Prepared by Nancy A. Moore
6229 Roberson Ave
Nash, Tn 37209

AFFIDAVIT OF HEIRSHIP

This document is to declare that Robert Hill Moore expired on February 2, 2000 and had property located at 118 Rock Street, Nashville, TN 37207, Deed Registration in Book 4544, Page 716 in Davidson County Registry of Deeds. He left no Will but has five (5) surviving heirs (listed below) to which ownership of this property is to be transferred and recorded.

Instr:200003060021778 Page: 1 OF 4
REC'D FOR REC 03/06/2000 10:30:40AM
RECORD FEE: $18.00
M. TAX: $0.00 T. TAX: $0.00

Surviving Heirs:

Jerry R. Moore, Sr.
6222 Roberson Avenue
Nashville, TN 37209
Phone: 742-1316

Maybell Harding
774 Bell Road
Antioch, TN 37013
Phone: 731-1571

Joyce McCrary
101 Linda Drive
Hendersonville, TN 37075
Phone: 824-2537

Melvin R. Moore
418 Emmett Street
Madison, TN 37115
Phone: 868-9540

Jimmy D. Moore
1111 Sneed Road
Kingston Springs, TN 37082
Phone: 952-5916

WITNESSED

NOTARY PUBLIC
DAWN ANN CARTER BUTTI

Notary Public

3/3/2001
My Commission Expires

Metropolitan Government of Nashville and Davidson County

Bill Purcell, Mayor

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

FEB 4 2000

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.

John T. Dunn
00000100

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 Hill Moore**
2. SEX: **Male**
3. DATE OF DEATH (Month, Day, Year): **February 2, 2000**
4. SOCIAL SECURITY NUMBER (If Deceased): [redacted]-4037
5a. AGE - LAST BIRTHDAY (Years): **85**
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): **Sept 5, 1914**
7. BIRTHPLACE (City and State or Foreign Country): **Lincoln Co., Tennessee**
8. WAS DECEDENT EVER IN THE 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): **Select Specialty Hospital**
9c. CITY, TOWN, OR LOCATION OF DEATH: **Nashville**
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.): **Butcher**
12b. KIND OF BUSINESS/INDUSTRY: **Neuhoff Packing**
13a. RESIDENCE — STATE: **TN**
13b. COUNTY: **Davidson**
13c. CITY, TOWN OR LOCATION: **Nashville**
13d. STREET AND NUMBER OR RURAL LOCATION: **118 Rock St.**
CENSUS TRACT: 5
13e. INSIDE CITY LIMITS? 1 ☒ 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.) ☐ Yes 0 ☒ 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): **3** College (1-4 or 5+):

NAME OF DECEDENT — For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): **James Sam Moore**
18. MOTHER'S NAME (First, Middle, Maiden Surname): **Jessie Hill**

INFORMANT

19a. INFORMANT'S NAME (Type/Print): **Jerry Moore**
19b. RELATIONSHIP TO DECEASED: **Son**
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): **6222 Robertson Ave., Nashville, TN 37209**

DISPOSITION

20a. METHOD OF DISPOSITION: 1 ☒ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) _____
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): **Rolling Hills Cemetery**
20c. LOCATION — City or Town, State: **Park City, TN**
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Nelson R. Short
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: **3954**
21c. SIGNATURE OF EMBALMER: ▶ **DONALD GARRISON**
21d. LICENSE NUMBER OF EMBALMER: **4287**
22a. NAME AND ADDRESS OF FUNERAL HOME: **Phillips-Robinson Company, 2707 Gallatin Road, Nashville, TN 37216**
22b. LICENSE NUMBER OF FUNERAL HOME: **331**

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Marsha L. Davis
24. DATE FILED (Month, Day, Year): February 4, 2000

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: ▶ Thilo Williams MD
25b. LICENSE NUMBER: MD025855
25c. DATE SIGNED (Month, Day, Year): 2/4/00
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):

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.	Congestive Heart Failure	6 hrs.
DUE TO (OR AS A CONSEQUENCE OF): b.	Ischemic Cardiomyopathy	4 years
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.		
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: Chronic W/Obstructive Pulmonary Disease

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)

PH-1659
REV. 2-93

BIRTH NO. _____

RDA 1399

BOOK 4544 PAGE 716

FORM NO. WD-1

STATE OF TENNESSEE }
COUNTY OF DAVIDSON }

THE ACTUAL CONSIDERATION OR VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS $ 3500.00

T W Street
Affiant

SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE 8th DAY OF October 19 71

Notary Public

MY COMMISSION EXPIRES: [illegible]
(AFFIX SEAL)

THIS INSTRUMENT WAS PREPARED BY
Geo. H. Cate, Atty., 510 Stahlman Bldg., Nashville, Tn. 37201
NAME ADDRESS

