0179648

IDENTIF. + REFERENCE

96 MAY -7 PM 2:39

[illegible] REGISTER
DAVIDSON COUNTY, TN.

PICK-UP

10043 PG 397

AFFIDAVIT OF HEIRSHIP

New Owner:	Send Tax Bills To:	Map/Parcel
Tony Lynn Woodard 1503 Monticello Avenue Nashville, Tennessee 37115	same same same	

RE: Land in Davidson County, Tennessee described as follows: being part of Lots 28 and 30 on the Map of Bransford Realty Company's Alta Loma Subdivision, of record in Book 421, page 44, Register's Office for said County, described as Tract 7 on the un-recorded survey showing a division of a part of said Lots for Clyde Loftis, made by N.G. Jenkins, Surveyor dated April 4, 1959 as follows:

Begining at a point in center line of Monticello Drive or Avenue, corner of Lots 7 and 8; being 170.5 feet northwest from the center line of Monticello Drive; thence northerly 66 feet, more or less, to a corner of Tracts 6 and 7; thence with the line between said tracts north 88 deg. 57' west 273.3 feet to the center line of Monticello Drive or Avenue; thence with the center line of the same, southeasterly 74 feet, more or less, to the point of beginning.

Being the same property conveyed to James E. Woodard and wife Linna M. Woodard by deed from Ottis C. Dixon and wife, Dorothy O. Dixon, of record in Book 3642 page 510, Register's Office for Davidson County, Tennessee.

Being the same property which is the subject of a Full Release of Lien of record in Book 5241 page 629 Register's Office of Davidson County, Tennessee releasing a deed of trust of record in book 4953 page 652 Register's Office for Davidson County, Tennessee.

[illegible] 0101 01CASH 40.00

This property bears street address: 1503 Monticello Avenue, Nashville, Tennessee 37115.

Comes now, Tony Lynn Woodard, son of the late James E. Woodard and wife Marelle Woodard, and after first being duly sworn according to law attests and states:

1. That James E. Woodard died a citizen and resident of Nashville, Davidson County, Tennessee on the 3rd day of November 1993. (See attached Certificate of Death)

2. That Linna Marelle Woodard did died a citizen and resident of Nashville, Davidson County, Tennessee on the 5th day of November 1993. (See attached Certificate of Death)

3. That the undersigned affiant is the son of

James E. Woodard and Linna Marelle Woodard being born of their bodies and is the only child of James E. Woodard and Linna Marelle Woodard.

4. James E. Woodard and Linna Marelle Woodard left last Wills and Testmaents leaving the real property above described to the affiant, Tony Lynn Woodard.

5. No other person other than Affiant is entitled to any interest in the above described real property. (Attached as Exhibit No 1)

6. Further, Affiant saith not.

Tony Lynn Woodard
Tony Lynn Woodard
1503 Monticello Avenue
Nashville, Tenn. 37115

State of Tennessee)
County of Davidson)

Personally appeared before me, ELAINE S. RAGAN a Notary Public in and for said County and State, the within named, ~~Tonly~~ TONY Lynn Woodard, the bargainor, with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence) and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee on this 7 day of May 1996.

Commission Expires: 22Nov97 Elaine S. Ragan
Notary Public

NOTARY PUBLIC STATE OF TENNESSEE

This Instrument prepared by:

Dan R. Alexander #7065
Attorney at Law
2016 8th Avenue South
Nashville, Tennessee 37204
Tel 297-0097

BOOK 10043 PG 399

Last Will and Testament

OF

JAMES E. WOODARD

I, James E. Woodard, do hereby make and publish this my Last Will and Testament, by it revoking any others that may have heretofore been made.

If my wife is living at the time of my death my personal property will go to her to do with as she pleases, but if any of it is left at her death it will go to our son, Tony.

Likewise, if my wife is living at my death she shall have a life interest in the house and lot located at 1503 Monticelo Avenue, Madison, Tennessee 37115, and at her death it will go to our son, Tony.

If my wife is not living at my death all of my property, both real and personal, will go to our son, Tony.

This Will is made in consideration of my wife making one similar to it and neither may be changed without the consent of the other party.

Marelle Woodard will be the Executor of this Will.

This the 16TH day of June, 1988.

