STATE OF TENNESSEE, COUNTY OF DAVIDSON

In Re the Estate of: **ROBERT R. CRISWELL,**
Deceased,

and

In Re the Estate of: **HELEN L. CRISWELL,**
Deceased,

AFFIDAVIT OF INHERITANCE

We, the undersigned, being all the heirs of Robert R. Criswell and wife, Helen L. Criswell do hereby swear, state, or affirm as follows:

1. That our father, Robert R. Criswell, was married only once and that was to Helen L. Criswell.

2. Four children and four children only were born of that marriage, namely Robert L. Criswell, Vernon Dale Criswell, Jerry Wayne Criswell, and Carolyn Criswell Scott. All these children lived to the age of adulthood.

3. Robert R. Criswell died on the 21st day of June 1997 at which time he was survived by his wife, our mother, Helen L. Criswell. A copy of his death certificate is attached. He was a resident of Davidson County when he died.

4. Helen L. Criswell died on the 25th day of December 1997. A copy of her death certificate is attached. She was a resident of Davidson County when she died.

5. Neither Robert R. Criswell nor Helen L. Criswell left a will. At the time of the death of the last of two parents to die, we each inherited an undivided one-fourth interest in the lands and tenements previously owned by Robert R. Criswell (Robert Criswell) and/or Helen L. Criswell, a list of which is attached to this Affidavit of Inheritance.

6. That all debts and/or Estate and Inheritance Taxes due or to become due by reason of the death of Robert R. Criswell and/or Helen L. Criswell are paid or their

sufficient funds in the estate to pay them. The undersigned agrees to indemnify any party acting in reliance on this affidavit against any loss, cost or expense arising by reason of any unpaid debts and/or Estate and Inheritance Taxes arising by reason of the death of Robert R. Criswell and/or Helen L. Criswell.

Robert L. Criswell
Robert L. Criswell

Jerry Wayne Criswell
Jerry Wayne Criswell

Vernon Dale Criswell
Vernon Dale Criswell

Carolyn Criswell Scott

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

SWORN TO AND SUBSCRIBED before me this 11th day of November, 1999 in Nashville, Davidson County, Tennessee.

Notary Public

My Commission Expires: 1-29-2000

MAIL ENV.

RECEIVED FOR RECORD AND RECORDED IN OFFICIAL RECORDS OF THE REGISTER OF DEEDS OF DAVIDSON COUNTY, TN.
99 NOV 23 PM 1:48
CROSS REFERENCE
00660399
RECEIPT NO. 101 623/11 2054
16.00

THIS INSTRUMENT WAS PREPARED BY:

BILL HODDE #2268
ATTORNEY AT LAW
305 RIVERGATE PARK OFFICE BUILDING
1994 GALLATIN ROAD, NORTH
MADISON, TN 37115

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 11754 PAGE 232

9703337

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER

DECEDENT

1 DECEDENT'S NAME (First Middle Last): Robert Ray Criswell

2 SEX: Male

3 DATE OF DEATH (Month Day Year): June 21, 1997

[redacted] SECURITY NUMBER: 9560

5a AGE LAST BIRTHDAY (Years): 69

5b UNDER 1 YEAR: MOS. / DAYS

5c UNDER 1 DAY: HOURS / MIN.

6 DATE OF BIRTH (Month Day Year): Dec 4, 1927

7 BIRTHPLACE (City and State or Foreign Country): Lebanon, TN

8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No

8a PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)

9b FACILITY NAME (If not institution give street and number): 4207 Saunders Avenue

9c CITY, TOWN, OR LOCATION OF DEATH: Nashville

9d COUNTY OF DEATH: Davidson

10 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married

11 SURVIVING SPOUSE (If wife, give maiden name): Helen Ickes

12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): General Contractor

12b KIND OF BUSINESS/INDUSTRY: Builder/Self-employed

13a RESIDENCE—STATE: TN

13b COUNTY: Davidson

13c CITY, TOWN OR LOCATION: Nashville

13d STREET AND NUMBER OR RURAL LOCATION: 4207 Saunders Avenue

CENSUS TRACT

13e INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No

13f ZIP CODE: 37210

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): 6; College (1-4 or 5+):

PARENTS

17 FATHER'S NAME (First Middle Last): Robert Lewis Criswell

18 MOTHER'S NAME (First Middle Maiden Surname): Lillie Mae Tomlinson

INFORMANT

19a INFORMANT'S NAME (Type/Print): Jerry Wayne Criswell

19b RELATIONSHIP TO DECEASED: Son

19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 35 [illegible] Witherspoon Springs Rd., Greenbrier,

