OLD REPUBLIC

National Title Insurance Company
344 Fourth Avenue North
Nashville, Tennessee 37219-1611

STATE OF TENNESSEE)
COUNTY OF Davidson
THE ACTUAL CONSIDERATION OR VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS $ 79,900.00

AFFIANT

SUBSCRIBED AND SWORN TO BEFORE, THIS THE 30th DAY OF October, 19 95

NOTARY PUBLIC

My Commission expires: 11-27-96

56

BOOK 10244 PG 768

(615) 385-2804 THIS INSTRUMENT PREPARED BY TN SupCt#003143
Marbut Glenn Gaston, Jr.,Lawyer,2211 Crestmoor Rd.,Nashville, TN 37215
NAME ADDRESS

NAME & ADDRESS OF PROPERTY OWNER:	SEND TAX BILLS TO:	MAP & PARCEL NUMBERS:
D. J. Clark (NAME)	SAME (NAME)	105-13-339
919 Bradford Av. (ADDRESS)	(ADDRESS)	22W-05870
Nashville, TN 37204 (CITY) (STATE) (ZIP)	(CITY) (STATE) (ZIP)	

Warranty Deed

For and in Consideration of the sum of $ 79,900.00 **cash in hand paid by the hereinafter named grantees, and other good and valuable consideration, the receipt of which is hereby acknowledged, we**

Sherrie C. Redmond, Joseph D. Cowan, James E. Venson (sole heir-at-law of Sandra C. Venson), Cathy Y. Cowan Clayborn, Vicky C. Taylor and, Qiana Cowan Redmond the sole devisees under the Will of Mary A. Cowan,

[The said James E. Venson joins herein and executes this Deed to transfer and convey any and all interest of the said Sandra C. Venson, or her heirs-at-law, but disclaims and waives any interest to himself personally]

hereinafter called the GRANTORS, have bargained and sold, and by these presents do transfer and convey unto

D. J. Clark

hereinafter called the GRANTEES, their heirs and assigns, a certain tract or parcel of land in Davidson **County, Tennessee, described as follows, to wit:**

Land in Davidson County, Tennessee, and being Lot No. 35 on the Map of Waldkirch's Subdivision of Lots Nos. 8 and 9 in W. L. B. Lawrence Plan of Lots as of record at Book 421, page 90, Register's Office for said County, to which plan reference is hereby made and the same incorporated herein for a complete description of said lot.

Being all the same property conveyed to James A. Cowan and wife, Mary Cowan by deed dated December 12, 1963, as of record at Book 3671, page 185, said Register's Office. The said James A. Cowan (being one and the same person as James A. Cowan, Jr.) having since died June 7, 1971, in Davidson County, Tennessee (see TN Cert. of Death #71-016786), and the said Mary Cowan (being one and the same person as Mary A. Cowan and Mary Ann Cowan) having since died February 10, 1987, in Davidson County, Tennessee (see TN Cert. of Death #8700629).

By the Will of said Mary A. Cowan (see Davidson County Probate Court Clerk's Office #79618) as of record at Will Book 158, page 150 Davidson County Probate Court Clerk's Office, the above property was devised to Sherrie C. Redmond, Qiana Cowan Redmond, Joseph D. Cowan, Sandra C. Venson, Cathy Y. Cowan (now Cathy Y. Cowan Clayborn), and Vicky C. Taylor, sole devisees under said Will.

Sherrie [Cowan] being one and the same person as Sherrie C. Redmond, Joseph [Cowan] being one and the same person as Joseph D. Cowan, Sandra [Cowan] being one and the same person as Sandra C. Venson, Cathy [Cowan] being one and the same person as Cathy Y. Cowan now Cathy Y. Cowan Clayborn, Vicky [Cowan] being one and the same person as Vicky C. Taylor, and Qiana Cowan being one and the same person as Qiana Cowan Redmond.

The said Sandra C. Venson (being one and the same person as Sandra Jean Venson) having since died on April 10, 1987 (see TN Cert. of Death #8701752) intestate in Davidson County, Tennessee, and James E. Venson, her spouse, being her sole heir-at-law.

