BOOK 10667 PG 103

AFFIDAVIT OF INHERITANCE OF REAL ESTATE

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

Address of New Owner	Send Tax Bills To	Map & Parcel No
William Pratt, Tommy Pratt, Aubrey Pratt, Linda C. Pratt, and Linda D. Pratt 4401 Nolensville Road Nashville, TN. 37211	Same	147-7 77

Mail

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

The undersigned, being duly sworn, deposes and state: Georgia A. Pratt, (unmarried) was the widow of William H. Pratt, who died in Nashville, Davidson County, Tennessee, on April 23, 1988. The said Georgia A. Pratt died in Nashville, Davidson County, Tennessee, on September 10, 1996, and was the sole owner owner of the following described real estate. Said land is described as follows:

Being Lot No. 6 on the Map showing T.C. Cook's Re-subdivision of part of the B.F. Cook Old Home Place, as of record in Book 547, page 163, Register's Office for said County.

Said Lot No. 6 fronts 52.7 feet on the westerly side of the Nolensville Road, and runs back between lines 299.2 feet on the northerly line with the southerly margin of an unnamed Avenue and 304.4 feet on the southerly line to a dead line and measures 51.33 feet on said dead line.

Being the same property conveyed to William Pratt by Deed from Mrs. Eddie C. Cook, of record in Book 1238, page 633, Register's Office, Davidson County, Tennessee.
Being the same property conveyed to Georgia Pratt by Deed from William Pratt of record in Book 1911, page 393 to create a tenancy by the entirety.

This conveyance is subject any and all existing easements and restriction of record.

This is improved/unimproved property known as 4401 Nolensville Road, Nashville, TN. 37211.

97 NOV -3 AM 11:25
FELIX Z. [illegible] REGISTER
DAVIDSON COUNTY, TN.

0365185
IDENTIFICATION REFERENCE

The said Georgia A. Pratt died leaving issues, William Pratt, Tommy Pratt, Linda C. Pratt, and Douglas Pratt as her only issues. The said issue, Douglas Pratt having predeceased the said Georgia A. Pratt, leaving one child, Linda D. Pratt.

(Georgia A. Pratt's granddaughter).

The affiants William Pratt, Tommy Pratt, Aubrey Pratt, and Linda C. Pratt, herein being the only living issues and Linda D. Pratt (granddaughter) of the said Georgia Pratt.

The said Georgia A. Pratt was an unmarried person at the time of her death, September 10, 1996 (see attached death certificate) and her spouse William Pratt, having predeceased her on April 23, 1988, (see attached death certificate).

The said Georgia Pratt died intestate with the affiants herein, William Pratt, Tommy Pratt, Aubrey Pratt, Linda C. Pratt, and Linda D. Pratt (granddaughter), receiving all of Georgia Pratt's interest in the above described property by the Laws of Descent and Distribution of the State of Tennessee.

4-17-97
Date

William Pratt

4-15-97
Date

Tommy Pratt

4.16.97
Date

Aubrey Pratt

4-18-97
Date

Linda C. Pratt

4-14-97
Date

Linda D. Pratt

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public, in and for said County and State, William Pratt, the within named bargainor, with whom I am personally acquainted, and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee, this the 17th day of April, 1997.

Notary Public

My Commission Expires: 1-24-98

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public, in and for said County and State, Tommy Pratt, the within named bargainor, with whom I am personally acquainted, and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at NASHVILLE, Tennessee, this the 15th day of April, 1997.

Notary Public

My Commission Expires: 1-24-98

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public, for said County and State, Aubrey Pratt, the within named bargainor, with whom I am personally acquainted with, and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal on this the 16th day of April, 1997 at Nashville, Tennessee.

Notary Public

My Commission Expires: 1-24-98

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public, for said County and State, Linda C. Pratt, the within named bargainor, with whom I am personally acquainted with, and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal on this the 18th day of April, 1997 at Nashville, Tennessee.

Notary Public

My Commission Expires: 1-24-98

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public, for said County and State, Linda D. Pratt, the within named bargainor, with whom I am personally acquainted with, and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal on this the 16th day of April, 1997 at Nashville, Tennessee.

Notary Public

My Commission Expires: 1/24/98

AFINH-P
sonyren97

6520 11/03 0101 03CHECK 20.00

Metropolitan Government of Nashville and Davidson County

Bill Boner, Mayor

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

FREDIA S. WADLEY, M.D.
LOCAL REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY, TN

MAY 6 1988

Fredia S. Wadley, M.D

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 10667 PG 106

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

3802134

BECOMES A LEGAL WHEN PROPERLY EXE ND FILED

PRINT IN ENT BLACK INK.

DECEASED

RESIDENCE WHERE DE LIVED IF DEATH OC- IN INSTITUTION, GIVE ICE BEFORE ADMIS-

PARENTS AND INFORMANT

REQUIRED PRIOR TO RTATION OF BODY BY N CARRIER OR RE- ION STATE

DISPOSITION

CERTIFIER

N NOT ATTENDED BY AN, AUTHORIZED OF- SIGN HERE ANY AN OR MEDICAL EX S EXECUTING CER- MUST COMPLETE IGN MEDICAL CER TION WITHIN 48 S POWER OF TURE CANNOT BE ATED

CAUSE

BIRTH NO _____ STATE FILE NO.

