AFFIDAVIT OF HEIRSHIP AND INHERITANCE OF REAL ESTATE

BOOK 10147 PG 524

ADDRESS NEW OWNER (S) AS FOLLOWS:	SEND TAX BILLS TO:	MAP-PARCEL NUMBERS
Mary Frances Maxwell	Mary Frances Maxwell	133.01-0
(NAME:)	(NAME:)	
4222 Mobile Highway	4222 Mobile Highway	033.00
(STREET ADDRESS OR ROUTE NUMBER)	(STREET ADDRESS)	
Pensacola, Florida 32506	Pensacola, Florida 32506	
(CITY) (P. O. ZONE) (STATE)	(CITY) (ZONE) (STATE)	

STATE OF FLORIDA

COUNTY OF Escambia

The undersigned, MARY FRANCES MAXWELL, being duly sworn, says:

Jessie A. Garrett, father of the undersigned, died in Nashville, Tennessee on June 26, 1996. At the time of his death, Jessie A. Garrett was a resident of Tennessee and was the owner of the following described real estate, known as 3208 Harlin Drive, Nashville, Tennessee 37211-2311:

Land in Davidson County, Tennessee, being Lot No. 35 on the map of an Addition to and a Revision of Lots Nos. 93 to 97, inclusive, of the H.G. McNabb Subdivision of record in book 1130, page 79, Register's Office for said County.

Said Lot No. 35 fronts 75 feet on the easterly side of Harlin Drive and runs back between lines 161.7 feet on the northerly line and 161.4 feet on the southerly line to a dead line, measuring 75 feet thereon.

Being the same property conveyed to Jessie A. Garrett and wife Nellie C. Garrett, by installment deed from I.O. Gregory of record in Book 2493, page 539, Register's Office for Davidson County, Tennessee, the said Nellie C. Garrett, Mother of Mary Frances Maxwell, having since died on March 19, 1996.

96 AUG -6 AM 10:54

PAT ... REGISTER
DAVIDSON COUNTY, TN.

PICK-UP

IDENTIF. & REFERENCE

02 11556

The undersigned, MARY FRANCES MAXWELL, inherited her father's interest in the real estate described above and became sole owner of said property immediately upon her father's death, by virtue of Tennessee's laws of descent and distribution, Jessie A. Garrett having died intestate, leaving no surviving spouse, and leaving the undersigned, his only child, as his sole heir. T.C.A. § 31-2-103, 104.

This Affidavit of Heirship is made pursuant to T.C.A. § 30-2-712.

Attached hereto as Exhibits A, B and C, are, respectively, copies of the death certificate of Jessie A. Garrett, the death certificate of Nellie C. Garrett, and the birth certificate of Mary Frances Maxwell, she being one and the same person as Mary Frances Garrett.

Mary Frances Maxwell
MARY FRANCES MAXWELL

Before me, a Notary Public, in and for the Sate and County aforesaid, personally appeared Mary Frances Maxwell, with whom I am personally acquainted, or, proved to me on the basis of satisfactory evidence to be the person described in the foregoing, who executed the foregoing document in my presence, and who, upon oath, acknowledged that she executed same for the purposes therein contained.

WITNESS my hand and seal, this 19th day of July, 1996.

☐ Personally known by me.
☒ Produced the following identification:
Florida Identification Card

Frances R. Everidge
Notary Public

Frances R. Everidge
Notary Public, State of Florida
My comm. expires Dec. 14, 1999
Comm. No. CC 518279

My Commission Expires: Dec. 14, 1999

This instrument prepared by Bernard M. Rosenblum, Attorney at Law, 2019 Richard Jones Road, Suite 200, Nashville, Tennessee 37215-2858, Telephone (615) 269-0236.

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 10147 PG 525

9603452

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

Garrett, Jesse

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): JESSIE ALLEN GARRETT
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): June 26, 1996
4. SOCIAL SECURITY NUMBER: [redacted]-3056
5a. AGE LAST BIRTHDAY: 78
6. DATE OF BIRTH (Month, Day, Year): June 14, 1918
7. BIRTHPLACE (City and State or Foreign Country): Charlotte, Tennessee
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 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 3208 Harlin Drive
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):
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Security Guard
12b. KIND OF BUSINESS/INDUSTRY: Pinkerton/Guardsmark
13a. RESIDENCE STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 3208 Harlin Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37211
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): (Unknown); College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): William Erving Garrett
18. MOTHER'S NAME (First, Middle, Maiden Surname): Mary Elizabeth Bowker

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Frances Maxwell
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4222 Mobile Hwy., Pensacola, FLA 32506

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): Tennessee Veterans Cemetery
20c. LOCATION - City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▸ William R. Appleton
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: #2700
21c. SIGNATURE OF EMBALMER: ▸ None
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, 3620 Nolensville Road, Nashville, Tennessee 37211
22b. LICENSE NUMBER OF FUNERAL HOME: #396

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▸ [signature]
24. DATE FILED (Month, Day, Year): July 8, 1996

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 ▸ [signature] M.D.
26b. LICENSE NUMBER: 26337
26c. DATE SIGNED (Month, Day, Year): 7-2-96