ADDRESS NEW OWNER (S) AS FOLLOWS:	SEND TAX BILLS TO:	MAP-PARCEL NUMBERS
Robert H. Moore (NAME)	118 Rock St (NAME)	12D 49710
118 Rock St (STREET ADDRESS OR ROUTE NUMBER)	Same (STREET ADDRESS)	
Nashville, Tenn (CITY) (STATE) (P. O. ZIP)	(CITY) (STATE) (ZIP)	

FOR AND IN CONSIDERATION OF THE SUM OF TEN DOLLARS, CASH IN HAND PAID BY THE HEREINAFTER NAMED GRANTEES, AND OTHER GOOD AND VALUABLE CONSIDERATIONS, THE RECEIPT OF WHICH IS HEREBY ACKNOWLEDGED, WE, T. W. Street and wife, Beulah Mai Street

HEREINAFTER CALLED THE GRANTORS, HAVE BARGAINED AND SOLD, AND BY THESE PRESENTS DO TRANSFER AND CONVEY UNTO Robert H. Moore and wife, Ruby Odell Moore

HEREINAFTER CALLED THE GRANTEES, THEIR HEIRS AND ASSIGNS, A CERTAIN TRACT OR PARCEL OF LAND IN DAVIDSON COUNTY, STATE OF TENNESSEE, DESCRIBED AS FOLLOWS: TO-WIT:

Being the westerly 93 feet front and 64 feet rear of Lot No. 25 on the Map of Jones and Hart's Addition, as of record in Book 332, Page 43 Register's Office for said County.

Beginning at a point in the southerly margin of Rock Street, the northwest corner of Lot No. 25 at the easterly margin of an alley; thence with said alley and the west line of Lot 25 southwardly 200 feet to the southwest corner of Lot 25; thence with the south line of Lot 25 eastwardly 64 feet to the southwest rear corner of the property conveyed to Harry McQuiston by deed from Tom McQuiston and wife, of record in Book 1852, Page 99; thence northwardly with his line 100 feet to his northwest corner; thence with his north line eastwardly 29 feet to the southwest corner of the property conveyed to Harry McQuiston by deed from Tom McQuiston and wife, of record in Book 2090, Page 203, Register's Office for Davidson County, Tennessee; thence with his west line northwardly 100 feet to a point in the southerly margin of Rock Street; thence with same, westerly 93 feet to the beginning.

Being the same property conveyed to T. W. Street and wife by deed of record in Book 4373, Page 494, Register's Office for Davidson County, Tennessee.

Taxes for 1971 assumed by Grantees.

This is unimproved ( ) improved (X) property, known as 118 Rock Street (House Number) (Street) Nashville, Tn. 37207 (P. O. Address) (City or Town) (Postal Zip)

TO HAVE AND TO HOLD the said tract or parcel of land, with the appurtenances, estate, title and interest thereto belonging to the said GRANTEES, their heirs and assigns, forever; and we do covenant with the said GRANTEES that we are lawfully seized and possessed of said land in fee simple, have a good right to convey it, and the same is unincumbered, unless otherwise herein set out; and we do further covenant and bind ourselves, our heirs and representatives, to warrant and forever defend the title to the said land to the said GRANTEES, their heirs and assigns, against the lawful claims of all persons whomsoever. Wherever used, the singular number shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders.

Witness our hand S this 8th day of October, 19 71

T W Street

Beulah Mai Street

STATE OF TENNESSEE
Davidson County

BOOK 4544 PAGE 717

Personally appeared before me, Geo. H. Cate, a Notary Public in and for said County and State, the within named T. W. Street and wife, Beulah Mai Street

the bargainor S, 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 8th day of October 19 71

Commission expires Jan. 23, 1974

Geo. H. Cate
Notary Public

STATE OF TENNESSEE
Davidson County

Before me, _____, a Notary Public within and for the State and County aforesaid, personally appeared _____ and _____ with whom I am personally acquainted and who upon (his oath) (their several oaths) acknowledged (himself) (themselves) to be the _____ and _____ respectively of the _____ the within named bargainor, a corporation, and that (he) (they) as such _____ and _____, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing the name of the corporation by the said _____ as such _____, and attesting the same by the said _____ as such _____

Witness my hand and official seal at office at _____ on this the _____ day of _____, 19__

My commission expires _____

_____
Notary Public

WARRANTY DEED

FROM T. W. Street, et ux

TO Robert H. Moore, et ux

B 34164

IDENTIF. REFERENCE

OCT 13 3 51 PM '71

FELIX Z. WILSON II REGISTER
DAVIDSON COUNTY, TENN.

OCT 13	CONV	*3,500.00			
OCT 13	S'TAX		A*	9.10	
OCT 13	PR'FEE		A*	.50	
OCT 13	W'DEED		A*	4.00	* 13.60

Attorneys Title Company
Titles Guaranteed
NASHVILLE, TENN.