| [ ADDRESS NEW OWNER: | [ SEND TAX BILLS TO: | ] MAP-PARCEL NOS] |
|---|---|---|
| [Shannon G. Wade | [ | ]03D206325 ] |
| [2641 Woodberry | [ *SAME* | ]096-05-0-159.00] |
| [Nashville, TN 37214 | [ | ] ] |
| [ This instrument prepared by: Waynick & Cate (AMC) | | ] |
| [ P.O. Box 148058, Nashville, TN 37214 (This instrument | | ] |
| [ prepared from information furnished by parties) | | ] |

## AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE
COUNTY OF DAVIDSON )

The undersigned, being duly sworn, depose and say:

Martin Lukacs, the owner of the following described real estate:

Land in Davidson County, Tennessee, being Lot No. 194 on the plan of Woodberry Park, of record in Book 2130, pages 117, 118 & 119, Register's Office for said County.

Said Lot No. 194 fronts 90.0 feet on the southerly margin of Woodberry Drive and extends back 122.0 feet on the westerly line and 117.0 feet on the easterly line to a dead line in the rear, measuring 90.1 feet thereon.

Being the same property conveyed to Martin Lukacs and wife, Jane M. Lukacs from Dwight Thomas Mecker and wife, Brenda Faye Mecker by deed of record in Book 7268, Page 431, Register's Office for Davidson County.

Jane M. Lukacs having since died leaving Martin Lukacs sole owner as tenant by the entirety. (A copy of a death certificate of is attached.)

died on March 9, 1999, a resident of Davidson County, Tennessee.

Shannon G. Wade, a single woman, received ownership in the decedent's real estate described above under the terms of his Last Will & Testament dated January 20, 1999, Davidson County Probate No. 99P496.

The Tennessee Inheritance Tax clearance has been received being receipt number 44013/166 a copy of which is attached as Exhibit A.

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

062283.I
IDENTIF. A REFERENCE

99 AUG 10 PM 3:41
BILL BOYD, REGISTER
DAVIDSON COUNTY, TN.

PICK-UP

Shannon G. Wade
Shannon G. Wade
Granddaughter of Decedent

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

BOOK 11614 PAGE 530

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public in and for said County and state, the within named Shannon G. Wade Smith the bargainor, 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 and official seal this 30 day of December, 1999.

Notary Public
My Commission Expires: 1/27/2001

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

0001 05/10 0101 01CASH 22.00

Metropolitan G ernment of Nashville and Davi n County

Philip Bredesen, Mayor

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

BOOK 11614 PAGE 531

*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.*

9960639

TYPE OR PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

TENNESSEE DEPARTMENT OF HEALTH
# CERTIFICATE OF DEATH

STATE FILE NUMBER

**DECEDENT**

1. DECEDENT'S NAME (First, Middle, Last): JANE MORNEY LUKACS
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): 2-11-99
4. SOCIAL SECURITY NUMBER: [redacted]-1506
5a. AGE-LAST BIRTHDAY (Years): 77
6. DATE OF BIRTH (Month, Day, Year): 2-11-22
7. BIRTHPLACE (City and State or Foreign Country): HARRISVILLE, NY
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9. PLACE OF DEATH (check only one): Hospital: 1 [X] Inpatient; Other: 4 [ ] DOA
9a. FACILITY NAME (If not institution, give street and number): SUMMIT MEDICAL CENTER
9b. CITY, TOWN, OR LOCATION OF DEATH: HERMITAGE
9c. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): MARTIN LUKACS
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): CAFETERIA WORKER
12b. KIND OF BUSINESS/INDUSTRY: SCHOOLS
13a. RESIDENCE STATE: TN
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: DONELSON
13d. STREET AND NUMBER OF USUAL LOCATION: 2641 WOODBERRY DRIVE
CENSUS TRACT
13e. WITHIN CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37214
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
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): GRANT MORNEY
18. MOTHER'S NAME (First, Middle, Maiden Surname): LUCIA WHIPPLE

**INFORMANT**

19a. INFORMANT'S NAME (Type/Print): SUSAN PLADER
19b. RELATIONSHIP TO DECEASED: DAUGHTER
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 569 AUGUSTA DRIVE HERMITAGE, TN 37076

**DISPOSITION**

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Donation 4 [ ] Removal from State 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): MT. OLIVET CEMETERY
20c. LOCATION - City or Town, State: NASHVILLE, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ► DOUG RAINES
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2300
21c. SIGNATURE OF EMBALMER: ► STEVE HOWAY
21d. LICENSE NUMBER OF EMBALMER: 4976
22a. NAME AND ADDRESS OF FUNERAL HOME: HIBBETT AND HAILEY FUNERAL HOME 429 DONELSON PIKE NASHVILLE, TN 37214
22b. LICENSE NUMBER OF FUNERAL HOME: 492

**REGISTRAR**

23. REGISTRAR'S SIGNATURE: ► Sally James O'Brien
24. DATE FILED (Month, Day, Year): February 23, 1999

**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):
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER: ► Ben G. Birdwell M.D.
26b. LICENSE NUMBER: M.D. 4334
26c. DATE SIGNED (Month, Day, Year): 2-17-99

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. BEN BIRDWELL 5651 FRIST BOULEVARD, STE 630, HERMITAGE, TN 37076 391-3971

**CAUSE OF DEATH**

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the modes of dying, such as cardiac or respiratory arrest, shock, or heart failure. Enter only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Chronic Obstructive Pulmonary Disease
DUE TO (OR AS A CONSEQUENCE OF):
Approximate Interval Between Onset and Death: Several yrs.

