BOOK 10356 PG 186

AFFIDAVIT OF HEIRSHIP

New Owner:	Send Tax bills to:	Par: 88
Joe Douglas Mount	same	Map: 119-10
1532 Brookstone Cir.	same	
Mt. Juliet, Tenn. 37122	same	

RE: Real property in Davidson County, Tennessee described as follows:

Being Lot No. 69 on the Plan of Hidden Acres Subdivision as of record in Book 1130 Page 89, Register's Office for Davidson County, Tennessee.

Said Lot No. 69 fronts 73 feet on the southerly side of Druid Drive and runs back 187.9 feet on the westerly line and 175 feet on the easterly line to a dead line in the rear, measuring 78 feet thereon.

Being the same property conveyed to Robert B. Mount and wife Della D. Mount on December 17, 1970 of record in Book 4468 Page 255 Register's Office for Davidson County, Tennessee.

This property bears street address: 2819 Druid Drive, Nashville Tennessee

Comes now, Joe Douglas Mount, son of the late Della D. Mount, and after first being duly sworn according to law attests and states:

1. That the above described real property was purchased by the late Robert B. Mount and Della D. Mount on December 17, 1970 while they were lawfully married as husband and wife.

2. That the Affiant, Joe Douglas Mount, and the brother of Affiant, Charles Robert Mount, were born of the bodies of Robert B. Mount and Della D. Mount and were the only children born of their bodies and no child was lawfully adopted by the late Robert B. Mount and Della D. Mount.

3. That Charles Robert Mount, brother of Joe Douglas Mount, died a citizen and resident of Nashville, Davidson County, Tennessee on May 12, 1963.

4. That Robert B. Mount, father of Joe Douglas Mount, died a citizen and resident of Nashville, Davidson

County, Tennessee on July 31, 1980 leaving no Last Will and Testament.

5. That Della D. Mount, mother of Affiant, Joe Douglas Mount, died a citizen and resident of Nashville, Davidson County, Tennessee on January 15, 1997 without leaving any Last Will and Testament.

6. That at the time of her death Della D. Mount was not married and did not remarry after the death of her husband, Robert B. Mount. (Death Certificates of the late Robert B. Mount, Della D. Mount, and Charles Robert Mount are attached hereto as Exhibits)

7. That the Affiant, Joe Douglas Mount survived Della D. Mount and he is the only lawful owner of the above described property.

8. Further, Affiant saith not.

Joe Douglas Mount

Joe Douglas Mount

9719 02/21 0101 01CASH 20.00

State of Tennessee)
County of Davidson)

Personally appeared before me, Rowena Tanner a Notary Public in and for said County and State, the within named, Joe Douglas Mount, the bargainor, with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence) and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee on this 31st day of January 1997.

Commission Expires: September 18, 1999

Rowena Tanner
Notary Public

ROWENA TANNER NOTARY PUBLIC AT LARGE DAVIDSON COUNTY TN

This instrument prepared by:

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

IDENTIFICATION REFERENCE 0275223

STATE OF TENNESSEE
Office of Vital Records

BOOK 10356 PG 188

19094
02

19094 BIRTH NO.

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

STATE FILE NO. 80 021354

1. DECEASED—NAME (FIRST / MIDDLE / LAST)				2. DATE OF DEATH (MONTH, DAY, YEAR)	
Robert	Benton	Mount		7/31/80	
3a. AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR: 3b. MOS. / DAYS	UNDER 1 DAY: 3c. HOURS / MIN.	4. DATE OF BIRTH (MONTH, DAY, YEAR)	5. RACE—WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)	6. SEX
62			8/21/17	White	Male

7a. COUNTY OF DEATH	7b. CITY, TOWN OR LOCATION	7c. INSIDE CITY LIMITS (SPECIFY YES OR NO)	7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.)	7e. IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inmate (Specify)
Davidson	Nashville	Yes	Southern Hills Hospt.	DOA
8. STATE OF BIRTH (IF NOT IN 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	USA	Married	Della Mae Dickey Mount	
12a. SOCIAL SECURITY NUMBER (IF NONE, SPECIFY)	12b. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE)	13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	13b. KIND OF BUSINESS OR INDUSTRY	
400-28-3334	Navy	Steel Worker	Unknown	

14a. RESIDENCE—STATE	14b. COUNTY	14c. CITY, TOWN, OR LOCATION	14d. STREET AND NUMBER	14e. INSIDE CITY LIMITS (SPECIFY YES OR NO)	14f. CENSUS TRACT NO.
Tennessee	Davidson	Nashville	2819 Druid Dr.	Yes	

15. FATHER—NAME	16. MOTHER—MAIDEN NAME	17. INFORMANT—NAME	MAILING ADDRESS
Robert Mount	Nannie Parker	Joe Mount	Hermitage Tenn. 37076 5201 Roxborough Dr.