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): Spring Hill Cemetery

20c LOCATION—City or Town, State: Nashville TN

21a SIGNATURE OF FUNERAL DIRECTOR: ▶ Grady C. Hinton

21b LICENSE NUMBER OF FUNERAL DIRECTOR: [illegible]

21c SIGNATURE OF EMBALMER: ▶ Grady C. Hinton

21d LICENSE NUMBER OF EMBALMER:

22a NAME AND ADDRESS OF FUNERAL HOME: COLE & GARRETT FUNERAL HOME, INC., 127 N. MAIN STREET, GOODLETTSVILLE, TN 37072-0444

22b LICENSE NUMBER OF FUNERAL HOME: 19

REGISTRAR

23 REGISTRAR'S SIGNATURE: ▶ Helen A. Bauer

24 DATE FILED (Month Day Year): June 24, 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: ▶ [signature] MD

25b LICENSE NUMBER: MD023475

25c DATE SIGNED (Month Day Year): June 24, 1997

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):

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): David Harris, M.D., [illegible] Medical Park Dr., Madison, TN 37115

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

28 PART I. Enter the disease, 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. Cardiopulmonary Arrest — DUE TO (OR AS A CONSEQUENCE OF) — 0

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

b. Myocardial Infarction — DUE TO (OR AS A CONSEQUENCE OF) — 0

c. Atherosclerotic Heart Disease — DUE TO (OR AS A CONSEQUENCE OF) — many years

d.

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

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.)

31f LOCATION (Street and Number or Rural Route Number, City or Town, State)

PH 1659
REV 2-93

RDA 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 11754 PAGE 233

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 9707260

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): Helen Louise Criswell
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): December 25, 1997
4. SOCIAL SECURITY NUMBER: [redacted]5484
5a. AGE — LAST BIRTHDAY (Years): 67
5b. UNDER 1 YEAR — Months: 5c. UNDER 1 DAY — Hours: Minutes:
6. DATE OF BIRTH (Month, Day, Year): Apr 17, 1930
7. BIRTHPLACE (City and State or Foreign Country): Ridgetop, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ Yes 2 ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 ☒ 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): Nashville Memorial Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Madison
9d. 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): Homemaker
12b. KIND OF BUSINESS/INDUSTRY: Homemaking
13a. RESIDENCE—STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN, OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 4207 Saunders Avenue
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 ☒ Yes 2 ☐ No
13f. ZIP CODE: 37216
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes — specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes ☐ 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): 7; College (1 to 4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Clarence Oakley Dickens
18. MOTHER'S NAME (First, Middle, Maiden Surname): Velma Mae Stewart

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Jerry Criswell
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 337e Worsham Springs, Greenbrier, TN

DISPOSITION

20a. METHOD OF DISPOSITION: 1 ☒ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify): _____
20c. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Spring Hill Cemetery
20d. LOCATION — City or Town, State: Nashville TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Jerry Briggs
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4179
21c. SIGNATURE OF EMBALMER: ▶ Steve Spann
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: COLE & GARRETT FUNERAL HOMES INC. 127 N. MAIN STREET, GOODLETTSVILLE, TN 37072-4[illegible]
22b. LICENSE NUMBER OF FUNERAL HOME: 718

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Helen A. Burns
24. DATE FILED (Month, Day, Year): January 13, 1998

CERTIFICATION

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: ▶ Stephen White, MD
25c. LICENSE NUMBER: MD14198
25e. DATE SIGNED (Month, Day, Year): 1/7/98
26a. MEDICAL EXAMINER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and due to the cause(s) and manner as stated
2 ☐ SIGNATURE AND TITLE OF MEDICAL EXAMINER: ▶
26c. LICENSE NUMBER:
26e. DATE SIGNED (Month, Day, Year):
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Stephen White, M.D. c/o West Due West Ave. Madison, TN 37115

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

CAUSE OF DEATH

SEE INSTRUCTIONS ON OTHER SIDE

28. PART I: Enter the disease, 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. Pneumonia	days
	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.	

PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in PART I: COPD; Atrial fibrillation.

29a. WAS AN AUTOPSY PERFORMED? 1 ☐ Yes 2 ☒ No
29c. 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 (Home; farm; street; factory; office building; etc.) (Specify):
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

Rev. 10/96
REV. 2/93

BIRTH NO.

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