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

The following Exhibits are made a part of this Warranty Deed and are being recorded in the pages immediately following this Deed to support the chain of title herein stated, to wit: Death Certificate(s) of James A. Cowan, Mary Cowan, and Sandra C. Venson; Last Will and Testament of Mary A. Cowan; and, Affidavit of Heirship regarding Sandra C. Venson.

~~unimproved~~ This is improved ~~(x)~~ property, known as 919 Bradford Av., Nashville, TN 37204
(House Number) (Street) (City) (State) (Zip)

To Have and to Hold the said tract or parcel of land, with the appurtenances, estate, title and interest thereto belonging to the said GRANTEES, their heirs and assigns, forever. We do covenant with said GRANTEES that we are lawfully seized and possessed of said land in fee simple, have a good right to convey it, and the same is unencumbered, unless otherwise set out herein. We do further covenant and bind ourselves, our heirs and representatives, to warrant and forever defend the title to the said land to the GRANTEES, their heirs and assigns, against the lawful claims of all persons whomsoever. Wherever used, the singular number shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders.

Witness our hands this 29th day of October, 19 96.

Sherrie C. Redmond

Joseph D. Cowan

James E. Venson (sole heir-at-law of Sandra C. Venson)

Cathy Y. Cowan Clayborn

Vicky C. Taylor

Qiana Cowan Redmond

INDIVIDUAL ACKNOWLEDGMENTS:

STATE OF TENNESSEE }
County of DAVIDSON }

Personally appeared before me, the undersigned authority, a Notary Public in and for said County and State, the within named Sherrie C. Redmond, Joseph D. Cowan, James E. Venson, Cathy Y. Cowan Clayborn, Vicky C. Taylor and Qiana Cowan Redmond, the bargainor(s), with whom I am personally acquainted (or proved to me in the basis of satisfactory evidence), and who acknowledged that they executed the within instrument for the purposes therein contained.

Witness my hand and official seal at office this 29th day of October, 1996.

My Commission expires:
11-27-99

Notary Public

GLEN GASTON, JR. NOTARY PUBLIC STATE OF TENNESSEE AT LARGE

CORPORATE OR PARTNERSHIP ACKNOWLEDGMENT:

STATE OF TENNESSEE }
County of }

Before me, the undersigned authority, a Notary Public in and for the State and County aforesaid, personally appeared _____, with whom I am personally acquainted (or proved to me in the basis of satisfactory evidence), and who, upon oath, acknowledged _____self to be the _____ of _____, the within named bargainor, a corporation (or partnership), and that ____, as such officer (or partner), being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation (or partnership) by _____self as such officer (or partner).

Witness my hand and official seal at office this _____ day of _____, 19____.

My Commission expires:

_____

Notary Public

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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 10244 PG 770

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

8700629

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT BLACK INK.

BIRTH NO. _____ STATE FILE NO.

DECEASED

1. NAME: MARY ANN COWAN
2. DATE OF DEATH: FEBRUARY 10, 1987
3a. AGE—LAST BIRTHDAY: 56
3b. UNDER 1 YEAR: MONTHS / DAYS
3c. UNDER 1 DAY: HOURS / MINS
4. DATE OF BIRTH: 9/18/1930
5a. RACE: BLACK
5b. ORIGIN OR DESCENT: AMERICAN
6. SEX: Female
7. COUNTY OF DEATH: DAVIDSON
7b. CITY, TOWN OR LOCATION: NASHVILLE
7c. INSIDE CITY LIMITS: YES
7d. HOSPITAL OR OTHER INSTITUTION: BAPTIST HOSPITAL
7e. IF HOSP. OR INST. DOA, OF WHAT PLACE
8. STATE OF BIRTH: TENNESSEE
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: WIDOWED
11. SURVIVING SPOUSE: N/A
12. SOCIAL SECURITY NUMBER: [redacted]-6697
13. SERVICE: NO
13a. USUAL OCCUPATION: PBX OPERATOR
13b. KIND OF BUSINESS OR INDUSTRY: BORDEAUX HOSPITAL
14. RESIDENCE—STATE: TENNESSEE
14b. COUNTY: DAVIDSON
14c. CITY, TOWN, OR LOCATION: NASHVILLE
14d. STREET AND NUMBER: 919-BRADFORD AVE.
14e. INSIDE CITY LIMITS: Yes
14f. CENSUS TRACT NO.