18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY)	18b. DATE (MONTH, DAY, YEAR)	18c. CEMETERY OR CREMATORY—NAME	18d. LOCATION (CITY OR TOWN, STATE)	
Burial	8/2/80	Woodlawn	Thompson Lane Nash. TN.	
19a. FUNERAL DIRECTOR (SIGNATURE)	19b. LICENSE NO.	19c. EMBALMER (SIGNATURE)	19d. LICENSE NO.	
H. Neil Pardue	1595	H. Neil Pardue	2738	
20. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		21. REGISTRAR—SIGNATURE	21a. DATE RECEIVED BY LOCAL REGISTRAR	
Woodlawn Thompson Lane Nash. TN.		Esther D. Grok	8-6-80	

22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. — SIGNATURE — DEGREE — 22b. DATE SIGNED (MONTH, DAY, YEAR)

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 CAUSE(S) STATED. — SIGNATURE: I. E. Simpkins M.D. — TITLE — 23b. DATE SIGNED (MONTH, DAY, YEAR): 8-1-80

24a. CERTIFIER—NAME (TYPE OR PRINT)	24b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
T. E. Simpkins, M.D.	1120 Dickerson Rd., Nashville, Tn. 37207	

25. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a)	Acute Myocardial Infarction	short
DUE TO, OR AS A CONSEQUENCE OF:	A.S.V.D	
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): Diabetes Mellitus — 26. AUTOPSY (YES OR NO): No

27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	27b. DATE OF INJURY (MONTH, DAY, YEAR)	27c. HOUR M.	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)		

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

FEB 19 1997
Date Issued

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

BOOK 10356 PG 189

DEPARTMENT OF PUBLIC HEALTH **CERTIFICATE OF DEATH** DIVISION OF VITAL STATISTICS
STATE OF TENNESSEE

DEATH NO. 63-13[illegible]

1. NAME: Charles (FIRST) ROBERT (MIDDLE) Mount (LAST) 2. DATE OF DEATH: 5/12/63 (MONTH DAY YEAR)

3. COLOR OR RACE	4. SEX	5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY)	6. DATE OF BIRTH (MONTH DAY YEAR)	7. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YR. MONTHS	DAYS	IF UNDER 24 HRS. HOURS	MINS.
W	Male	Single	7/26/46	16				

8. PLACE OF DEATH
A. COUNTY: Davidson B. CIVIL DISTRICT:
C. CITY OR TOWN: Nashville D. LENGTH OF STAY IN THIS PLACE: 14 years
E. NAME OF HOSPITAL OR INSTITUTION (If Not in Hospital or Institution, Give Street Address or Location): Baptist F. INSIDE CITY LIMITS? YES ☒ NO ☐

9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission)
A. STATE: Tenn B. COUNTY: Dav C. CIVIL DISTRICT:
D. CITY OR TOWN: Nashville E. INSIDE CITY LIMITS? YES ☒ NO ☐
F. STREET ADDRESS (OR LOCATION): 604 Second Avenue South G. IS RESIDENCE ON A FARM? YES ☐ NO ☒

10a. USUAL OCCUPATION (Kind of Work Done During Most of Working Life; If Retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. SOCIAL SECURITY	12. WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN	IF YES, GIVE WAR OR DATES OF SERVICE
Student	High School	[redacted]-3340	No	

13. BIRTHPLACE (State or Foreign Country)	14. CITIZEN OF WHAT COUNTRY?	15. NAME OF HUSBAND OR WIFE
Oklahomm	USA	-

16. FATHER'S NAME	17. MOTHER'S MAIDEN NAME	18. INFORMANT ADDRESS
Robert Benton Mount	Della Dickey	R. B. Mount - Nashville

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — Enter only one cause per line for (A), (B), (C)

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): To Base Skull, Ruptured Spleen — Immediate

Conditions, if any, which gave rise to above cause (A); stating the underlying cause last
DUE TO (B): Ruptured Spleen
DUE TO (C):

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (A)

20. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

21A. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

21B. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 19): Traffic

21C. TIME OF INJURY: HOUR P.M. 940 MO. 5 DAY 12 YR. 63

RECD BY STATE'S 16783

21D. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21E. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office Building, etc.): Street

21F. PLACE OF INJURY — CITY, TOWN OR RURAL: Nashville COUNTY: Tenn STATE:

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE
SIGNATURE: [signature] M.D. ☒ D.O. ☐ OTHER (SPECIFY) ☐
ADDRESS: Nashville Tenn DATE: 5/12/63

23A. BURIAL, CREMATION, REMOVAL (SPECIFY)	23B. DATE OF BURIAL, CREMATION, OR REMOVAL	23C. NAME OF Cemetery or Crematory	23D. LOCATION CITY, TOWN OR COUNTY STATE
Burial	5/14/63	Milton	Milton, Tennessee

24. FUNERAL DIRECTOR	ADDRESS	25. REGISTRATION DIST. NO.	26. DATE SIGNED BY LOCAL REG.	27. REGISTRAR'S SIGNATURE
Bracey-Welsh Co	Nashville	2[illegible]-1	5-16-63	

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

FEB 19 1997
Date Issued

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF THE STATE OF TENNESSEE AGRICULTURE 1796

DEPARTMENT OF THE STATE OF TENNESSEE AGRICULTURE COMMERCE

[illegible] RECEIVED

BOOK 10356 PG 190

ADDITIONAL INFORMATION BY PHYSICIAN.

21 7-16-63 MT Traffic officer states: Passenger in car that ran off roadway

417668

WILSON COUNTY

DEPARTMENT OF PUBLIC HEALTH
LEBANON, TN 37087

BOOK 10356 PG 191

NP

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): DELLA D. MOUNT
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): JANUARY 15,1997
4. SOCIAL SECURITY NUMBER: [redacted]-8637
5a. AGE-LAST BIRTHDAY (Years): 75
5b. UNDER 1 YEAR: AGE
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): 9-2-1921
7. BIRTHPLACE (City and State or Foreign Country): TULSA,OKLAHOMA
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 DOA; OTHER 4 X Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number)
9c. CITY, TOWN, OR LOCATION OF DEATH: LEBANON
9d. COUNTY OF DEATH: WILSON
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): WIDOWED
11. SURVIVING SPOUSE (If wife, give maiden name): N/A
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): FEDERAL GOVERMENT
12b. KIND OF BUSINESS/INDUSTRY: VETERAN HOSPITAL
13a. RESIDENCE STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 2819 DRUID DRIVE
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37210
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes O X No
15. RACE-American Indian, Black, White, etc. (Specify): WHITE
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+)

NAME OF DECEDENT (Last, First, Middle) - Continued from Page 1

PARENTS

17. FATHER'S NAME (First, Middle, Last): UNKNOWN
18. MOTHER'S NAME (First, Middle, Maiden Surname): MARY DICKEY

INFORMANT

19a. INFORMANT'S NAME (Type/Print): JOE MOUNT
19b. RELATIONSHIP TO DECEASED: SON
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1532 BROOKSTENE CIRCLE MT. JULIET,TN 37122

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): WOODLAWN MEMORIAL PARK
20c. LOCATION-City or Town, State: NASHVILLE,TN

FUNERAL DIRECTOR

21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ RODNEY WELLS
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3883
21c. SIGNATURE OF EMBALMER: ▶
21d. LICENSE NUMBER OF EMBALMER
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODLAWN FUNERAL HOME 660 THOMPSON LANE NASHVILLE,TN 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

23. REGISTRAR'S SIGNATURE: Judy Denney / Deputy
24. DATE FILED (Month, Day, Year): February 7,1997

PHYSICIAN

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 ▶ Thomas D Tapp MD
25b. LICENSE NUMBER: MD 3143
25c. DATE SIGNED (Month, Day, Year): 1-30-97

MEDICAL EXAMINER

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)

SEE INSTRUCTIONS ON OTHER SIDE

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. CVA secondary to H.S.V.D. CHF
DUE TO (OR AS A CONSEQUENCE OF):
b. Pleural effusion — 1-2 mos.
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

Sequentially list conditions, if any, leading to 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.
Renal Insuff

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-1659
REV. 2-93

RDA 1399

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE RECORD ON FILE IN THE DIVISION OF VITAL RECORDS, TENNESSEE DEPARTMENT OF HEALTH & ENVIRONMENT. THIS IS VALID ONLY IF THE EMBOSSED SEAL OF THE ISSUING LOCAL HEALTH DEPARTMENT IS AFFIXED.

STATE OF TENNESSEE
WILSON COUNTY
SEAL

Judy Denney
DEPUTY REGISTRAR