 8, 1994

28. 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

28a. 1 ☒ SIGNATURE AND TITLE OF PHYSICIAN ▶	28b. LICENSE NUMBER	28c. DATE SIGNED (Month, Day, Year)
	MD 15500	6/30/94

29. MEDICAL EXAMINER – 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) and manner as stated

29a. 1 ☐ SIGNATURE AND TITLE OF MEDICAL EXAMINER ▶	29b. LICENSE NUMBER	29c. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)

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. Also enter any due to (or as a consequence of) conditions.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	Cerebral Vascular Accident	1 yr
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): b.	
	DUE TO (OR AS A CONSEQUENCE OF): c.	
	DUE TO (OR AS A CONSEQUENCE OF): d.	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I

	32a. WAS AN AUTOPSY PERFORMED?	32b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CHF. HTN. Depression	1 ☐ Yes 2 ☒ No	1 ☐ Yes 2 ☐ No

33. MANNER OF DEATH	33a. DATE OF INJURY (Month, Day, Year)	33b. TIME OF INJURY	33c. INJURY AT WORK?	33d. DESCRIBE HOW INJURY OCCURRED
1 ☒ Natural 5 ☐ Pending Investigation 2 ☐ Accident 3 ☐ Suicide 6 ☐ Could not be Determined 4 ☐ Homicide			1 ☐ Yes 2 ☐ No	

33e. PLACE OF INJURY – At home, farm, street, factory, office building, etc. (Specify)

33f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

BIRTH NO _____