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

PARENTS AND INFORMANT

15. FATHER—NAME: WALTER LAWRENCE
16. MOTHER—MAIDEN NAME: ROBBY BROWN
17. INFORMANT—NAME AND MAILING ADDRESS: CATHY COWAN-919-BRADFORD AVE.

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

DISPOSITION

18. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): BURIAL
18b. DATE: 2/13/1987
18c. CEMETERY OR CREMATORY—NAME: NATIONAL CEM.
18d. LOCATION—CITY OR TOWN, STATE: MADISON, TENNESSEE
19a. FUNERAL DIRECTOR (SIGNATURE): MARY KATHRYN PATTON
19b. LICENSE NO.: 3379
19c. EMBALMER (SIGNATURE): RON STEWART
19d. LICENSE NO.:
20. FUNERAL HOME—NAME AND ADDRESS: PATTON BROTHERS FUNERAL HOME-1306-SOUTH ST Nashville, TN
21. REGISTRAR—SIGNATURE: Esther D. Gross
21b. DATE RECEIVED BY LOCAL REGISTRAR: 2-20-87

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 THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSES STATED. SIGNATURE: (Arthur Grant Boyd M.D.) DEGREE
22b. DATE SIGNED: 2-17-87
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 CAUSES STATED. SIGNATURE: TITLE
23b. DATE SIGNED
24a. CERTIFIER—NAME: ARTHUR GRANT BOYD, MD
24b. MAILING ADDRESS: 208 Church St. NASHVILLE, TN - 37203

CAUSE

25. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).
(a) Glioblastoma Multiforme — INTERVAL BETWEEN ONSET AND DEATH: 4 months
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST
(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): None.
26. AUTOPSY (YES OR NO): No
27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)
27b. DATE OF INJURY
27c. HOUR
27d. DESCRIBE HOW INJURY OCCURRED
27e. 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

PH-1659
Rev. 9-81 CMC

RECORDERS MEMO
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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 10244 PG 771

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

87001752

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

1. SANDRA JEAN VENSON — DATE OF DEATH: APRIL 10, 1987
2a. AGE: 30 — 3. DATE OF BIRTH: 4/25/1956 — 4. RACE: BLACK — 4a. AMERICAN — 5. SEX: FEMALE
6. COUNTY OF DEATH: DAVIDSON — 6a. CITY, TOWN OR LOCATION: NASHVILLE — 6b. INSIDE CITY LIMITS: YES — 6c. HOSPITAL OR OTHER INSTITUTION: Baptist PROGRESSIVE HEALTH CARE CENTER
7. STATE OF BIRTH: TENNESSEE — 8. CITIZEN OF WHAT COUNTRY: USA — 9. MARRIED — 9a. SURVIVING SPOUSE: JAMES E. VENSON
10. SOCIAL SECURITY NUMBER: [redacted]-9127 — 11. SERVICE IN ARMED FORCES: NO — 12. USUAL OCCUPATION — 13. KIND OF BUSINESS OR INDUSTRY

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

14. STATE: TENNESSEE — 15. COUNTY: DAVIDSON — 16. CITY, TOWN, OR LOCATION: NASHVILLE — 17. STREET AND NUMBER: 919-BRADFORD AVE. — 17a. INSIDE CITY LIMITS: YES — 18. CENSUS TRACT NO

PARENTS AND INFORMANT

19. FATHER—NAME: JAMES A. COWAN — 20. MOTHER—MAIDEN NAME: MARY A. LAWRENCE — 21. INFORMANT—NAME: SHERRIE REDMOND — MAILING ADDRESS: 919-BRADFORD AVENUE

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

DISPOSITION

22. BURIAL, CREMATION, REMOVAL: BURIAL — 23. DATE: 4/13/1987 — 24. CEMETERY OR CREMATORY—NAME: GREENWOOD CEMETERY — LOCATION: NASHVILLE, TENNESSEE
25. FUNERAL DIRECTOR: MARY KATHRYN PATTON — LICENSE NO: 3379 — 26. EMBALMER: RONALD STEWART — LICENSE NO: 3732
27. FUNERAL HOME—NAME AND ADDRESS: PATTON BROS FUNERAL HOME-1306-30TH STREET Nashville TN — REGISTRAR—LOCATION — DATE ACCEPTED BY LOCAL REGISTRAR: 4-23-87

CERTIFIER

28a. PHYSICIAN—COUNTY THAT THE DEATH OCCURRED IN THE STATE AND GIVE THE CAUSE(S) STATED — SIGNATURE — DEGREE: MD — DATE SIGNED: 4-21-87
28b. 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 — DATE SIGNED
28c. CERTIFIER—NAME: Stuart Spigel, M. D. — MAILING ADDRESS

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

CAUSE

29. PART I. DEATH WAS CAUSED BY — Enter Only One Cause Per Line For (a), (b), and (c)
(a) ADENOCARCINOMA of small bowel — Interval Between Onset and Death
(b)
(c)
Conditions, if any, which gave rise to immediate cause (a) stated above, which caused the death
PART II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not related to cause given in PART I (a) — AUTOPSY?

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED — DATE OF INJURY — HOUR — DESCRIBE HOW INJURY OCCURRED
INJURY AT WORK — PLACE OF INJURY — LOCATION

PH 1660 Rev. 9/81

RECORDERS MEMO
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RAY BLANTON
GOVERNOR

Eugene W. Fowinkle, M.D., M.P.H.
Commissioner

STATE OF TENNESSEE
DEPARTMENT OF PUBLIC HEALTH
NASHVILLE 37219

William A. Binkley
STATE REGISTRAR

JUNE 2, 1977

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

EUGENE W. FOWINKLE, M.D.
Commissioner

BOOK 10244 PG 772

1994
07
1994

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH FILE NO. 71-016786
DIVISION OF VITAL STATISTICS

BIRTH NO.

DECEASED — NAME (First / Middle / Last)			DATE OF DEATH (Month, Day, Year)
JAMES	A.	COWAN JR.	2. June 7, 1971

3. RACE (White, Negro, American Indian, etc. (Specify))	4. SEX	5a. AGE — LAST BIRTHDAY (Years)	5b. UNDER 1 YEAR: MONTHS / DAYS	5c. UNDER 1 DAY: HOURS / MIN.	6. DATE OF BIRTH (Month, Day, Year)
Negro	c. Male	5a. 45	5b.	5c.	6. May 11, 1926

7a. COUNTY OF DEATH	7b. CITY, TOWN, OR LOCATION OF DEATH	7c. INSIDE CITY LIMITS (Specify Yes or No)	7d. HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number)
a. Davidson	7b. Nashville	7c. Yes	7d. VA Veterans Hosp.

8. STATE OF BIRTH (If not U.S.A., name country)	9. CITIZEN OF WHAT COUNTRY	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)
Tennessee	9. USA	10. Married	11. Mary Ann Lawrence

12a. SOCIAL SECURITY NUMBER	12b. SERVICE IN ARMED FORCES (Specify Yes or No — Was he ever in the U.S. Armed Forces?)	13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	13b. KIND OF BUSINESS OR INDUSTRY
413-22-9785	12b. WW 2	13a. Truck Driver	13b. Surgical Supply Co

14a. RESIDENCE — STATE	14b. COUNTY	14c. CITY, TOWN, OR LOCATION	14d. INSIDE CITY LIMITS (Specify Yes or No)	14e. STREET AND NUMBER
Tennessee	Davidson	Nashville	Yes	919 Bradford Ave.

15. FATHER — NAME	16. MOTHER — MAIDEN NAME	17. INFORMANT — NAME	MAILING ADDRESS
Arthur Cowan	Dora Wilson	Mary Ann Cowan	919 Bradford Ave.

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

	IMMEDIATE CAUSE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a)	Ventricular Fibrillation #109	Seconds
(b) DUE TO, OR AS A CONSEQUENCE OF:	Acute Myocardial Infarction #21	Days
(c) DUE TO, OR AS A CONSEQUENCE OF:		

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

#250

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

Diabetes Mellitus

19a. AUTOPSY (Yes or No)	19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
No	

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (Specify)	20b. DATE OF INJURY (Month, Day, Year)	20c. HOUR	20d. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 18)
		M.	

