THIS INSTRUMENT PREPARED BY:
Leslie A. Bruce, Attorney at Law
Suite 2395 First American Center
315 Deaderick Street
Nashville, TN 37238-2395

SEND TAX NOTICE TO:
Mary Jane Williams
3807 Princeton Avenue
Nashville, TN 37205

BOOK 11313 PAGE 379

99 JAN 27 AM 10:47
BILL GARNETT REGISTER
DAVIDSON COUNTY, TN.

IDENTIF. → REFERENCE
054 14 456

**AFFIDAVIT OF HEIRSHIP**

STATE OF TENNESSEE )
)
COUNTY OF DAVIDSON )

MARY JANE CIFELLI WILLIAMS, being first duly sworn according to law, makes oath as follows:

1. That she is familiar with the family history of Angela Cifelli, deceased, owner of record of the below described subject property:

Map 90-15 Par 125

Land in Davidson County, Tennessee, being Lot No. 318 on the map of Charlotte Park, Section 11 of record in Book 2900, Pages 79 and 80, Register's Office for said County.

Said Lot No. 318 fronts 75.0 feet on the southwesterly side of River Rouge Drive and esxtends back 147.2 feet on the northwesterly line and 149.7 feet on the southeasterly line to a line in the rear on which it measures 69.0 feet.

Being part of the same property conveyed to Vaughn Hall and wife, Gladys Hall by deed from O.E. Jordan and Wayne Jordan of record in Book 3344, page 431, Register's Office for Davidson County, Tennessee.

THIS IS IMPROVED PROPERTY, commonly known as 537 river Rouge Drive, Nashville, Tennessee, 37209.

2. That the said Angela Cifelli died intestate in Davidson County, Tennessee on the 24th of February, 1994, as evidenced by a certified copy of a death certificate attached hereto, and the real property owned by her at the time of her death was located in Davidson County, Tennessee as referred to above;

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

3. That her husband, Charles Cifelli, predeceased her;

4. That Angela Cifelli left one surviving child, namely MARY JANE CIFELLI WILLIAMS, the only child born to Angela Cifelli;

5. That said decedent left no other children or adopted children, or descendants of adopted or deceased children;

6. that affiant is over 21 years of age;

FURTHER THE AFFIANT SAITH NOT.

Mary Jane Cifelli Williams

MARY JANE CIFELLI WILLIAMS

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me Teri C. Garner, a Notary Public in and for said County and State, the within named bargainor, Mary Jane Cifelli Williams 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 therin contained.

Witness my hand and official seal at Nashville, Tennessee, this 3 day of February, 1998.

Teri C Garner Notary Public

My Commission Expires: 11-25-2000

GARNER NOTARY PUBLIC DAVIDSON COUNTY, TN

7790 01/27 0101 03CHECK 18.00

FILED

97 OCT 29 PM 1:22

RICHARD R. [illegible] CLERK

IN THE PROBATE COURT FOR DAVIDSON COUNTY, TENNESSEE

_____ D.C.

IN THE ESTATE OF:

ANGELA CIFELLI, No. 97 P 335

Deceased.

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ORDER TO CLOSE WITHOUT DETAILED ACCOUNTING

IT APPEARING to this Court that the personal representative of this estate was granted Letters by this Court for the administration of this estate, it is the opinion of this Court as follows:

1. that this estate is declared to be solvent;

2. that all claims filed against this estate have been paid, released or adjudicated;

3. that the certificate of taxation issued by the Tennessee Department of Revenue is properly filed with the Clerk;

4. that, if applicable, all receipts for specific bequests under the Will have been properly filed with the Clerk;

5. that a personal representative statement has been filed with the Clerk detailing the completed and proper performance of his or her duties pertaining to the administration of this estate, as required by statute;

6. that, if applicable, distributee statements have been filed by each residual distributee confirming their satisfaction regarding the performance of the personal representative, waiving their right to a detailed accounting of the estate and their acknowledgement that they have received their proper distribution from the personal representative and release the personal representative from any further liability in connection with this estate, as well as the surety, if any;

7. that the Probate Code of the State of Tennessee has been complied with;

8. that all administrative costs involved in this estate have been paid in full;

IT IS, THEREFORE, ORDERED, ADJUDGED AND DECREED, that it is the opinion of this Court that this estate should be declared closed.

ENTER, this 29th day of Oct, 19 97.

Robert High Bradshaw, Jr.

Probate Master

# STATE OF TENNESSEE
## Office of Vital Records

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1901110

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

## CERTIFICATE OF DEATH

STATE FILE NUMBER 94 008378

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Angela Theresa Cifelli
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): February 24, 1994
4. SOCIAL SECURITY NUMBER (of Deceased): 412-36-2205
5a. AGE—LAST BIRTHDAY (Years): 79
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): Aug. 4, 1914
7. BIRTHPLACE (City and State or Foreign Country): Nasville, TN
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: 4 [X] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Nashville Health Care 170
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville 094
9d. COUNTY OF DEATH: Davidson 19
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.): Homemaker
12b. KIND OF BUSINESS/INDUSTRY: Domestic
13a. RESIDENCE—STATE: Tennessee
13b. COUNTY: Davidson 19
13c. CITY, TOWN OR LOCATION: Nashville 094
13d. STREET AND NUMBER OR RURAL LOCATION: 2215 Patterson Street
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37203
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+):

NAME OF EXECUTENT: (Physician or Institution) *For use by physician

PARENTS

17. FATHER'S NAME (First, Middle, Last): Edward Mrzena
18. MOTHER'S NAME (First, Middle, Maiden Surname): Frances Laubheimer

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Mary Jane Williams
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3807 Princeton Av.,Nash., 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): Nashville National Cemetery
20c. LOCATION—City or Town, State: Madison, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Jeffery L. Murphy
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3862
21c. SIGNATURE OF EMBALMER: ▶ Michelle Peters
21d. LICENSE NUMBER OF EMBALMER: 4188
22a. NAME AND ADDRESS OF FUNERAL HOME: Pettus-Owen & Wood 4506 Charlotte Avenue, Nashville, TN 37209
22b. LICENSE NUMBER OF FUNERAL HOME: 905

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Patricia Bauer
24. DATE FILED (Month, Day, Year): March 8, 1994

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:
25c. DATE SIGNED (Month, Day, Year): 3/3/94
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 EXTING CERTIFICATE ST COMPLETE AND N MEDICAL CERTIFI-TION WITHIN 48 JRS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Jay Williams, MD, 300 20th Avenue North, Nashville, TN

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. metastatic Renal cell Carcinoma — Approximate Interval Between Onset and Death
K.90
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.

SEE INSTRUCTIONS ON OTHER SIDE

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 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: 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):

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Paula Taylor
Paula Taylor
State Registrar

JUL 16 1998
Date Issued

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD