43

Owner: Margie Pritchett Anderson
4600 Middle Park Circle, East
Apt. 412-B
Jacksonville, Florida 3224

PREPARED BY:
TAYLOR, PHILLIPS, PLOUE, MARCHETTI, & BENNETT
ONE UNION STREET
NASHVILLE, TN 37201

Send Tax to: Same

Map & Parcel No:

AFFIDAVIT OF INHERITANCE OF REAL ESTATE

STATE OF FLORIDA)
COUNTY OF DUVAL)

The undersigned, being duly sworn, deposes and says:

William D. Sullivan and Margaret Edwards Sullivan, the owners of the following described real estate:

> Land in Davidson County, Tennessee, being the Westerly 1/2 of the Easterly 1/2 of the Northerly 1/2 of Lot No. 31 on the Plan of Belair, and the Easterly 4 feet of the Easterly 1/2 of the Westerly 1/2 of the Northerly 1/2 of Lot No. 31, on the Plan of Belair, as of record in Book 332, page 6, Register's Office for said county, said parts of said lot front together 54 feet on the south side of West Linden Avenue, and run back between parallel lines, 167 feet, more or less, to a dead line in the rear; and being the same property conveyed to William D. Sullivan and wife, Margaret Edwards Sullivan, of Record in Book 1225, page 365, said Register's Office

died on January 12, 1994, and July 26, 1997, respectively, in Nashville, Davidson County, Tennessee, as more fully described in the attached Certificates of Death, which are incorporated by reference herein.

The undersigned received the following described interest in the decedents' real estate set forth above by the laws of descent and distribution.

The deceased, William D. Sullivan and Margaret Edwards Sullivan, left no estates necessitating administration and no letters testamentary or of administration have been issued to any person. The wills of William D. Sullivan and Margaret Edwards Sullivan were filed on November 20, 1997 with the Probate Court Clerk for Davidson County, Tennessee, being assigned Docket Nos. 97UP143 and 97UP144, which are incorporated by referenced herein.

The undersigned is the niece of the deceased, Margaret Edwards Sullivan, and is the sole heir at law and makes this Affidavit for the purposes of delineating the chain of title for said real estate.

There are no debts or encumbrances of which the undersigned is aware which are or might become a lien on said interest in the described real estate.

Margie Pritchett Anderson
Margie Pritchett Anderson

STATE OF FLORIDA)
COUNTY OF DUVAL)

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared Margie Pritchett Anderson, the within named bargainor, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person described in the foregoing instrument in my presence, and who, upon oath, acknowledged that she executed the foregoing instrument for the purposes contained, as her free act and deed.

DONNA H. BRASTON
MY COMMISSION # CC 353923
EXPIRES March 1, 1998
Bonded Thru Notary Public Underwriters

Donna H. Braston
Notary Public

My Commission Expires:
3-1-98

48 PGS:AL-0001 03CHECK 12.00

97 DEC 23 PM 1:11
FILED FOR RECORD
ELIA ... REGISTER
DAVIDSON COUNTY, TN.

303295
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.

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

BOOK 10732 PG 528

9704423

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT (For use by physician or institution)

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): MARGARET EDWARDS SULLIVAN
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): July 26, 1997
4. SOCIAL SECURITY NUMBER: [redacted]-9181
5a. AGE-LAST BIRTHDAY (Years): 86
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): FEB 20, 1911
7. BIRTHPLACE (City and State or Foreign Country): NASHVILLE, TENNESSEE
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: X 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): BETHANY HEALTH CARE
9c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name): NONE
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): HOMEMAKER
12b. KIND OF BUSINESS/INDUSTRY: HOME
13a. RESIDENCE-STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 3514 BYRON AVE.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37205
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): WHITE
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): FRANK DELBERT EDWARDS
18. MOTHER'S NAME (First, Middle, Maiden Surname): ELLA ETTA HORTON

INFORMANT

19a. INFORMANT'S NAME (Type/Print): LINDA LANGDON
19b. RELATIONSHIP TO DECEASED: Niece
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3514 BYRON AVE., NASHVILLE, TN. 37205

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): CALVARY
20c. LOCATION-City or Town, State: NASHVILLE, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2153
21c. SIGNATURE OF EMBALMER: [signature]
21d. LICENSE NUMBER OF EMBALMER: 4016
22a. NAME AND ADDRESS OF FUNERAL HOME: MARSHALL-DONNELLY-COMBS, 201 25TH AVE. N. NASHVILLE, TN. 37203
22b. LICENSE NUMBER OF FUNERAL HOME: 40