20e. INJURY AT WORK (Specify Yes or No)	20f. PLACE OF INJURY (At home, farm, street, factory, office bldg., etc. (Specify))	20g. LOCATION (Street or R.F.D. No., City or Town, State)

21. PHYSICIAN — CERTIFICATION
I ATTENDED THE DECEASED FROM _____ TO _____
I SAW THE DECEASED ALIVE ON _____
I LAST SAW THE DECEASED ALIVE ON _____
DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
SIGNATURE _____ TITLE _____ DATE SIGNED (Month, Day, Year) 21b.

22. MEDICAL EXAMINER — CERTIFICATION
ON THE BASIS OF THE EXAMINATION OF THE BODY AND OF THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.
SIGNATURE T. E. Simpkins M.D. TITLE _____ DATE SIGNED (Month, Day, Year) 22a. 6-7-71

23. CERTIFIER — NAME (Type or Print)	MAILING ADDRESS (Street or R.F.D. No.)	CITY OR TOWN	STATE
T. E. SIMPKINS M. D.	1120 Dickerson Road	Nashville	Tenn. 37207

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE (Month, Day, Year)	24c. CEMETERY OR CREMATORY — NAME	24d. LOCATION (City or Town)	STATE
Burial	June 11, 1971	National	Madison,	Tennessee

25. FUNERAL HOME — NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip Code): Patton Bros. 1306 South St. Nashville, Tn 37212

26. REGISTRAR — SIGNATURE: Esther D. Grote — DATE RECEIVED BY LOCAL REGISTRAR 26a. 6-14-71

RECORDERS MEMO
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OST

Maey A. Cowan Probated March 3, 1987 79618

BOOK 10244 PG 773

10-31-1990

10-8-79

This is my last will

Mary A. Cowan

Witnessed by: Phillip W. Sisk 11-8-79

Barbara Morgan, Notary

My Commission Expires Jan. 18, 19[illegible]

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96 OCT 31 PM 3:09

FELIX Z. WILSON III REGISTER
DAVIDSON COUNTY, TN.

0242111

IDENTIF. ↑ REFERENCE

6570 10/31 0101 03CHECK 348.63

(1) 10-31-1979

This will is for Sherrie, Joseph, Sandra, Cathy & Vicky And Diana Cowan (all my Children. This House (919-Bradford Ave) belong to all six of you — Don't sale unless all of you want to — If one want to sale — buy him or her out. I want you all to have a life time place in which to live: — If Joseph D. Cowan wants to live here — let him stay as long as he do the right thing about it. Keep the house up & don't do anything illegal in it. If he don't do these things you all have the right to have him put out. This goes for the other five too. Give Vicky all my Cameras.
These are the things you need to know:
1. Check with General hospital — on all insurance — also check with the credit union.
2. Check with local 150-T for life insurance
3. Ms. Georgia Lane will be glad to help you all with, General hospital + local 150-T.
4. I have a $10,000.00 U.A. insurance it is made to Vicky. Give Vicky $5,000.00 and the other $5,000.00 goes for Vicky's education
5. I have life insurance on all six of you, with life + Casualty in Green Hills. I pay $84.06 every 3-mos. Sherrie please (2)

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(2)

~~Keep~~ Keep paying on it.
6. If I have a car give it to Joe. if he hav one + Vicky don't - give it to her.
7. all the old silver money - Sherrie Keep it, as long as you live. - then give it to Dricy -.
8. Put all my rings on my finger. -
9. Give Sam the picture in the Dinni room.
10. Cathy or Vicky have never told me what they wanted. So Please Give the Anything they want. Please don't Argu
11. If you all have any money left from my burial split it amoungal of you.
12. The house will be paid for after die. - (1) mortgage with Dabson + Johnso (2) mortgage with Lumberments Investm Corporation 12th + Colorado - P.O. Box 40 Austin, Texa 78767
13. All insurance policies is in the trun or the box in the closet. Check on all ins ~~pol~~ policies you find - because since I have been on disability I don't remember

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what I have now.
14. all of our birth-certificates is in the trunk. my marriage lic. too - also and extra marriage cert. of Sherrie is in the Bible.
15. I ~~have~~ had something made to all of you at one time - but since I was put on disablity some of the insurance was dropped - so who ever don't have something made to them. I want the one who do have something to share with the others. Please share everything
16. Check everything I have in the box, trunk, my pocketbook, billfolder. I could have left something out.
17. Please all of you stay close together, don't argue - Joe please see after your sister + neice also I hope (Baby Joe) will know who you are and you do all you can for him. (Kelvin)
18. Vicky is covered with insurance with ~~the~~ General hospital as long as she

