BOOK 10197 PG 735

RE-RECORD

AFFIDAVIT OF HEIRSHIP BOOK 10200 PG 520

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

GEORGE H. CATE, JR., being first duly sworn, makes oath as follows:

1. By Warranty Deed of record in Book 2796, page 205, Office of the Register for Davidson County, Tennessee, the following-described real estate was conveyed to Burdette Chamberlain for life, remainder to A. H. Allen, Jr., and wife, Mary C. Allen, their heirs and assigns:

> A certain tract or parcel of land in Davidson County, State of Tennessee, described as follows to wit:
>
> Being Lot No. 42 and the northerly 25 feet of Lot No. 41 on the Map of Sunset View Subdivision, not of record, and described as follows:
>
> Beginning at a point on the easterly margin of McGavock Pike, 25 feet south of the common corner of Lots No. 41 and 42; thence eastwardly and parallel to the line between said Lots No. 41 and 42, 364.2 feet to a point in the westerly line of the Woodard Property; thence with the line of same, northwardly 125 feet to the common corner of Lots No. 42 and 43; thence with the line between said lots, westwardly 363.8 feet to a point in the easterly margin of McGavock Pike; thence with the margin of the same, southwardly 125 feet to the point of beginning.

2. The life tenant, Burdette Chamberlain, died on January 23, 1974 in Davidson County, Tennessee. A certified copy of the Certificate of Death of the said Burdette Chamberlain is attached to this Affidavit as Exhibit A.

3. As a result of the death of the life tenant, Burdette Chamberlain, sole title to the property resided in the parties who were deeded the remainder interest, namely, A. H. Allen, Jr., and wife, Mary C. Allen.

4. The purpose of this Affidavit is to reflect the death of the life tenant and the ownership of the property thereafter.

IN WITNESS WHEREOF, I have executed this Affidavit on this 17th day of September, 1996.

George H. Cate, Jr.
GEORGE H. CATE, JR.

0228446
IDENTIF. ↑ REFERENCE
RECORD
96 SEP 24 AM 9:47
FELIX ... REGISTER
DAVIDSON COUNTY, TN.

BOOK 10197 PG 736

RE-RECORD BOOK 10200 PG 521

Sworn to and subscribed before me this 17th day of September, 1996.

Christina L. Neeley
NOTARY PUBLIC



My commission expires:

11-20-96

ADDRESS NEW OWNERS AND SEND TAX NOTICES TO:

A. H. Allen, Jr., and wife, Mary C. Allen
2908 McGavock Pike
Nashville, TN 37214

Mail

This instrument prepared by: GEORGE H. CATE, JR., ATTORNEY
95 White Bridge Road
Suite 503, Cavalier Building
Nashville, TN 37205
615/352-8677

0227491
IDENTIF. & REFERENCE

96 SEP 20 AM 11:15

FELICIA A. [illegible] REGISTER
DAVIDSON COUNTY, TN.

1911 09/24 0101 03CHECK 12.00

0858 09/20 0101 03CHECK 8.00

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

STATE OF TENNESSEE
Office of Vital Records

RE-RECORD BOOK 10200 PG 522

CERTIFICATE OF DEATH 14-23-79 74-000622

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

1974
10
1994
BIRTH NO.

DECEASED — NAME: 1. First: BUDDETTE; Middle: ; Last: CHAMBERLAIN

2. DATE OF DEATH (MONTH, DAY, YEAR): JANUARY 23, 1974

3. DATE OF BIRTH (MONTH, DAY, YEAR): 4. AUGUST 24, 1885

5. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. SPECIFY): WHITE

5a. AGE — LAST BIRTHDAY (YEARS): 88

5b. UNDER 1 YEAR — MONTHS / DAYS

5c. UNDER 1 DAY — HOURS / MIN.

6. SEX: MALE

7. COUNTY OF DEATH: DAVIDSON

7a. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE

7b. INSIDE CITY LIMITS (SPECIFY YES OR NO): YES

7c. HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): 2908 HILLSBOROUGH AVE

8a. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): WISCONSIN

8. CITIZEN OF WHAT COUNTRY: U.S.A.

9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): WIDOWED

10. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): NONE

11. SOCIAL SECURITY NUMBER: 414-05-4104

12. SERVICE IN ARMED FORCES (SPECIFY YES OR NO — IF YES, GIVE DATES OF SERVICE): NO

13. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): SALESMAN

13a. KIND OF BUSINESS OR INDUSTRY: SALES

14. RESIDENCE — STATE: TENNESSEE

14a. COUNTY: DAVIDSON

14b. CITY, TOWN, OR LOCATION: NASHVILLE

14c. INSIDE CITY LIMITS (SPECIFY YES OR NO): YES

14d. STREET AND NUMBER: 2905 McGAVOCK PK.

14e. MAILING ADDRESS (IF RURAL, GIVE R.F.D. NO.): 2905 McGAVOCK

15. FATHER — NAME: JOHN W. CHAMBERLAIN

16. MOTHER — MAIDEN NAME: MARY WILLIAMS

17. INFORM NEXT — NAME: MRS HOWARD ALLEN

17a. ADDRESS (STREET AND NUMBER, CITY OR TOWN, STATE): 2905 McGAVOCK

PARTS I AND II — ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

(a) IMMEDIATE CAUSE: Myocardial infarction — 4109

(b) 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).

18. AUTOPSY (YES OR NO): Y

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

CAUSE

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)

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

20a. HOUR:

20b. I.D.

20c. HOW INJURY occurred (GIVE NATURE OF INJURY IN PART I OR PART II, ITEM 18)

21. INJURY AT WORK (YES OR NO)

21a. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)

21b. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

22. PHYSICIAN — CERTIFICATION: I ATTENDED THE DECEASED FROM 1-21-74 TO 1-23-74. I SAW THE BODY OF THE DECEASED AT THE PLACE OF DEATH ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE AND BELIEF, DEATH OCCURRED AT THE TIME, DATE, AND FROM THE CAUSES STATED. SIGNATURE: Kenneth Stuckenschmidt TITLE: M.D. 2

22a. DATE SIGNED (MONTH, DAY, YEAR): 1-23-74

22b. MEDICAL EXAMINER — CERTIFICATION: I HAVE VIEWED THE BODY AND/OR THE SURROUNDINGS OF THE BODY AND/OR THE INVESTIGATION, AS BY CORONER, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSES STATED. SIGNATURE:

22c. DATE SIGNED (MONTH, DAY, YEAR):

22d. CERTIFIER — NAME (FIRST OR ALONE):

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

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

23a. DATE (BURIAL, DAY, YEAR): JAN 25 1974

23b. CEMETERY OR CREMATORY — NAME: SPRINGHILL

23c. LOCATION (CITY OR TOWN, STATE): NASHVILLE TENN

23d. REGISTRAR — SIGNATURE: Marguerite M. Bumpus

23e. DATE RECEIVED BY LOCAL REGISTRAR: 1-31-74

24. FUNERAL HOME — NAME AND ADDRESS (GIVE CITY OR TOWN, STATE, ZIP): HIBBETT-HAILEY-DENELSON, TENN 37214

DECEASED

LOCAL REGISTRAR'S OFFICE WHERE RECORDED (CITY, COUNTY, STATE):

REGISTRAR'S NUMBER:

DATE RECEIVED BY LOCAL REGISTRAR:

FUNERAL AND DISPOSITION

CAUSE

PHYSICIAN OR MEDICAL EXAMINER MUST COMPLETE MEDICAL CERTIFICATION WITHIN 72 HOURS. IF SIGNATURE CAN BE DELEGATED.

CERTIFIER

IF NOT ATTENDED BY M.D., AUTHORIZED TO SIGN HERE.

BURIAL

BURIED PRIOR TO DISPOSITION OF BODY FROM CARRIER OR FROM STATE.

FORM NO. 55 19
D 11-72

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Paula Taylor
Paula Taylor
State Registrar

Date Issued JUL 8 1996

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

EXHIBIT "A"