Instr:200004050034469 Page: 1 OF 5
REC'D FOR REC 04/05/2000 3:04:31PM
RECORD FEE: $22.00
M. TAX: $0.00 T. TAX: $0.00

PICK-UP

AFFIDAVIT OF INHERITANCE OF REAL ESTATE

Address of New Owner:	Send Tax Bills:	Map & Parcel Nos.
Leslie L. Simms & Ethel M. Jones 3901 Cypress Drive Nashville, TN. 37211	Same	148-14 123

The undersigned, being duly sworn, deposes and says: Everett G. Simms, was the sole owner of the following described real estate. The said Everett G. Simms, a widower, died in Nashville, Davidson County, Tennessee, on April 1, 2000. Said land is described as follows:

> Land in Davidson County, Tennessee, being Lot No. 247 on the Plan of Fairlane Park, Section 3, as of record in Book 2331, pages 145 and 146, said Register's Office, described as follows:
>
> Beginning at a point in the westerly margin of Cypress Drive at the corner of Lots 247 and 248; thence with the line between said lots westerly 170.3 feet to a point; thence northerly 114 feet to the south margin of Fairlane Drive thence with the margin of the same easterly 148.7 feet to the beginning of a curve; thence around said curve, southeasterly 40.3 feet to the west margin of Cypress Drive; thence with the margin of the same southerly 85 feet to the point of beginning.
>
> Being the same property conveyed to Everett G. Simms and wife, Le Vore C. Simms (deceased), by deed from Jerry Howard Eakes and wife, Mary Sue Eakes of record in Book 5155, page 841, Register's Office for said County.
>
> This is improved property known as 3901 Cypress Drive, Nashville, TN. 37211.

At the time of his death the Decedent had no living issue leaving issue or adopted children being deceased and leaving issue. The Deceased was survived by his brother Leslie L. Simms and sister, Ethel M. Jones.

The Deceased, by his Last Will and Testament, which was not probated left 100% of his interest in the real property to his brother and sister, (see attached).

Date: April 4, 2000

Leslie L. Simms

Date: April 4, 2000

Ethel M. Jones

STATE OF TENNESSEE

COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public, in and for said County and State, Leslie L. Simms and Ethel M. Jones, the within name 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 4th day of April, 2000.

My Commission Expires:

July 22, 2002

Richard E. Norman, Jr.
Notary Public

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

afinhsim
imatren00#1

Last Will and Testament

OF

EVERETT G. SIMMS

I, EVERETT G. SIMMS, domiciled in Davidson County, Tennessee, being of sound mind and disposing memory, do hereby make, publish, and declare this to be my Last Will and Testament, hereby revoking all former Wills and Codicils to Wills at anytime heretofore made by me.

ARTICLE I

I direct that all my just debts, my funeral expenses and the costs of the administration of my estate be paid as soon as possible after my death. My Executrix or Executor in his/her sole discretion may pay from my domiciliary estate all or any portion of the costs of ancillary administration and similar proceedings in other jurisdictions.

ARTICLE II

I hereby will, devise, and bequeath all my property, whether real, personal, or mixed, tangible or intangible, of whatsoever nature and wheresoever situated, including all property which I may acquire or become entitled to after the execution of this Will, including the proceeds of all life insurance payable to my estate not otherwise disbursed or distributed in the course of administration of my estate (but excluding any property over or concerning which I may have the power of appointment), to my brother Leslie Simms and my sister, Ethel M. Jones, not per stirpes, as joint property with rights of survivorship.

Everett G Simms

Testator

ARTICLE III

I hereby nominate and appoint Louise Woods as my Executrix of this my Last Will and Testament. If and in the event she has predeceased me or is unable to serve, then I nominate and appoint Joseph D. Moon to serve in her stead. I authorize my Executrix or Executor to do any and all things which in his/her sole opinion are necessary to complete the administration and settlement of my estate. I expressly give my Executrix or Executor power to convey land and grant title within the terms of this Will. I further direct that my Executrix or Executor serve without bond and I waive inventory and all accounting.

IN WITNESS WHEREOF, I have subscribed my name on this the 28 day of APRIL, 1999 at Nashville, Tennessee.

Everett G. Simms
Everett G. Simms, Testator

The foregoing instrument consisting of two (2) typewritten pages was, at the date thereof, signed, published, and declared by the said **EVERETT G. SIMMS,** as and for his Last Will and Testament in our presence, and we, the undersigned, at his request, and in his presence, and in the presence of each other, have subscribed our signatures as witnesses, this attestation clause having been read by us and we having noted that the events herein enumerated took place as stated.

Richard E. Jennings
WITNESS

4220 NOLENSVILLE RD, NASHVILLE, TN
ADDRESS

Elaine Driggs
WITNESS

4220 Nolensville Rd, Nashville
ADDRESS
TN 37211

SIMMS/sonywill96

Metropolitan Government of Nashville and Davidson County

Bill Purcell, 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.

John P. Dunn
LOCAL REGISTRAR

00 1775

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): EVERETT GEORGE SIMMS
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): APRIL 1, 2000
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-5480
5a. AGE-LAST BIRTHDAY (Years): 80
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): APRIL 13,1919
7. BIRTHPLACE (City and State or Foreign Country): BLUE SULPHUR SPRINGS, WV
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [X] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): BETHANY HEALTH CARE
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): INSPECTOR
12b. KIND OF BUSINESS/INDUSTRY: RAILROAD
13a. RESIDENCE-STATE: TENN.
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 4901 CYPRESS DRIVE
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37211
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [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): UNKNOWN; College (1-4 or 5+):

NAME OF DECEDENT For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): ROSS CHARLES SIMMS
18. MOTHER'S NAME (First, Middle, Maiden Surname): BESSIE LEE MILEM

INFORMANT

19a. INFORMANT'S NAME (Type/Print): ETHEL M. JONES
19b. RELATIONSHIP TO DECEASED: SISTER
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 865 LAKEVIEW DRIVE, BRUNSWICK, OH 44212

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, TENN.
21a. SIGNATURE OF FUNERAL DIRECTOR: ▸ William R. Appleton
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2700
21c. SIGNATURE OF EMBALMER: ▸ N/A
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODBINE FUNERAL HOME, INC. 3620 NOLENSVILLE ROAD, NASHVILLE, TENN. 37211
22b. LICENSE NUMBER OF FUNERAL HOME: 396

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▸ Marsha H. Jones
24. DATE FILED (Month, Day, Year): April 5, 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 [X] SIGNATURE AND TITLE OF PHYSICIAN: ▸ Jo S Hansen MD
25b. LICENSE NUMBER: 12533
25c. DATE SIGNED (Month, Day, Year): 4-4-00
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 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. Respiratory Arrest
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. Aspiration Pneumonia
DUE TO (OR AS A CONSEQUENCE OF):
d. Dementia, probably due to Stroke

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

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: 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):

BIRTH NO

PH-1659
REV. 2-93

RDA 1399