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1:51

(4)
is in school or (23 yrs) old. also ~~the~~ local
150-T. (hospitalization + life insurance)
Check both places.
19. Please stay close together no matter
what ~~of~~ Dan please change the way
you do. Sherrie, Joe, Cat + Vic. they love
you — stay close + don't argue.
20 — Stay close to Big Sis, Bunny,
James — no matter what + stay
close to all of the family. stay
in touch with them.
21. If Big Sis. out live me please
take care of her.
22. I had another will wrote but
wanted to change some of it. so I
wrote it over. If you find it destro
it. This is the last one. Oct. 31, 1979
Remember I loved all of you.
Mom.

P.S. The Deed to the House + the Title to
the 74 Cad. + Cat title to her 74 Chev. camaro is in
the box or trunk.

ALL RIGHTS RESERVED

BOOK 10244 PG 778

RICHARD FULTON, MAYOR

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

NASHVILLE METROPOLITAN BORDEAUX HOSPITAL
COUNTY HOSPITAL ROAD, NASHVILLE, TENNESSEE 37218

Thursday Morning
11-7-85
Time 3:40 AM
Place - At work
Bordeaux Hospital

A Change in my will (Mary A. Cowan)
at the time of my death, my car will
go to my grand daughter Diana L. Cowan
instead of my son Joseph D. Cowan.

Mary A. Cowan

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

AFFIDAVIT OF HEIRSHIP

The undersigned, Henry D. Lawrence, hereinafter referred to as Affiant, being first duly sworn, makes oath as follows:

(1) That Affiant presently resides at the following address: BOOK 10244 PG 779
625 Benton Avenue, Apt. 506, Nashville, TN 37204

(2) That Affiant personally knew Sandra C. Venson *, the deceased, hereinafter referred to as Decedent, and has personal knowledge of the family of Decedent by reason of the following circumstances:
*[also known as Sandra Cowan Venson and Sandra Jean Venson]

I am/was her uncle, having known her since her birth, and having lived in Nashville all my life, knowing her until her death.

(3) That Affiant (X) ~~is or ( ) is not~~ ... related to Decedent by blood or by marriage.

(4) That Affiant ( ) ~~has or~~ (X) does not have ... a financial interest in the hereinafter described property.

(5) That Affiant (X) knew ~~or ( ) is advised~~ ... that at the date of death, said Decedent (XX) owned or (X) held an interest in ... the following described real estate in Davidson County, Tennessee, to wit:
Land in Davidson County, Tennessee, and being Lot No. 35 on the Map of Waldkirch's Subdivision of Lots Nos. 8 and 9 in W. L. B. Lawrence Plan of Lots as of record at Book 421, page 90, Register's Office for said County, to which plan reference is hereby made and the same incorporated herein for a complete description of said lot.

Which is improved property known as: 919 Bradford Av., Nashville, TN 37204

(6) That Decedent died on April 10, 1987, and was at that time a resident of Nashville, Davidson County, Tennessee.

(7) That Decedent died intestate (intestate/~~testate~~).

(8) That James E. Venson was the surviving spouse of Decedent, ~~or was the said spouse of the Decedent but who predeceased Decedent on =~~

(9) That said surviving spouse is presently living.

(10) That the following persons are all of the children born to or adopted by Decedent during his / her lifetime: none

(11) That the following persons constituted all of the heirs-at-law (and surviving spouse, if applicable) of the decedent at his / her date of death: James E. Venson, as surviving spouse, and none others.

(12) That the following persons constitute, as of the date of execution of this Affidavit, all of the heirs-at-law of Decedent:

NAME:	AGE:	ADDRESS:
James E. Venson	43	812 Oneida Avenue Nashville, TN 37207

BOOK 10244 PG 780

(NOTE: In the event that the persons identified as heirs-in-law in paragraph (11) above, are not the same as the persons identified in paragraph (12) above, those persons so identified in paragraph (11) and not so identified in paragraph (12) should be treated by a separate AFFIDAVIT OF HEIRSHIP); and

(13) Additional information, if any, either known or understood to be true by Affiant:

Further Affiant saith not. Witness my hand this 29th day of October, 1996

Henry D. Lawrence, Affiant

Henry D. Lawrence

STATE OF Tennessee :
COUNTY OF Davidson :

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 29th *DAY OF* October, 1996.

