Prepared by:

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915 Jefferson Street
Nashville, Tennessee 37208

BOOK 10406 PG 236

0291052

IDENTIF. & REFERENCE
MAIL ENV.
97 APR -4 AM 10:40
FELIX Z. WHITSELL REGISTER
DAVIDSON COUNTY, TN.

AFFIDAVIT

COMES now Ms. Beatrice Dowlen, daughter and sole heir of Mr. Robert Williams in this cause, having been duly sworn, who would state to the court as follows:

1. My name is Beatrice Marie Dowlen. I currently reside at 415 - 20th Avenue West, Springfield, Robertson County, Tennessee.

2. My father, Robert A. Williams, died in April 30, 1993 intestate. Attached is a copy of the death certificate.

3. I am the sole surviving heir to the Estate of Robert A. Williams and as such I am the rightful owner the property described below:

> BEING Lot No. 3 on the plan of McNish's of the J.W. McFerrin 6-1/2 acre tract in East Nashville as of Record in Book 57, Page 129 Register's office for said County.
>
> Said Lot fronts 50 feet on the easterly side of Myrtle Street and runs back between parallel lines 169 feet to an alley. Being the same property conveyed to Robert A. Williams, et ux. from Robert A. Green by installment deed in Book 5115, Page 693 said Register's Office.

5735 04/04 0101 03CHECK 8.00

ENTERED this the 6th day of February, 1997.

Beatrice Marie Dowlen
BEATRICE MARIE DOWLEN

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Subscribed and sworn to before me on this the 6th day of February, 1997.

Notary Public

My Commission Expires: Sept. 27, 1998

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT: Williams Robert 4-30-93
For use by physician or institution

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): ROBERT WILLIAMS
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): 4-30-1993
4. SOCIAL SECURITY NUMBER (or Document): [redacted]-2026
5a. AGE – LAST BIRTHDAY (Years): 83
5b. UNDER 1 YEAR – MOS.: 5c. UNDER 1 DAY – HRS.: MIN.:
6. DATE OF BIRTH (Month, Day, Year): 8-30-1909
7. BIRTHPLACE (City and State or Foreign Country): SPRINGFIELD, TN.
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 [X] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): ROBERTSON COUNTY HEALTH CENTER
9c. CITY, TOWN, OR LOCATION OF DEATH: SPRINGFIELD
9d. COUNTY OF DEATH: ROBERTSON
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): LABOR
12b. KIND OF BUSINESS/INDUSTRY: LEVY'S INC.
13a. RESIDENCE – STATE: TENN
13b. COUNTY:
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 705 MYRTLE STREET
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37203
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): BLACK
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): ROBERT WILLIAMS
18. MOTHER'S NAME (First, Middle, Maiden Surname): ELSIE DRAKE

INFORMANT

19a. INFORMANT'S NAME (Type/Print): BEATRICE DOWLEN
19b. RELATIONSHIP TO DECEASED: DAUGHTER
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 415 SHORT 20TH AV. WEST — 415 SHORT 20TH AVE. W. SPRINGFIELD, TN.

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): MOUNT OLIVE CEMETERY
20c. LOCATION – City or Town, State: SPRINGFIELD, TN.
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ V. E. Parham III
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3743
21c. SIGNATURE OF EMBALMER: ▶ V. E. Parham III
21d. LICENSE NUMBER OF EMBALMER: 3747
22a. NAME AND ADDRESS OF FUNERAL HOME: V. E. PARHAM AND SON FUNERAL, 310 21ST AVE. WEST, SPRINGFIELD, TN.
22b. LICENSE NUMBER OF FUNERAL HOME: 818

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Barbara J. Chandler, L.R.
24. DATE FILED (Month, Day, Year): May 11, 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: ▶ [signature] MD
25b. LICENSE NUMBER: 006465
25c. DATE SIGNED (Month, Day, Year): 05/05/93
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): John B. Bassel, M.D., 203 - 8th Ave., East, Springfield, TN 37172

CAUSE OF DEATH

SEE INSTRUCTIONS ON OTHER SIDE

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.	progressive inanition	several weeks
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.	metastatic carcinoma of the prostate gland	several years
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.

diffuse bony metastases with severe chronic pain syndrome

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 [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: 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):

BRUNO: _____

PH-1659
REV 1/89

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This is to certify that the above is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, Nashville, TN. by the local health department.

11-3-93
DATE ISSUED

Margaret Ann Mason
Local Registrar/Deputy Registrar
Vital Records

ROBERTSON COUNTY HEALTH DEPARTMENT, 800 SOUTH BROWN STREET
SPRINGFIELD, TN. 37172 Tele: 615-384-4504

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