REGISTRAR

23. REGISTRAR'S SIGNATURE: [signature]
24. DATE FILED (Month, Day, Year): August 21, 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 X SIGNATURE AND TITLE OF PHYSICIAN: A.R. Anderson
25b. LICENSE NUMBER: 875
25c. DATE SIGNED (Month, Day, Year): 8/18/97
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)
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS

CAUSE OF DEATH

28. PART I. Enter the disease(s), 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

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Acute Cardiopulmonary arrest
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. HASUD & CHF & dysrhythmia
DUE TO (OR AS A CONSEQUENCE OF):
c. M.I.D & aphasia & dysphasia
DUE TO (OR AS A CONSEQUENCE OF):
d. Tracheobronchitis

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.: U.T.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 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
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

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

JAN 27 1994

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 S. Wadley, M.D.

9400266

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S NAME: WILLIAM SULLIVAN
2. SEX: Male
3. DATE OF DEATH: January 22, 1994
4. SOCIAL SECURITY NUMBER: 411-22-1465
5. DATE OF BIRTH: Feb 4 1905
6. BIRTHPLACE: Tennessee
7. RESIDENCE: 3514 BYRON AVE, NASHVILLE, DAVIDSON, TENNESSEE
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? No
9. PLACE OF DEATH: Inpatient
10. FACILITY NAME: WEST SIDE
11. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
12. COUNTY OF DEATH: DAVIDSON
13. MARITAL STATUS: Married
14. SURVIVING SPOUSE: MARGARET EVERDS
15. DECEDENT'S USUAL OCCUPATION: PLUMBER & PIPEFITTER
16. KIND OF BUSINESS/INDUSTRY: PLUMBING
17a. RESIDENCE - STATE: TENNESSEE
17b. COUNTY: DAVIDSON
17c. CITY, TOWN, OR LOCATION: NASHVILLE
17d. STREET AND NUMBER OR RURAL LOCATION: 3514 BYRON AVE
CENSUS TRACT
17e. INSIDE CITY LIMITS? Yes
17f. ZIP CODE: 37205
18. WAS DECEDENT OF HISPANIC ORIGIN? No
19. RACE - AMERICAN INDIAN, BLACK, WHITE, ETC.: White
20. DECEDENT'S EDUCATION: 3
21. FATHER'S NAME: MICHEL PATRICK SULLIVAN
22. MOTHER'S NAME: NELLE HART
23a. INFORMANT'S NAME: MARGARET SULLIVAN
23b. RELATIONSHIP TO DECEASED: Wife
23c. MAILING ADDRESS: 3514 BYRON AVE., NASHVILLE, TN. 37205
24. METHOD OF DISPOSITION: Burial
25. PLACE OF DISPOSITION: CALVARY
26. LOCATION: NASHVILLE, TN.
27a. SIGNATURE OF FUNERAL DIRECTOR
27b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3020
27c. SIGNATURE OF EMBALMER
27d. LICENSE NUMBER OF EMBALMER: 2665
28a. NAME AND ADDRESS OF FUNERAL HOME: MARSHALL-DONNELLY-COMBS, 201 25TH AVE. N. NASHVILLE, TN. 37203
28b. LICENSE NUMBER OF FUNERAL HOME: 40
29. REGISTRAR'S SIGNATURE
30. DATE FILED: January 27 1994
31a. SIGNATURE AND TITLE OF PHYSICIAN: A.R. Anderson MD
31b. LICENSE NUMBER: 875
31c. DATE SIGNED: 1/20/94
32a. MEDICAL EXAMINER
32b. SIGNATURE AND TITLE OF MEDICAL EXAMINER
32c. LICENSE NUMBER
32d. DATE SIGNED
PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.
33. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER): ARTHUR R. ANDERSON M.D., 1911 GLEN ECHO RD, NASHVILLE, TN 37215
PART I. Enter the diseases, injuries, or complications that directly 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): Acute Cardiac Pulmonary Arrest
DUE TO (OR AS A CONSEQUENCE OF): HASCVD & dysrhythmia
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): Obstructive Uropathy - CVA
DUE TO (OR AS A CONSEQUENCE OF): Multifocal Ductal Ca & plasma cell dyscrasia
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
COPD & chronic tobacco abuse
Organic Mental Syndrome & paranoid features
34a. WAS AN AUTOPSY PERFORMED? No
34b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? No
35. MANNER OF DEATH: Natural
36a. DATE OF INJURY
36b. TIME OF INJURY
36c. INJURY AT WORK?
36d. DESCRIBE HOW INJURY OCCURRED
36e. PLACE OF INJURY
36f. LOCATION

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