James E Woodard
JAMES E. WOODARD

RECORDERS MEMO
LEGIBILITY OF WRITING, TYPING OR PRINTING IN THIS DOCUMENT UNSATISFACTORY WHEN RECEIVED

Signed by the said James E. Woodard, the Testator, as and for his Last Will and Testament, in the presence of us, the undersigned, who, at his request and in his sight and presence and in the sight and presence of each other, have signed our names hereto as subscribing witnesses on this 16th day of June, 1988.

Gladys D. Barclay
WITNESS

Carolyn E. Barclay
WITNESS

Rt. 7 Box 7256 Manchester, TN 37355
ADDRESS

4474 Wilkinson Dr. Murfreesboro, Tn. 37814
ADDRESS

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF Davidson

We, the undersigned, being first duly sworn, make oath that James E. Woodard, on the day and date written in the foregoing instrument, declared and signified to us that this instrument is his Last Will and Testament; that he signed said instrument in our sight and presence; that we, at his request and in his sight and presence, and in the sight and presence of each other, then subscribed our names hereto as attesting witnesses; that at the time of execution the Testator was more than 18 years of age, of sound mind and disposing memory, and did not appear under any undue influence; and that the undersigned, each being more than 18 years of age, make and sign this Affidavit at the Testator's request on this 16th day of June, 1988.

Gladys D. Barclay

Carolyn C. Barclay

Sworn to and subscribed before me this 16th day of June, 1988.

Gary P. Gunn

NOTARY PUBLIC

My commission expires: 3-11-90

BOOK 10043 PG 402

Last Will and Testament

OF

MARELLE WOODARD

I, Marelle Woodard, do hereby make and publish this my Last Will and Testament, by it revoking any others that may have heretofore been made.

If my husband is living at the time of my death my personal property will go to him to do with as he pleases, but if any of it is left at his death, it will go to our son, Tony.

Likewise, if my husband is living at my death he shall have a life interest in the house and lot located at 1503 Monticelo Avenue, Madison, Tennessee 37115, and at his death it will go to our son, Tony.

If my husband is not living at my death all of my property, both real and personal, will go to our son, Tony.

This Will is made in consideration of my husband making one similar to it and neither may be changed without the consent of the other party.

James E. Woodard will be the Executor of this Will.

This the 16th day of June, 1988.

Marelle Woodard
MARELLE WOODARD

Signed by the said Marelle Woodard, the Testator, as and for her Last Will and Testament, in the presence of us, the undersigned, who, at her request and in her sight and presence and in the sight and presence of each other, have signed our names hereto as subscribing witnesses on this 16th day of June, 1988.

Gladys D. Barclay
WITNESS

Rt. 7 Box 7256 Manchester, TN 37355
ADDRESS

Bobby E. Barclay
WITNESS

4479 Woodhaven Dr. Murfreesboro, Tn. 37814
ADDRESS

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF Davidson

We, the undersigned, being first duly sworn, make oath that Marelle Woodard, on the day and date written in the foregoing instrument, declared and signified to us that this instrument is her Last Will and Testament; that she signed said instrument in our sight and presence; that we, at her request and in her sight and presence, and in the sight and presence of each other, then subscribed our names hereto as attesting witnesses; that at the time of execution the Testator was more than 18 years of age, of sound mind and disposing memory, and did not appear under any undue influence; and that the undersigned, each being more than 18 years of age, make and sign this Affidavit at the Testator's request on this 16th day of June, 1988.

Gladys D. Barclay

Carolyn C. Barclay

Sworn to and subscribed before me this 16th day of June, 1988.

Gary L. Gunn

NOTARY PUBLIC

My commission expires: 3-11-90

Metropolitan Government of Nashville and Davidson County

Bill Boner, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

NOV 20 1989

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.

Sadie S. Wadley, M.D.
LOCAL REGISTRAR

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

H — TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

8905324 — STATE FILE NUMBER — RDIN 10043-405

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): James Edward Woodard
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): November 3, 1989
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-5420
5a. AGE – LAST Birthday (Years): 66
6. DATE OF BIRTH (Month, Day, Yr.): 10/17/1923
7. BIRTHPLACE (City and State or Foreign Country): Dixon Springs, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [X] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Nashville Memorial
9c. CITY, TOWN, OR LOCATION OF DEATH: Madison
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Marelle Gammons
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life, Do not use retired): Machine Operator
12b. KIND OF BUSINESS/INDUSTRY: Madison Mill Inc.
13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN, OR LOCATION: Madison
13d. STREET AND NUMBER OR RURAL LOCATION: 1503 Monticello Ave.

CENSUS TRACT: 3

13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37115
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No
Specify, if yes:
15. RACE – American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Marlin Woodard
18. MOTHER'S NAME (First, Middle, Maiden Surname): Cynthia Elizabeth Kemp

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Marelle Woodard
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1503 Monticello Ave. Madison, Tn. 37115

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): Hermitage Memorial Gardens
20c. LOCATION – City or Town, State: Hermitage, Tn. 37076
21a. SIGNATURE OF FUNERAL DIRECTOR: W. B. Parker
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2993
21c. SIGNATURE OF EMBALMER: John B. Watson
21d. LICENSE NUMBER OF EMBALMER: 3202
22a. NAME AND ADDRESS OF FUNERAL HOME: Hermitage Funeral Home, Shute Lane Hermitage, Tn. 37076
22b. LICENSE NUMBER OF FUNERAL HOME: 540

REGISTRAR

23. REGISTRAR'S SIGNATURE: Mary C. Pentecost
24. DATE FILED (Month, Day, Year): November 17, 1989

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 [X] SIGNATURE AND TITLE OF PHYSICIAN: William Pettus MD
25b. LICENSE NUMBER: MD 13685
25c. DATE SIGNED (Month, Day, Year): 11/10/89
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 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER:
26c. DATE SIGNED (Month, Day, Year):

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): Dr. William Pettus 2010 Church St. Nashville, Tn. 37203

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. Atherosclerotic Cardiovascular Disease — DUE TO (OR AS A CONSEQUENCE OF): — 7 10 years

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.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: chronic dialysis, clinical depression

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

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

PH-1659

BIRTH NO. _____

RECORDERS MEMO
LEGIBILITY OF WRITING, TYPING OR PRINTING IN THIS DOCUMENT UNSATISFACTORY WHEN RECEIVED

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.

NOV 19 1993

Linda S. Wadley M.D.

9305803

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER 10043 406

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Linna Marelle Woodard
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): November 5, 1993
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-4231
5a. AGE (Last Birthday) (Years): 71
5b. UNDER 1 YEAR: Mos. / Days / Hours / Min.
6. DATE OF BIRTH (Month, Day, Year): 8/31/1922
7. BIRTHPLACE (City and State or Foreign Country): Macon Co., Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH: HOSPITAL 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Nashville Memorial Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Madison
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name):
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Assembly Worker
12b. KIND OF BUSINESS/INDUSTRY: Madison Mill Corporation
13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN, OR LOCATION: Madison
13d. STREET AND NUMBER OR RURAL LOCATION: 1503 Monticello Dr.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37115
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No
Specify if yes:
15. RACE – American Indian, Asian or Pacific Islander, 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): Bethel Davis Gammons
18. MOTHER'S NAME (First, Middle, Maiden Surname): Mary Angie Parker

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Cathryn Woodard
19b. RELATIONSHIP TO DECEASED: Daughter-in-law
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): P.O. BOX 198 White House, Tn. 37188

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other): Hermitage Memorial Gardens
20c. LOCATION – City or Town, State: Hermtiage, Tn. 37076
21a. SIGNATURE OF FUNERAL DIRECTOR: Winston Duncan
21b. LICENSE NUMBER: 2512
21c. SIGNATURE OF EMBALMER: Ken Depew
21d. LICENSE NUMBER OF EMBALMER: 3374
22a. NAME AND ADDRESS OF FUNERAL HOME: Hermitage Funeral Home, Shute Lane Hermtiage, Tn. 37076
22b. LICENSE NUMBER OF FUNERAL HOME: 540

REGISTRAR

23. REGISTRAR'S SIGNATURE: Marsha H. Biggerstaff
24. DATE FILED (Month, Day, Year): November 18, 1993

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: Ronald J. Zellem MD
25b. LICENSE NUMBER: MD020953
25c. DATE SIGNED (Month, Day, Year): 11/15/93
26a. 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. 2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER:
26c. DATE SIGNED (Month, Day, Year):

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): Dr. Ronald Zellem 610 W. Due West Ave. Madison, Tn. 37115

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.	Cardiopulmonary arrest	
DUE TO (OR AS A CONSEQUENCE OF): b.	Increased intracranial pressure	
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): c.	Intracranial Hemorrhage	
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 [ ] Yes 2 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

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

BIRTH NO

PH-1859
REV 1/89

RECORDERS MEMO
LEGIBILITY OF WRITING, TYPING OR PRINTING IN THIS DOCUMENT UNSATISFACTORY WHEN RECEIVED