This Instrument Prepared by:

LUVELL L. GLANTON
Attorney at Law
915 Jefferson Street
Nashville, Tennessee 37208

AFFIDAVIT

Instr:200003150026791 Page: 1 OF 2
REC'D FOR REC 03/15/2000 3:43:42PM
RECORD FEE: $10.00
M. TAX: $0.00 T. TAX: $0.00

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

PICK-UP

COMES now **LUCINDA W. WARD,** wife and heir of **ROBERT WARD, JR.** in this cause, having been duly sworn, who would state to the court as follows:

1. My name is LUCINDA W. WARD. I currently reside at 1213 North Sixth Street, Nashville, Davidson County, Tennessee.

2. My husband, ROBERT WARD, JR., died on August 22, 1973. Attached is a copy of the death certificate.

3. I am the surviving heir to the Estate of Robert Ward, Jr. and as such I am the rightful owner of the property described below:

LAND in Davidson County, Tennessee, being Lot No. 174 and the southerly 15 feet of Lot No. 175 on the Map of Oakwood Park, as of record in Book 421, Page 12, Register's Office for said County.

Said Lot No. 174 and the southerly part of Lot No. 175 front together 45 feet on the easterly side of North Sixth Street and run back betweeen parallel lines 165 feet to an alley.

BEING the same property conveyed to Robert Ward, Jr. and wife Lucinda W. Ward as of record in Book 3314, Page 511, Register's Office for said County.

This is improved property known as 1213 North Sixth Street, Nashville, Davidson County, Tennessee 37207.

WITNESSED this the 14 day of March, 2000.

Lucinda W Ward
LUCINDA W. WARD

Sworn to and subscribed before me on
this 14 day of March, 2000.

Mary Allen Brown
NOTARY PUBLIC
My Commission Expires: 11/25/2000

STATE OF TENNESSEE
Office of Vital Records

CERTIFICATE OF DEATH

4-37-24

73-024840

TENNESSEE DEPARTMENT OF PUBLIC HEALTH FILE NO.

DIVISION OF VITAL STATISTICS

BIRTH NO.

DECEASED — NAME (FIRST / MIDDLE / LAST)				DATE OF DEATH (MONTH, DAY, YEAR)
1. Robert		Ward Gr.		2. August 22, 1973
RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY))	SEX	AGE — LAST BIRTHDAY (YEARS)	UNDER 1 YEAR (MOS. / DAYS)	DATE OF BIRTH (MONTH, DAY, YEAR)
3. Negro	4. Male	5a. 51	5b.	6. April 13, 1922
COUNTY OF DEATH	CITY, TOWN, OR LOCATION OF DEATH		UNDER 1 DAY (HOURS / MIN.) 5c.	HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
7a. Davidson	7b. Nashville		7c. yes	7d. Miller Clinic

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Tennessee	9. U.S.A	10. M	11. Lucinda Ward

SOCIAL SECURITY NUMBER	SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE)	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY
12a. [redacted] 0897	12b. Sept. 27, 1943	13a. Labor	13b.

RESIDENCE — STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER
14a. Tennessee	14b. Davidson	14c. Nashville	14d. yes	14e. 1213 North 6th Street

FATHER — NAME	MOTHER — MAIDEN NAME	INFORMANT — NAME	MAILING ADDRESS
15. Robert Ward Sr.	16. Callie Gilliam	17. Lucinda Ward	1213 North 6th Street

PHYSICIAN — CERTIFICATION: I ATTENDED THE DECEASED AND DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	SIGNATURE	DEGREE	DATE SIGNED (MONTH, DAY, YEAR)
21a.	[signature]	MD	21b. 8/24/73
MEDICAL EXAMINER — CERTIFICATION: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.	SIGNATURE	TITLE	DATE SIGNED (MONTH, DAY, YEAR)
22a.			22b.

CERTIFIER — NAME (TYPE OR PRINT)	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
23a. C.C. Woodcock M.D	23b. 602 Gallatin Rd Nashville Tn 37206

BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE (MONTH, DAY, YEAR)	CEMETERY OR CREMATORY — NAME	LOCATION (CITY OR TOWN, STATE)
24a. Burial	24b. Aug. 27 1973	24c. The National Cemetery	24d. Madison Tennessee

FUNERAL HOME — NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	REGISTRAR — SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR
25. Donelson Funeral Home 726 McFerrin Nashville	26a. Esther D. Groh	26b. 8-27-73

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

Date Issued

CERTIFICATION OF VITAL RECORD