0396370

IDENTIF. & REFERENCE

98 FEB -3 AM 9:11

THIS INSTRUMENT WAS PREPARED:
ANDREI ELLEN LEE
Attorney at Law
961 Woodland Street, Suite 100
Nashville, TN 37201
615-227-1213

8749 02/03 0101 03CHECK 12.00

AFFIDAVIT OF HEIRSHIP

BOOK 10779 PG 13

I, Lester L. Carter, Jr, of 1110 Campbell St., Nashville, Tennessee, 37206, first being duly sworn, state and depose as follows:

1. That I am the son of Lester Lee Carter, Sr., who died without a will on January 16, 1998, in Nashville, Davidson County, Tennessee.

2. That at the time of his death my father had two(2) other sons named Torrado Carter, aged 42 years old and Harold Carter , aged 40 years old. Further we have made a dilegent search and have been unable to find a Last Will and Testament.

3. That the property at 2203 Chase Avenue, Nashville, Tennessee is more particularly described as:

> Land in Davidson County, Tennessee, being Lot No. 9B on the Zone Lot Divvision of Lots 9-11 of Campbell Acres of record in Book 6250, page 189, Register's Office for Davidson County, Tennessee, amending the plan of record in Book 5800, page 279 said Register's Office which was also amended in Book 6199, page 445, said Register's Office, to which plans reference is made for a more particular and complete description of the property.
>
> Being the same property conveyed to Connie A. McCoy, by Deed from City Federal Savings Bank, of record in Book 7886, page 132, Register's Office for Davidson County, Tennessee.
>
> Being the same property conveyed to Lester Carter by Connie Nebel and Larry Nebel of record in Book 9187, page 449, Register's Office for Davidson County, Tennessee.

4. Affiant further states that he is making this affidavit pursuant to Tennessee Code Annotated §30-1201 for the purpose of establishing that Lester L. Carter, Jr., Torrado Carter, and Harold Carter are the owners in fee simple of the above described property.

Witness my hand on this the 29 day of January, 1998.

Lester L. Carter Jr.

LESTER L. CARTER, JR.

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Sworn to and subscribed to before me on this the 28 day of January, 1998.

Notary Public

NOTARY PUBLIC

My Commission Expires: 3-24-2001

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.

980326

BOOK 10779 PG 15

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): LESTER LEE CARTER, SR.
2 SEX: M
3 DATE OF DEATH (Month, Day, Year): 01-16-1998
4 SOCIAL SECURITY NUMBER (of Deceased): [redacted]-7593
5a AGE-LAST BIRTHDAY (Years): 64
5b UNDER 1 YEAR MOS / DAYS
5c UNDER 1 DAY HOURS / Min
6 DATE OF BIRTH (Month, Day, Year): 02-05-1933
7 BIRTHPLACE (City and State or Foreign Country): LIME STONE CO., ALABAMA
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a PLACE OF DEATH (Check only one): HOSPITAL 1 [X] 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): TN CHRISTIAN MEDICAL CENTER
9c CITY, TOWN, OR LOCATION OF DEATH: MADISON
9d COUNTY OF DEATH: DAVIDSON
10 MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): DIVORCED
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.): CUSTODIAN
12b KIND OF BUSINESS/INDUSTRY: METRO POLICE DEPT.
13a RESIDENCE-STATE: TENNESSEE
13b COUNTY: DAVIDSON
13c CITY, TOWN OR LOCATION: NASHVILLE
13d STREET AND NUMBER OR RURAL LOCATION: 2203 CHASE AVE.
CENSUS TRACT
13e INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f ZIP CODE: 37206
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [X] Yes [ ] No
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): WILLIAM WADE CARTER, SR.
18 MOTHER'S NAME (First, Middle, Maiden Surname): MAGGIE BUTLER

INFORMANT

19a INFORMANT'S NAME (Type/Print): LESTER LEE CARTER, JR.
19b RELATIONSHIP TO DECEASED: SON
19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1110 CAMPBELL ST. NASHVILLE, TN 37206

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): Middle Tennessee Veteran
20c LOCATION-City or Town, State: NASHVILLE, TN
21a SIGNATURE OF FUNERAL DIRECTOR: Henry L Smith
21b LICENSE NUMBER OF FUNERAL DIRECTOR: 3167
21c SIGNATURE OF EMBALMER: Arthur L Jackson
21d LICENSE NUMBER OF EMBALMER: 4967
22a NAME AND ADDRESS OF FUNERAL HOME: Smith Brothers 706 Monroe St. Nashville, Tn 37208
22b LICENSE NUMBER OF FUNERAL HOME: 809

REGISTRAR

23 REGISTRAR'S SIGNATURE: Ruby Leonard
24 DATE FILED (Month, Day, Year): January 27, 1998

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: Cornelio A. Cabrera
25b LICENSE NUMBER: MD 7072
25c DATE SIGNED (Month, Day, Year): 1-26-98
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):

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. Metastatic Sarcomatoid Carcinoma Colon, 1
DUE TO (OR AS A CONSEQUENCE OF):
b. Severe Anemia, Microcytic
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
c. Superior Vena Caval Syndrom
DUE TO (OR AS A CONSEQUENCE OF):
d. Mediastinal Metastatic mass

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

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 1389