BOOK 10504 PG 875

AFFIDAVIT OF INHERITANCE OF REAL ESTATE

Address of New Owner	Send Tax Bills To	Map & Parcel No
Eddie Campbell 3802 Creekside Drive Nashville, TN. 37211	Same	5D-18685 MAP 148-14 PAR 052.00

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

The undersigned, being duly sworn, deposes and says: Mona Louada Campbell, was the sole owner of the following described real estate. She was the widow of Oakley Campbell, who died in Nashville, Davidson County, Tennessee on September 2, 1977. Mona Louada Campbell died in Nashville, Davidson County, Tennessee on September 7, 1992. Said land is described specifically as follows:

> Land in Davidson County, Tennessee.
>
> Being Lot No. 71 on the Map of BLANCHARD HEIGHTS, of record in Book 2663, pages 63 and 63, Register's Office for said County.
>
> Said Lot No. 71 fronts 90 feet on the westerly side of Creekside Drive and rungs back 220 feet on the northerly line and 169.98 feet on the southerly line, to a dead line in the rear, which is a broken line, on which it measures 146.6 feet.
>
> Being the same property conveyed to Oakley J. Campbell and wife, Mona Campbell, by deed from James R. Elliott, unmarried, of record in Book 3763, Page 306, said Register's Office of Davidson County, Tennessee.

This is improved property known as 3802 Creekside Drive, Nashville, Tennessee 37211.

The said Eddie Campbell, is the only living child of the deceased, Mona Louada Campbell, an unmarried person at the time of her death on September 7, 1992, her spouse having died on September 2, 1977 (see attached certificates of death).

The affiant herein being the only living issue of the said Mona Louada Campbell. There being no other issue or adopted children being deceased and leaving issue.

The said Mona Louada Campbell died intestate with the

affiant herein, Eddie Campbell receiving all of Mona Louada Campbell's interest in the above described property by the Laws of Descent and Distribution of the State of Tennessee.

6-24-97 — Eddie Campbell

Date — Eddie Campbell

STATE OF TENNESSEE

COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public, in and for said County and State, **Eddie Campbell**, the within named bargainor, with whom I am personally acquainted, and who acknowledged that they signed and delivered the foregoing instrument in my presence, and who, upon their oath, acknowledged that the statements contained herein are true to the best of his knowledge, information, and belief, and that he executed the foregoing instrument for the purposes therein contained as his free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said county on this the 24th day of June, 1997.

Notary Public

My Commission Expires:

THIS INSTRUMENT PREPARED BY:
Richard E. Norman, Jr., Atty. at Law
4220 Nolensville Road
Nashville, TN. 37211
(615) 834-4300

AFDV-INH
sonyren97

7082 06/25 0101 01CASH 16.00

97 JUN 25 AM 10:00
FELIX Z. WILSON, REGISTER
DAVIDSON COUNTY, TN.

IDENTIF. # REFERENCE
031947

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

BOOK 10504 PG 877

SEP 22 1992

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.

Linda L Wadley, R.D.

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 920370

DECEDENT
1. DECEDENT'S NAME: MONA LOUADA CAMPBELL
2. SEX: FEMALE
3. DATE OF DEATH: SEPT. 7, 1992
4. SOCIAL SECURITY NUMBER: 409-10-5468
5a. AGE: 85
4. DATE OF BIRTH: JUNE 17, 1907
7. BIRTHPLACE: LIBERTY, TENN.
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? No
5b. PLACE OF DEATH: Hospital: Residence
8a. FACILITY NAME: 3802 CREEKSIDE DRIVE
8b. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
8c. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS: WIDOWED
11. SURVIVING SPOUSE:
12a. DECEDENT'S USUAL OCCUPATION: HOMEMAKER
12b. KIND OF BUSINESS/INDUSTRY: SELF
13a. RESIDENCE – STATE: TENN.
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OF RURAL LOCATION: 3802 CREEKSIDE DRIVE
CENSUS TRACT
13e. INSIDE CITY LIMITS? Yes
13f. ZIP CODE: 37211
14. WAS DECEDENT OF HISPANIC ORIGIN? No
15. RACE: WHITE
16. DECEDENT'S EDUCATION: Elementary/Secondary (0-12): 6; College (1-4 or 5+):

PARENTS
17. FATHER'S NAME: WILLIAM CREED HALE
18. MOTHER'S NAME: OCIE ADAMSON

INFORMANT
19a. INFORMANT'S NAME: EDDIE CAMPBELL
19b. RELATIONSHIP TO DECEASED: SON
19c. MAILING ADDRESS: 3802 CREEKSIDE DR., NASHVILLE, TN 37211