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: Hypertension, CAD, Diabetes Mellitus

29. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [✓] No
29a. 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. HOUR 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):

FH 1858
REV. 2 93

Burial(s)

BDA 1399

**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

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

BOOK 11614 PAGE 532

993248

TENNESSEE DEPARTMENT OF HEALTH
# CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

**DECEDENT**

1. DECEDENT'S NAME (First, Middle, Last): MARTIN LUKACS
2. SEX: M
3. STATE FILE NUMBER / DATE OF DEATH (Month, Day, Year): 3-8-99
4. SOCIAL SECURITY NUMBER (of Deceased): 118-12-5162
5. AGE-Last Birthday (Years): 89
6. DATE OF BIRTH (Month, Day, Year): 9-12-09
7. BIRTHPLACE (City and State or Foreign Country): NEW YORK CITY, NY
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9. PLACE OF DEATH (Check only one): 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Other 5 [X] Residence 6 [ ] Other (Specify)
9a. FACILITY NAME (If not institution, give street and no. or other): 2641 WOODBERRY DRIVE
9b. CITY, TOWN OR LOCATION OF DEATH: NASHVILLE
9c. COUNTY OF DEATH: DAVIDSON
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): TRUCK DRIVER
12b. KIND OF BUSINESS/INDUSTRY:
13a. RESIDENCE-STATE: TN
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 2641 WOODBERRY DRIVE
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37214
13g. WAS DECEDENT OF HISPANIC ORIGIN? (If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 [ ] Yes 2 [X] No
14. RACE - American Indian, Black, White, etc. (Specify): WHITE
15. DECEDENT'S EDUCATION (Check only highest grade completed): Elementary or Secondary (0-12): 12; College (1 to 5+):

**PARENTS**

16. FATHER'S NAME (First, Middle, Last): MARTIN LUKACS
17. MOTHER'S NAME (Prior to First Marriage): ELIZABETH WOLF

**INFORMANT**

18a. INFORMANT'S NAME (Type/Print): SUSAN PENDER
18b. RELATIONSHIP TO DECEASED: DAUGHTER
18c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 568 AUGUSTA DRIVE HERMITAGE, TN 37076

**DISPOSITION**

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Donation/Tissue/State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place): MT. OLIVET CEMETERY
20c. LOCATION (City or Town, State): NASHVILLE, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ► DOUG RAINES
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2300
21c. SIGNATURE OF EMBALMER: ► STEVE MCVAY
21d. LICENSE NUMBER OF EMBALMER: 4976
22a. NAME AND ADDRESS OF FUNERAL HOME: HIBBETT AND HAILEY 429 DONELSON PIKE NASHVILLE, TN 37214
22b. LICENSE NUMBER OF FUNERAL HOME: 492

**REGISTRAR**

23. REGISTRAR'S SIGNATURE: ► Robert W. Rhodes
24. DATE FILED (Month, Day, Year): March 11, 1999

**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: ► Ben J. Birdwell MD
25b. LICENSE NUMBER: MD1334
25c. DATE SIGNED (Month, Day, Year): 3-10-99
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date 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): DR. BEN BIRDWELL 5651 FRIST BLVD., SUITE 630, HERMITAGE, TN 37076

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

**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. Chronic Obstructive Pulmonary Disease
DUE TO (OR AS A CONSEQUENCE OF)
b.
DUE TO (OR AS A CONSEQUENCE OF)
c.
DUE TO (OR AS A CONSEQUENCE OF)
d.

Approximate Interval Between Onset and Death: Several yrs

SEE INSTRUCTIONS ON OTHER SIDE

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I: Peripheral Vascular Disease

28a. WAS A MEDICAL AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

29. MANNER OF DEATH: 1 [X] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
30a. DATE OF INJURY (Month, Day, Year):
30b. TIME OF INJURY:
30c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No
30d. DESCRIBE HOW INJURY OCCURRED:
30e. PLACE OF INJURY (At home, farm, street, factory, office building, etc. (Specify)):
30f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

PH-1059
REV 2-91

(Continued)

BDA 1399

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

N0019001

8293350990414

# TENNESSEE DEPARTMENT OF REVENUE

ESTATE OF MARTIN LUKACS
ATTN: ANDREW M CATE
211 DONELSON PIKE STE 2
NASHVILLE TN 37214-2914

April 17, 1999

Account Type: INHERIT TX
Account No.: 440137166
Date of Death: March 8, 1999
County: DAVIDSON
Social Security No.: [redacted]-5162

A sworn return for inheritance tax has been filed with this department by the representative of the above estate.

As provided in Section 67-8-420, Tennessee Code Annotated, this receipt or certificate authorizes the court of the county in which such estate was administered to permit a final settlement or accounting by the estate representative.

The liability shown to be due and paid to the State of Tennessee is denoted below:

| | |
|---|---|
| Inheritance Tax: | $0.00 |
| Estate Tax: | $0.00 |
| Interest: | $0.00 |
| Penalty: | $0.00 |
| Total: | $0.00 |

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DETACH BELOW AND RETAIN FOR YOUR RECORDS

# TENNESSEE DEPARTMENT OF REVENUE

ESTATE OF MARTIN LUKACS
ATTN: ANDREW M CATE
211 DONELSON PIKE STE 2
NASHVILLE, TN 37214-2914

April 17, 1999
Account Type: INHERIT TX
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The liability shown to be due and paid to the State of Tennessee is denoted below:

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|---|---|
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| Estate Tax: | $0.00 |
| Interest: | $0.00 |
| Penalty: | $0.00 |
| Total: | $0.00 |

RV-N0019001

**RECORDERS MEMO**
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