BOOK 10530 PG 613

FROM: ERMA ADELL VICK
TO: BILLY WAYNE VICK, JOY MEDLEY, AND RONNIE MEDLEY

ADDRESS OF NEW OWNERS	SEND TAX BILLS TO:	MAP & PARCEL
BILLY VICK AND JOY MEDLEY	SAME	105-13-0 239.00
2214 11th Avenue South		
Nashville, TN 37204		

Mail

AFFIDAVIT OF HEIRSHIP

Affiants, BILLY WAYNE VICK, JOY MEDLEY, AND RONNIE MEDLEY after first being sworn, state as follows:

BILLY WAYNE VICK and JOY MEDLEY are an adult citizens and residents of Nashville, Davidson County, Tennessee. BILLY WAYNE VICK is 43 years old. JOY MEDLEY is 52 years old. RONNIE MEDLEY is an adult citizen and resident of Sumner County, Tennessee and is 51 years old. BILLY WAYNE VICK, JOY MEDLEY, AND RONNIE MEDLEY are the only living children of ERMA ADELL VICK who died on June 9, 1997 in Davidson County, Tennessee. ERMA ADELL VICK had no deceased children. At the time of her death ERMA ADELL VICK was not married. ERMA ADELL VICK died without a will.

At the time of her death ERMA ADELL VICK owned real property located at 2214 11th Avenue South, Nashville, Tennessee. This property is more fully described as follows:

> Land in Davidson County, Tennessee, being the south half of lot no. 29 on the plan of W.S. Duckworth's Addition to Nashville, as of record in book 57, page 83, Register's Office for said County.
>
> Said part of Lot No. 29 fronts 25 on the easterly side of 11th Ave. South, and runs back between parallel lines 180 feet to an alley.
>
> Being the same property conveyed to Erma Adell Vick by deed from William Paul Taylor and wife, Naomi Taylor, as of record in Book 3279, Page 327, Register's Office for Davidson County, Tennessee.

This Affidavit of Heirship is freely given pursuant to T.C.A. Section 30-2-712, *et seq.* to help establish and reflect the heirship with respect to any real or personal property owned by ERMA ADELL VICK in Davidson County, Tennessee or elsewhere, but particularly the property located at 2214 11th Avenue South, Nashville, Tennessee.

No title search or survey was conducted in connection with this affidavit.

Further, affiants saith not.

Affiant, BILLY WAYNE VICK

Affiant, JOY MEDLEY

Affiant, RONNIE MEDLEY

0326776
IDENTIF. & REFERENCE

97 JUL 16 AM 8:33

ELIX Z. ROBINSON REGISTER
DAVIDSON COUNTY, TN.

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public in and for said county and state, BILLY WAYNE VICK, 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, at Nashville, Tennessee, this 11th day of July, 1997.

Charlotte Bailey
Notary Public

My Commission Expires: 7/24/99

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public in and for said county and state, JOY MEDLEY, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand, at Nashville, Tennessee, this 11th day of July, 1997.

Charlotte Bailey
Notary Public

My Commission Expires: 7/24/99

STATE OF TENNESSEE
COUNTY OF SUMNER

Personally appeared before me, the undersigned, a Notary Public in and for said county and state, RONNIE MEDLEY, 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, at Gallatin, Tennessee, this 11th day of July, 1997.

Charlotte Bailey
Notary Public

My Commission Expires: 7/24/99

This instrument prepared by:

Beverly D. Fisher
1808 West End Avenue, Suite 1001
Nashville, Tn 37203
(615) 321-0010
BPR#6668

4928 07/16 0101 03CHECK 12.00

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 10530 PG 615

9703136

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): ERMA ADELL VICK
2 SEX: F
3 DATE OF DEATH (Month, Day, Year): JUNE 9, 1997
4 SOCIAL SECURITY NUMBER: [redacted]-3265
5a AGE-LAST BIRTHDAY (Years): 71
5b UNDER 1 YEAR: MOS / DAYS
5c UNDER 1 DAY: HOURS / MIN
6 DATE OF BIRTH (Month, Day, Year): AUG. 27, 1925
7 BIRTHPLACE (City and State or Foreign Country): NASHVILLE, TENNESSEE
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [XX] No
9a PLACE OF DEATH (Check only one): HOSPITAL 1 [XX] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b FACILITY NAME (If not institution, give street and number): ST. THOMAS HOSPITAL
9c CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
9d COUNTY OF DEATH: TENNESSEE
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.): DESIGNER
12b KIND OF BUSINESS/INDUSTRY: FLORIST
13a RESIDENCE-STATE: TENNESSEE
13b COUNTY: DAVIDSON
13c CITY, TOWN OR LOCATION: NASHVILLE
13d STREET AND NUMBER OR RURAL LOCATION: 2214 11th AVENUE SOUTH
CENSUS TRACT
13e INSIDE CITY LIMITS? 1 [XX] Yes 2 [ ] No
13f ZIP CODE: 37204
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [XX] No
15 RACE-American Indian, Black, White, etc. (Specify): WHITE
16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 7; College (1-4 or 5+):

NAME OF DECEDENT (For use by physician or medical examiner)

PARENTS
17 FATHER'S NAME (First, Middle, Last): MORGAN PERRY
18 MOTHER'S NAME (First, Middle, Maiden Surname): DONA SEWELL

INFORMANT
19a INFORMANT'S NAME (Type/Print): BILLY VICK
19b RELATIONSHIP TO DECEASED: SON
19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2214 11th AVENUE SOUTH NASHVILLE, TENNESSEE 37204

DISPOSITION
20a METHOD OF DISPOSITION: 1 [XX] 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, TENNESSEE
21a SIGNATURE OF FUNERAL DIRECTOR: RODNEY WELLS
21b LICENSE NUMBER OF FUNERAL DIRECTOR: 3883
21c SIGNATURE OF EMBALMER: RICHARD DALE SHELTON
21d LICENSE NUMBER OF EMBALMER: 3700
22a NAME AND ADDRESS OF FUNERAL HOME: WOODLAWN FUNERAL HOME 660 THOMPSON LANE NASHVILLE, TENNESSEE 37204
22b LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR
23 REGISTRAR'S SIGNATURE: Marsha H. Eskind
24 DATE FILED (Month, Day, Year): June 10, 1997

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
25b LICENSE NUMBER: MD 16774
25c DATE SIGNED (Month, Day, Year): 6/11/97
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): DR. STEVEN J. ESKIND 4230 HARDING ROAD, SUITE #603 NASHVILLE, TENNESSEE 37205

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. pneumonia
DUE TO (OR AS A CONSEQUENCE OF)
b. acute myocardial ischemia
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
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
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 5 [ ] Pending Investigation; 2 [ ] Accident; 3 [ ] Suicide 6 [ ] Could not be Determined; 4 [ ] Homicide
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

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