1. DECEASED—NAME: First: William; Middle: Henry; Last: Pratt					7. DATE OF DEATH (MONTH, DAY, YEAR): April 23, 1988	
3a. AGE—LAST BIRTHDAY (YEARS): 78	3b. UNDER 1 YEAR: MOS. / DAYS	3c. UNDER 1 DAY: HOURS / MIN	4. DATE OF BIRTH (MONTH, DAY, YEAR): 5-24-09	5a. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC (SPECIFY)): Black	6. ORIGIN OR DESCENT—(ITALIAN, MEXICAN, GERMAN, ETC (SPECIFY)): American	6. SEX: Male
7b. COUNTY OF DEATH: Davidson	7b. CITY, TOWN OR LOCATION: Nashville	7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes	7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.): Vanderbilt Hospital		7e. IF HOSP. OR INST.: In-Patient	
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Tennessee	9. CITIZEN OF WHAT COUNTRY: U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married	11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Georgia Jordan			
12a. SOCIAL SECURITY NUMBER: [redacted]8455	12b. SERVICE (IN ARMED FORCES) (SPECIFY WAR OR DATES OF SERVICE): N/A	13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): L & N Railroad	13b. KIND OF BUSINESS OR INDUSTRY:			
14a. RESIDENCE—STATE: Tennessee	14b. COUNTY: Davidson	14c. CITY, TOWN, OR LOCATION: Nashville	14d. STREET AND NUMBER: 4401-Nolensville Road	14e. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes	14f. CENSUS TRACT NO.:	
15. FATHER—NAME: Squire Pratt	16. MOTHER—MAIDEN NAME: Lucinda Battle	17. INFORMANT—NAME: Mrs. Georgia Pratt	17a. MAILING ADDRESS: 4401-Nolensville Rd. Nashville, Tenn.			
18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial	18b. DATE (MONTH, DAY, YEAR): 4-27-88	18c. CEMETERY OR CREMATORY—NAME: Greenwood Cem.	18d. LOCATION—CITY OR TOWN, STATE: Nashville, Tennessee			
19a. FUNERAL DIRECTOR (SIGNATURE): Katharyn M. Patton	19b. LICENSE NO.: 3186	19c. EMBALMER (SIGNATURE): Ronald M. Stewart	19d. LICENSE NO.: 3732			
20. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Patton Bros. Funeral Home 1306-South St. Nashville, Tennessee	21a. REGISTRAR—SIGNATURE: Maurice D. Jones	21b. DATE RECEIVED BY LOCAL REGISTRAR: May 6 198				
22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE: Sol A. Rosenblum DEGREE: MD	22b. DATE SIGNED (MONTH, DAY, YEAR): May 3, 1988					
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: TITLE	23b. DATE SIGNED (MONTH, DAY, YEAR)					
24a. CERTIFIER—NAME (TYPE OR PRINT): Sol A. Rosenblum, M.D.	24b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP):					

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) Chronic Obstructive pulmonary disease — years

DUE TO, OR AS A CONSEQUENCE OF (b)

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST — 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): Adenocarcinoma prostate Acute Malleter phlebitis -Legs — 26. AUTOPSY (YES OR NO): No

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

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

1659 9181

203-06-003

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

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.

SEP 23 1996

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

BOOK 10667 PG 107

9604822

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): Georgia Arlean Pratt

2 SEX: Female

3 DATE OF DEATH (Month, Day, Year): September 10, 1996

[redacted] NITY NUMBER: 5021

4a AGE – LAST BIRTHDAY (Years): 80

4b UNDER 1 YEAR: Months / Days

4c UNDER 1 DAY: Hours / Minutes

5 DATE OF BIRTH (Month, Day, Year): 5-17-1916

6 BIRTHPLACE (City and State or Foreign Country): Davidson County, Tenn.

8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No

8a PLACE OF DEATH (Check only one)

HOSPITAL: 1 [ ] Inpatient 2 [X] ER/Outpatient 3 [ ] DOA

OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)

8b FACILITY NAME (If not institution, give street and number): Southern Hills Hospital

8c CITY, TOWN, OR LOCATION OF DEATH: Nashville

8d COUNTY OF DEATH: Davidson

5

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): Home Maker

12b KIND OF BUSINESS/INDUSTRY: Home Maker

13a RESIDENCE – STATE: Tenn.

13b COUNTY: Davidson

13c CITY, TOWN OR LOCATION: Nashville

13d STREET AND NUMBER OR RURAL LOCATION: 4401 Nolensville Road

CENSUS TRACT

13e INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No

13f ZIP CODE: 37211

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): [illegible] College (1-4 or 5+): 4

NAME OF DECEDENT For use by physician or investigator

PARENTS

17 FATHER'S NAME (First, Middle, Last): Andrew Jordan, Sr.

18 MOTHER'S NAME (First, Middle, Maiden, Surname): Candis Raines

INFORMANT

19a INFORMANT'S NAME (Type/Print): Linda Pratt

19b RELATIONSHIP TO DECEASED: Daughter

19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4401 Nolensville Road, Nolensville, Tennessee 37211

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): Greenwood Cemetery

20c LOCATION – City or Town, State: Nashville, Tennessee

21a SIGNATURE OF FUNERAL DIRECTOR: ▶ Katharyn M. Patton

21b LICENSE NUMBER OF FUNERAL DIRECTOR: 3186

21c SIGNATURE OF EMBALMER: ▶ Ponald Stewart

21d LICENSE NUMBER OF EMBALMER: 3732

22a NAME AND ADDRESS OF FUNERAL HOME: PATTON BROTHERS FUNERAL HOME, 1306 South Street/Nashville, Tennessee 37212

22b LICENSE NUMBER OF FUNERAL HOME: 185

REGISTRAR

23 REGISTRAR'S SIGNATURE: ▶ Marsha H. Gore

24 DATE FILED (Month, Day, Year): September 23, 1996

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: ▶ Roger A. Hodge, M.D.

25b LICENSE NUMBER: MD 017145

25c DATE SIGNED (Month, Day, Year): 09-17-96

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. Acute myocardial infarction

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.

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)

PH 1659
REV 2 83

BIRTH NO

RDA 1399

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