PICK-UP

This Instrument Prepared by:

Paul J. Kerrigan
4033 Keeley Drive
Antioch, Tn 37013

Instr:200005030044454 Page: 1 OF 6
REC'D FOR REC 05/03/2000 10:27:18AM
RECORD FEE: $26.00
M. TAX: $0.00 T. TAX: $0.00

IN RE:

BESSIE EVELYN THOMAS PASCHAL, deceased
a/k/a Evelyn Paschal

261 Sunrise Avenue
Nashville, Tennessee 37211

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Patricia Paschal Kerrigan, first being duly sworn, deposes as follows:

1. That I am a resident of Davidson County, Tennessee, reside at 4033 KeeleyDrive, Antioch, Tennessee 37013, and am 55 years of age:

2. That I am the only child born of the marriage and know the history of the family of Bessie Evelyn Thomas Paschal and her deceased husband Samuel A. Paschal , who resided at 261 Sunrise Avenue , Nashville, Tennessee. Bessie Evelyn Thomas Paschal died January 14, 1999 in Davidson County with a written will and recorded in Davidson County Probate Court Clerk's Office docket number 99P1371 dated August 19, 1999.

3. That at her death, the said Bessie Evelyn Thomas Paschal left her only child Patricia P. Kerrigan as the sole surviving heir at law.

4. At the time of her death, Bessie Evelyn Thomas Paschal was owner of real estate property in Nashville, Davidson County, Tennessee known as 261 Sunrise Avenue, Nashville, Tennessee 37211 and legally described as follows:

Land in Davidson County, Tennessee, Being Tract lot No. 25 and the easterly half of Lot No.26 on the plan of Sunrise Heights, as record in Book 421, page 17. Register's Office for said County.
Said Lot No. 25 and the easterly part of Lot No. 26 front together 75 feet on the southerly side of Sunrise Avenue and run back between parallel lines 155 feet, more or less, to the northerly margin of a 12 foot alley.
Being the same property conveyed to Sam A. Paschal and wife Evelyn Thomas Paschal by deed from George C. Nolen, of record in book 1634, page 620, said Register's Office.

5. ATTACHED COPIES OF PATRICIA O. PASCHAL BATH CERTIFICATE MARRIAGE CERTIFICATE, SAM A. PASCHAL – DEATH CERTIFICATE AND BESSIE F. PASCHAL DEATH CERTIFICATE

FURTHER, AFFIANT SAITH NOT.

WITNESS my hand on this the 24 day of February, 2000.

Patricia P. Kerrigan

Patricia Paschal Kerrigan

Sworn to and subscribed before me on this 24 day of February, 2000.

Ronald W. Winton Sr.

Notary Public

(Affix seal)

RONALD W. WINTON, SR. NOTARY PUBLIC AT LARGE DAVIDSON COUNTY TENN.

My Commission Expires April 24, 2000

My commission expires

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned a Notary Public in and for said County and State, the within named Patricia Paschal Kerrigan , with whom I am personally acquainted, or proved to me upon the basis of satisfactory evidence, and who acknowledged that he executed the within instrument for the purposes therein contained, and acknowledged that she executed the same as her free act and deed.

Witness my hand and official seal at Nashville, Tennessee, on this the 24 day of February, 2000.

Ronald W. Winton Sr.

Notary Public

(Affix seal)

RONALD W. WINTON, SR. NOTARY PUBLIC AT LARGE DAVIDSON COUNTY TENN.

DEPARTMENT OF HEALTH AND ENVIRONMENT

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

CERTIFICATE OF LIVE BIRTH

14997

DIV. OF VITAL STATISTICS—STATE OF TENNESSEE—DEPT. OF PUBLIC HEALTH
COOPERATING WITH DEPT. OF COMMERCE, BUREAU OF THE CENSUS

Reg. No. 1325
Reg. Dist. No. 21901

1. FULL NAME OF CHILD: PATRICIA ORLENA PASCHAL (First, Middle, Last) 2. DATE OF BIRTH: April (Month) [illegible] (Day)

3. PLACE OF BIRTH
A. COUNTY: Davidson — CIVIL DISTRICT: [illegible]
B. CITY OR TOWN: Nashville (IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL)
C. NAME OF HOSPITAL: Vanderbilt (IF NOT IN HOSPITAL, GIVE STREET ADDRESS)
D. LENGTH OF MOTHER'S STAY BEFORE DELIVERY: IN HOSPITAL: days IN THIS COMMUNITY: 4 yrs

4. LEGAL RESIDENCE OF MOTHER
A. STATE: Tenn.
B. COUNTY: Davidson
C. CITY OR TOWN: Nashville (IF OUTSIDE CITY OR TOWN LIMITS, GIVE R.F.D. NO.)
D. STREET ADDRESS: 1521 Ferguson

5. SEX: Female — TWIN OR TRIPLET: — — IF SO—BORN: 1ST 2ND 3RD
7. NUMBER MONTHS OF PREGNANCY: 7½
8. ARE PARENTS MARRIED? Yes

FATHER OF CHILD

9. FULL NAME: Sammy Alexander Paschal
10. COLOR OR RACE: White
11. AGE AT TIME OF THIS BIRTH: 40 YRS.
12. BIRTH PLACE: Murray, Kentucky
13. USUAL OCCUPATION: Mgr.
14. INDUSTRY OR BUSINESS: Shoe Factory

MOTHER OF CHILD

15. FULL MAIDEN NAME: Joyce Evelyn Thomas
16. COLOR OR RACE: White
17. AGE AT TIME OF THIS BIRTH: 32 YRS.
18. BIRTH PLACE: Williamson Co. Tenn.
19. USUAL OCCUPATION: Housewife
20. INDUSTRY OR BUSINESS: Home