My commission expires: 11-27-99

Notary Public

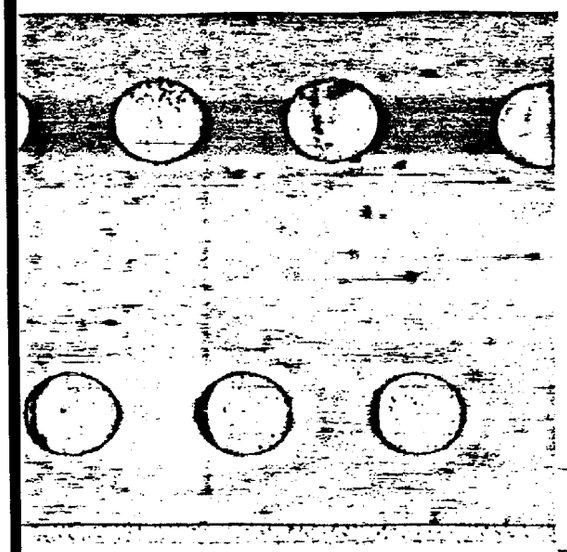
STATE OF Tennessee :
COUNTY OF Davidson :

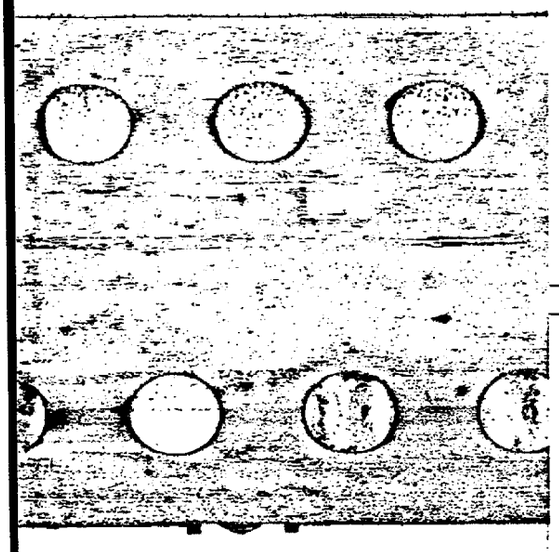
Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named Henry D. Lawrence, the Affiant, or the bargainor, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence, and who acknowledged that he / she executed the foregoing AFFIDAVIT OF HEIRSHIP for the purposes therein contained. WITNESS my hand and official seal at office on this 29th day of October, 1996.

My commission expires: 11-27-99

Notary Public

This instrument is prepared by:
Marbut Glenn Gaston, Jr., Attorney at Law
7211 Crestmoor Road, Nashville, Tennessee 37215-2020
(615) 385-2804 ... TN Sup Ct. #: 003143





OFFICIAL RECEIPT
FELIX Z. WILSON, II
REGISTER OF DAVIDSON COUNTY
NASHVILLE, TENNESSEE

RECEIVED OF _____

FOR _____

BOOK 10244 PG 781

CO - CONVEYANCE	CC - CERTIFIED COPY	MISC - MISCELLANEOUS
MO - MORTGAGE	REL - RELEASE	CO TX - STATE TAX CONVEY
WD - WARRANTY DEED	UCC - UNIFORM COMMERCIAL CODE	MO TX - STATE TAX MORT
TD - TRUST DEED		PRFEE - PROBATE FEE

DATE	SYMBOL	VALUATION	TAX AND FEES	TOTAL PAID
				CAMT 79900.00
				CON TX 295.63
				PRFEE 1.00
				WDEED 52.00
				TOTAL 348.63
				CHECK 348.63
			10/31/96 01	15:12 0001 6570

RECEIPT IS NOT VALID UNTIL CHECK IS PAID BY BANK

02421711 IDENTIF. ↑ REFERENCE

96 OCT 31 PM 3:09

FELIX Z. WILSON II REGISTER
DAVIDSON COUNTY, TN.

No. 1083516