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): ANN L. BUCHOLTZ, M.D., 84 HERMITAGE AVENUE, NASHVILLE, TENN. 37210-2110, MEC96-541

CAUSE OF DEATH

28. PART I. Enter the disease(s), 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. ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE
DUE TO (OR AS A CONSEQUENCE OF):
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 [ ] Yes 2 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [X] No

30. MANNER OF DEATH: 1 [X] 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:
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 1680 REV 2-93

RDA 1389

RECORDER'S MEMO
LEGIBILITY OF WRITING, TYPING OR PRINTING IN THIS DOCUMENT UNSATISFACTORY WHEN RECEIVED

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

EXHIBIT
B

STATE OF FLORIDA
OFFICE of VITAL STATISTICS
CERTIFIED COPY
CERTIFICATE OF DEATH
FLORIDA

LOCAL FILE NO. 737

DECEDENT

1. DECEDENT'S NAME: First: Nellie; Middle: Christine; Last: Garrett; 2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): March 19, 1996
4. SOCIAL SECURITY NUMBER: 415 20 3706
5a. AGE-Last Birthday (Years): 75
5b. UNDER 1 YEAR (Months / Days / Hours / Minutes)
6. DATE OF BIRTH (Month, Day, Year): December 31, 1920
7. BIRTHPLACE (City and State or Foreign Country): Westmoreland, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No): No
9a. PLACE OF DEATH (Check only one. See instructions for other data): HOSPITAL — Inpatient — ER/Outpatient — DOA — OTHER — Nursing Home — Residence — Other (Specify): Daughters Home
9b. WAS DECEDENT'S CITY LIMITS? (Yes or No): No
9c. FACILITY NAME (If not institution, give street and number): 4222 Mobile Hwy.
9d. CITY, TOWN, OR LOCATION OF DEATH: Pensacola
9e. COUNTY OF DEATH: Escambia

PERSONAL

10a. DECEDENT'S USUAL OCCUPATION: Waitress
10b. KIND OF BUSINESS/INDUSTRY: Restaurant
11. MARITAL STATUS (Never Married, Married, Widowed, Divorced, Unknown): Married
12. SURVIVING SPOUSE (If wife, give maiden name): Jessie Garrett
13a. RESIDENCE — STATE: TENNESSEE
13b. COUNTY: Davidson
13c. CITY, TOWN, OR LOCATION: Nashville
13d. STREET AND NUMBER: 3208 Harlin Drive
13e. INSIDE CITY LIMITS? (Yes or No): No
13f. ZIP CODE: 37211
14. WAS DECEDENT OF HISPANIC OR HISPANO ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) — No
15. RACE - American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0 - 12): 10; College (1 - 4 or 5+)
17. FATHER'S NAME (First, Middle, Last): Charles Collins
18. MOTHER'S NAME (First, Middle, Maiden Surname): Unknown
19a. INFORMANT'S NAME (Type/Print): Jessie Garrett
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3208 Harlin Drive Nashville,Tennessee 37211

DISPOSITION

20a. METHOD OF DISPOSITION: Burial X; Cremation; Donation; Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Tennessee Veterans Cemetery
20c. LOCATION — City or Town, State: Nashville TENNESSEE
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Ronnie Wash
21b. LICENSE NUMBER (If Licensed): 3469
21c. NAME AND ADDRESS OF FACILITY: Faith Chapel Funeral Home, Inc. 190 Beverly Parkway Pensacola, Florida 32505-2816

CERTIFIER

To Be Completed by CERTIFYING PHYSICIAN Only:
22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title): R.O.Ziemba,M.D.
22b. DATE SIGNED (Mo, Day, Yr): 3-22-96
22c. HOUR OF DEATH: 3:02 A.
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

To Be Completed by MEDICAL EXAMINER:
23a. 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. (Signature and Title):
23b. DATE SIGNED (Mo, Day, Yr):
23c. HOUR OF DEATH:
23d. MEDICAL EXAMINER CASE #:

24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type or Print): R. A. ZIEMBA,M.D., 5149 N. 9TH AVE. SUITE 117, PENSACOLA, FL 32504
25a. REGISTRAR — SIGNATURE: Faye Sturdivant, Chief Dep
25b. DATE REGISTERED: MAR 29 1996

CAUSE OF DEATH (See Instructions)

PART I. Enter the descriptive signature of person(s) who obtained the death. Do not enter the words of dying, such as condition or mechanism(s) caused, should, or began. Signature. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death): → a. Carotid aneurysm myocardial infarction — Interval between Onset and Death: Hours
DUE TO (OR AS A CONSEQUENCE OF): b. Arteriosclerotic cardiovascular disease — Years
DUE TO (OR AS A CONSEQUENCE OF): c.
DUE TO (OR AS A CONSEQUENCE OF): d.

