AFFIDAVIT OF INHERITANCE OF REAL ESTATE

Address of New Owner	Send Tax Bills To	Map & Parcel No
Lisa G. Watwood & Victor G. Watwood 802 Currey Road Nashville, TN. 37217	Same	Map 120-9 Par. 25

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

0048 09/08 0101 01CASH 14.00

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The undersigned, being duly sworn, deposes and says: Betty R. Watwood, was the sole owner of the following described real estate. The said Betty R. Watwood, unmarried, died in Nashville, Davidson County, Tennessee, on February 9, 1999. Said land is described as follows:

> BEING Lot No. 149 on the Plan of Glengarry Park, Section 1, of record in Book 2663, page 72, Register's Office for Davidson County, Tennessee.
>
> SAID Lot fronts 90.0 feet on the easterly side of Currey Road and runs back 165.0 feet on the northerly line and 240.0 feet on the southerly line to a dead line in the rear on which it measures 117.3 feet.
>
> BEING the same property conveyed to Betty R. Watwood, by Final Decree of Divorce in Davidson County, Tennessee, styled Betty R. Watwood vs. Bobby Glenn Watwood, docket number 61277, Fourth Circuit Court for Davidson County, Tennessee, in Book 61, Page 277, of April 12, 1972, Register's Office for Davidson County, Tennessee.
>
> This conveyance is subject any and all existing easements and restriction of record.
>
> This is improved/unimproved property known as 802 Currey Road, Nashville, TN. 37217.

RECEIVED FOR RECORD
SEP-8 PM12:11
DAVIDSON COUNTY, TN.
REGISTER

06335594
INSTRUMENT REFERENCE

The affiants herein being the only issues of the said Betty R. Watwood. There being no other issue or adopted children being deceased and leaving issue.

The said Betty R. Watwood, died intestate with the affiants herein, Lisa G. Watwood and Victor G. Watwood, receiving all of Betty R. Watwood's interest in the above described property by the Laws of Descent and Distribution of the State of Tennessee. (see attached death certificate)

8/25/99
Date

Lisa G. Watwood
Lisa G. Watwood

8/25/99
Date

Victor G. Watwood
Victor G. Watwood

STATE OF TENNESSEE

COUNTY OF DAVIDSON

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Personally appeared before me, the undersigned, a Notary Public, in and for said County and State, Lisa G. Watwood and Victor G. Watwood, the within named bargainors, with whom I am personally acquainted, and who acknowledged that they executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee, this the 25th day of August, 1999.

Notary Public

My Commission Expires: 10-2-01

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

affinher
verbren99#1

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.

9900641

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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): Betty J Watwood
2 SEX: Female
3 DATE OF DEATH (Month, Day, Year): February 9, 1999
4 SOCIAL SECURITY NUMBER (of Deceased): [redacted]-7259
5a AGE LAST BIRTHDAY (Years): 63
5b UNDER 1 YEAR: MOS / DAYS
5c UNDER 1 DAY: HOURS / MIN
6 DATE OF BIRTH (Month, Day, Year): Mar 21,1935
7 BIRTHPLACE (City and State or Foreign Country): Franklin, Kentucky
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] 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): St. Thomas
9c CITY, TOWN OR LOCATION OF DEATH: Nashville
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.): Office
12b KIND OF BUSINESS/INDUSTRY: Frito-Lay
13a RESIDENCE - STATE: Tennessee
13b COUNTY: Davidson
13c CITY, TOWN OR LOCATION: Nashvill
13d STREET AND NUMBER OR RURAL LOCATION: 802 Curry Road
CENSUS TRACT
13e INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f ZIP CODE: 37217
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): William Rosdeutscher
18 MOTHER'S NAME (First, Middle, Maiden Surname): Minnie Bell Henderson

INFORMANT

19a INFORMANT'S NAME (Type/Print): Lisa Watwood
19b RELATIONSHIP TO DECEASED: daughter
19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 5610 Old Hickory Blvd Hermitage, TN 3

DISPOSITION

20a METHOD OF DISPOSITION: 1 [ ] Burial 2 [X] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Affiliated Crematory
20c LOCATION - City or Town, State: Nashville, Tennessee
21a SIGNATURE OF FUNERAL DIRECTOR: ▶ Scotty D. Brewer
21b LICENSE NUMBER OF FUNERAL DIRECTOR: 4686
21c SIGNATURE OF EMBALMER: ▶
21d LICENSE NUMBER OF EMBALMER:
22a NAME AND ADDRESS OF FUNERAL HOME: Ellis Funeral Home, 2627 Nolensville Road, Nashville, TN 37211
22b LICENSE NUMBER OF FUNERAL HOME: 775

REGISTRAR

23 REGISTRAR'S SIGNATURE: ▶ Ruby Jean Burns
24 DATE FILED (Month, Day, Year): February 9, 1999

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

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: ▶ Richard Allen MD
25b LICENSE NUMBER: MD16998
25c DATE SIGNED (Month, Day, Year): 2/9/99
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):

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.	~~Myocardial ischemia~~ Resp failure	3 weeks
DUE TO (OR AS A CONSEQUENCE OF) b.	Renal failure.	
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) c.	Multisystem organ failure	
DUE TO (OR AS A CONSEQUENCE OF) d.	Mesenteric Ischemia.	

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 [X] No
29b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30 MANNER OF DEATH: 1 [X] 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):

PH 1659
REV 1/89

BIRTH NO

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