DISPOSITION
20a. METHOD OF DISPOSITION: Burial
20b. PLACE OF DISPOSITION: WOODLAWN CEMETERY
20c. LOCATION – City or Town, State: NASHVILLE, TENN.
21a. SIGNATURE OF FUNERAL DIRECTOR: Wendell L Byrd
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2556
21c. SIGNATURE OF EMBALMER: Bruce D. Venegoni
21d. LICENSE NUMBER OF EMBALMER: 4172
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODBINE FUNERAL HOME, INC.
3620 NOLENSVILLE ROAD, NASHVILLE, TENN. 37211
22b. LICENSE NUMBER OF FUNERAL HOME: 396

REGISTRAR
23. REGISTRAR'S SIGNATURE: Marvina D. Biggerstaff
24. DATE FILED: September 22, 1992

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.
SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER: 1224
25c. DATE SIGNED: 9/18/92
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.
26b. LICENSE NUMBER
26c. DATE SIGNED
PHYSICIAN OR MEDICAL EXAMINER ESCUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER)

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.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Cardiac arrest — Approximate Interval Between Onset and Death: 3 hours
DUE TO (OR AS A CONSEQUENCE OF): b. arteriosclerotic heart disease — 10 years
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.
29a. WAS AN AUTOPSY PERFORMED? No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? No

30. MANNER OF DEATH: Natural
31a. DATE OF INJURY (Month, Day, Year):
31b. TIME OF INJURY:
31c. INJURY AT WORK? 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.

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

Metropolitan Government of Nashville and Davidson County

Richard H. Fulton, Mayor

J. M. BISTOWISH, M.D.
DIRECTOR OF HEALTH

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

BOOK 10504 PG 878

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH FILE NO.

VITAL RECORDS

BIRTH NO.

DECEASED — NAME (FIRST, MIDDLE, LAST)		DATE OF DEATH (MONTH, DAY, YEAR)
1. OAKLEY CAMPBELL		2. Sept. 2, 1977

RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY))	SEX	AGE — LAST BIRTHDAY (YEARS)	UNDER 1 YEAR: MONTHS	UNDER 1 YEAR: DAYS	UNDER 1 DAY: HOURS	UNDER 1 DAY: MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)
3. White	4. Male	5a. 73	5b.		5c.		6. March 1, 1904

COUNTY OF DEATH	CITY, TOWN, OR LOCATION OF DEATH	INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
7a. Davidson	7b. Nashville	7c. Yes	7d. Baptist Hospital

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Tenn.	9. U.S.A.	10. Married	11. Mona Hale

SOCIAL SECURITY NUMBER	SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE)	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY
[redacted]9-3282	12b. No	13a. Car Wash	13b. Self

RESIDENCE — STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER
14a. Tenn.	14b. Davidson	14c. Nashville	14d. Yes	14e. 3802 Creekside Drive

FATHER — NAME	MOTHER — MAIDEN NAME	INFORMANT — NAME	MAILING ADDRESS
15. Dan Campbell	16. Mandy Moore	17. Mrs. Mona Campbell	3802 Creekside Dr.

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

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(a) Congestive Heart Failure	
DUE TO, OR AS A CONSEQUENCE OF:	(b) Pulmonary Heart Disease	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST	(c) Chronic Emphysema	

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

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

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a.	20b.	20c. M.	20d.

INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)
20e.	20f.	20g.

PHYSICIAN — CERTIFICATION: I ATTENDED THE DECEASED AND DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. SIGNATURE — DEGREE — DATE SIGNED (MONTH, DAY, YEAR) 21a. 21b.

MEDICAL EXAMINER — CERTIFICATION: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. SIGNATURE — TITLE — DATE SIGNED (MONTH, DAY, YEAR) 22a. John C Ashhurst M.D. — 22b. 9/2/77

CERTIFIER — NAME (TYPE OR PRINT)	MAILING ADDRESS (STREET OR R.F.D. NO. — CITY OR TOWN — STATE — ZIP)
23a. JOHN C. ASHHURST, M.D.	23b. 4200 KING'S COURT, NASHVILLE, TENNESSEE 37218

BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE (MONTH, DAY, YEAR)	CEMETERY OR CREMATORY — NAME	LOCATION — CITY OR TOWN — STATE
24a. Burial	24b. 9-5-77	24c. Woodlawn	24d. Nashville, Tenn.

FUNERAL HOME — NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	REGISTRAR — SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR
25. Woodbine Funeral Home Nashville, Tenn.	26a. Esther D Gross	26b. 9-23-77

J. M. BISTOWISH, M.D., REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY

SEP 23 1977

J. M. Bistowish, M.D.

08-013 (11/74)

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