Sequentially list conditions, if any, leading to the immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.: Hypertension, prostatectomy, lung cancer

27a. WAS AN AUTOPSY PERFORMED? (Yes or No): No
27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No):
28. CASE REFERRED TO ME MEDICAL EXAMINER? (Yes or No):
29. IF FEMALE: WAS THIS FOR A PREGNANCY IN THE PAST 3 MONTHS? YES / NO
30. IF SURGERY IS MENTIONED IN PART I OR II ENTER CONDITION FOR WHICH IT WAS PERFORMED:
30a. DATE OF SURGERY (Mo, Day, Yr):
31. PROBABLE MANNER OF DEATH (Accident, Natural, Suicide, Homicide, Undetermined): Natural
32a. DATE OF INJURY (Month, Day, Year):
32b. TIME OF INJURY:
32c. INJURY AT WORK? (Yes or No):
32d. DESCRIBE HOW INJURY OCCURRED:
32e. PLACE OF INJURY — At Home, Farm, Street, Factory, etc. (Specify):
32f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY Faye Sturdivant CHIEF DEPUTY REGISTRAR — State Registrar

MAR 29 1996

WARNING: DO NOT ACCEPT CERTIFIED COPIES UNLESS ON SECURITY PAPER WITH COLORED BACKGROUND AND THE LETTERS FLA IN THE UPPER RIGHT AND LEFT CORNERS OF PAPER ON FRONT AND VERTICAL SECURITY LINES ON BACK. UNAUTHORIZED ALTERATION OR ERASURE VOIDS THIS CERTIFICATE.

7786318

HRS FORM 1728 (REV. 9/95)

CERTIFICATION OF VITAL RECORD

BOOK 1014 PAGE 526

EXHIBIT
C

BOOK 10147 PG 527

STATE OF TENNESSEE
CORDELL HULL BUILDING
DEPARTMENT OF HEALTH
NASHVILLE, TENNESSEE 37247

I hereby certify the below to be a true and correct copy of the original document on file in this department. Valid ONLY when embossed seal of the Tennessee Department of Health and red imprinted signature of the State Registrar are affixed.

Paula Taylor
Paula Taylor
State Registrar

32363

CERTIFICATE OF LIVE BIRTH

DIV. OF VITAL STATISTICS—STATE OF TENNESSEE—DEPT. OF PUBLIC HEALTH
COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS

REG. NO. 335
REG. DIST. NO. 19111

1. FULL NAME OF CHILD: Mary Frances Garrett (FIRST MIDDLE LAST) — DATE OF BIRTH: Feb. 2 (MONTH DAY) 1948

3. PLACE OF BIRTH
A. COUNTY: Davidson — CIVIL DISTRICT: 11
B. CITY OR TOWN: Nashville Rural (IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL)
C. NAME OF HOSPITAL: Currey Clinic (IF NOT IN HOSPITAL, GIVE STREET ADDRESS)
D. LENGTH OF MOTHER'S STAY BEFORE DELIVERY
IN HOSPITAL: Duelay — IN THIS COMMUNITY: 4 Mos (SPECIFY WHETHER YEARS, MONTHS OR DAYS)

4. USUAL RESIDENCE OF MOTHER
A. STATE: Tennessee
B. COUNTY: Davidson
C. CITY OR TOWN: Nashville. (IF OUTSIDE CITY OR TOWN LIMITS, GIVE R.F.D. NO.)
D. STREET ADDRESS: 1617 Woodland St

5. SEX: Female — 6. TWIN OR TRIPLET? — IF SO—BORN 1ST 2ND 3RD
7. NUMBER MONTHS OF PREGNANCY: 9
8. ARE PARENTS MARRIED? Yes

FATHER OF CHILD
9. FULL NAME: Jesse Riley Garrett
10. COLOR OR RACE: W
11. AGE AT TIME OF THIS BIRTH: 29 YRS
12. BIRTH PLACE: Clarksville, Tenn
13. USUAL OCCUPATION: Clerk
14. INDUSTRY OR BUSINESS

MOTHER OF CHILD
15. FULL MAIDEN NAME: Nellie Christine Collins
16. COLOR OR RACE: W
17. AGE AT TIME OF THIS BIRTH: 28 YRS
18. BIRTH PLACE: West Moreland Tenn
19. USUAL OCCUPATION: H. W.
20. INDUSTRY OR BUSINESS

21. CHILDREN BORN TO THIS MOTHER: One
A. HOW MANY OTHER CHILDREN OF THIS MOTHER ARE NOW LIVING? None
B. HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? None
C. HOW MANY CHILDREN WERE BORN DEAD? None

22. MOTHER'S MAILING ADDRESS FOR REGISTRATION NOTICE: 1617 Woodland St.

I HEREBY CERTIFY THAT I ATTENDED THE BIRTH OF THIS CHILD WHO WAS BORN ALIVE AT THE HOUR OF ____ M. ON THE DATE ABOVE STATED AND THAT THE INFORMATION GIVEN WAS FURNISHED BY Mrs. Nellie Christine Garrett WHO IS RELATED TO THE CHILD AS Mother.

ATTENDANT'S OWN SIGNATURE: [illegible] MD.
ADDRESS
MIDWIFE
ADDRESS
DATE SIGNED

DATE RECEIVED BY LOCAL REGISTRAR: 6-15-48 19__
REGISTRAR'S SIGNATURE: [illegible]

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