21. NOW LIVING CHILDREN OF THIS MOTHER (INCLUDE THIS BIRTH): 2
A. NOW LIVING CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? 0
B. NOW MANY CHILDREN WERE BORN DEAD? 0

22. MOTHER'S MAILING ADDRESS FOR REGISTRATION NOTICE: 1521 Ferguson

I HEREBY CERTIFY THAT I ATTENDED THE BIRTH OF THIS CHILD WHO WAS BORN ALIVE AT THE HOUR OF 1:30 A.M. ON THE DATE ABOVE STATED AND THAT THE INFORMATION GIVEN WAS FURNISHED BY: Mrs L. A. Paschal
WHO IS RELATED TO THE CHILD AS: Mother

ATTENDANT'S OWN SIGNATURE: [illegible]
ADDRESS: 2122 West End
ADDRESS:
DATE SIGNED: April 11, 1945

ATTENDED BY PHYSICIAN

DATE RECEIVED BY LOCAL REGISTRAR: 4-13-1945
MAY 10 1945

STATE OF TENNESSEE, DAVIDSON COUNTY

Marriage Certificate

THIS IS TO CERTIFY THAT THE

Rite of Matrimony

Between Paul John Kerrigan *Age* 23

and Patricia Orlena Paschal *Age* 18

was solemnized by L. L. Weathers, minister

on 8th *day of* November 1963, *as the same appears of record in the office of the Clerk of the County Court of the aforesaid County at Nashville, Tennessee.*

WITNESS my hand and seal of the said Court, at office, this the 12th *day of* November, *19* 63

R. E. Wansell Clerk of the Davidson County Court

Laura S. Gill Deputy Clerk

BOOK 87 PAGE 454 NO. 49816

Metropolitan Government of Nashville and Davidson County

Bill Boner, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

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.

Phyllis J. Madden M.D.

8003853

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT BLACK INK.

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

BIRTH NO. _____ STATE FILE NO.

DECEASED

1. DECEASED—NAME: SAMUEL ALEXANDER PASCHAL
2. DATE OF DEATH: August 17, 1980
3a. AGE—LAST BIRTHDAY: 76
4. DATE OF BIRTH: July 26, 1904
5. RACE: White
6. SEX: Male
7a. COUNTY OF DEATH: Davidson
7b. CITY, TOWN OR LOCATION: Nashville
7c. INSIDE CITY LIMITS: Yes
7d. HOSPITAL OR OTHER INSTITUTION: Baptist Hospital
7e. Inpatient
8. STATE OF BIRTH: Kentucky
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married
11. SURVIVING SPOUSE: Bessie Evelyn Thomas
12a. SOCIAL SECURITY NUMBER: 408-10-5139
12b. No
13a. USUAL OCCUPATION: Manager
13b. KIND OF BUSINESS OR INDUSTRY: Kroger Co.

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

14a. RESIDENCE—STATE: Tenn.
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: Nashville
14d. STREET AND NUMBER: 261 Sunrise Ave.
14e. INSIDE CITY LIMITS: Yes
14f. CENSUS TRACT NO.

PARENTS AND INFORMANT

15. FATHER—NAME: Wayne Paschal
16. MOTHER—MAIDEN NAME: Mae Barber
17. INFORMANT—NAME: Wife
MAILING ADDRESS

PERMIT REQUIRED PRIOR TO TRANSPORTATION OF BODY BY COMMON CARRIER OR REMOVAL FROM STATE.

DISPOSITION

18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial
18b. DATE: 8-19-80
18c. CEMETERY OR CREMATORY—NAME: Woodlawn
18d. LOCATION: Nashville, Tenn.
18e. FUNERAL DIRECTOR: W. T. Sullivan
18f. LICENSE NO.: 1991
18g. EMBALMER: William R. Appleton
18h. LICENSE NO.: 3310
18i. FUNERAL HOME—NAME AND ADDRESS: Woodbine Funeral Home Nashville, Tenn.
18j. REGISTRAR—SIGNATURE: Esther D. Brock
18k. DATE RECEIVED BY LOCAL REGISTRAR: 8-26-80

CERTIFIER

19a. PHYSICIAN—I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSES STATED. SIGNATURE: Charles E. Mayes DEGREE: M.D.
19b. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THIS BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSES STATED. SIGNATURE: TITLE:
19c. DATE SIGNED: 8/21/80
19d. CERTIFIER—NAME (TYPE OR PRINT): Charles Mayes, M. D.
19e. MAILING ADDRESS: Baptist Hospital, Nashville, Tennessee
19f. DATE SIGNED

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE. ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 72 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

CAUSE

20. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
(a) Cardiac arrest
(b) ASHD & severe CHF
(c)
(d)
PART II. OTHER SIGNIFICANT CONDITIONS:
21. AUTOPSY
22. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)
22a. DATE OF INJURY
22b. HOUR
22c. DESCRIBE HOW INJURY OCCURRED
22d. INJURY AT WORK
22e. PLACE OF INJURY
22f. LOCATION

PHLH FORM NO. 56.10 REVISED 1-78 CRC

202-06-002

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.

9950727

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): BESSIE EVELYN PASCHAL
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): JANUARY 14, 1999
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-3715
5a. AGE-LAST BIRTHDAY (Years): 86
5b. UNDER 1 YEAR MOS / DAYS
5c. UNDER 1 DAY HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): JULY 10, 1912
7. BIRTHPLACE (City and State or Foreign Country): WILLIAMSON COUNTY, TENN.
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 Nursing Home 5 [X] Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 261 SUNRISE AVE.
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.): HOUSEWIFE
12b. KIND OF BUSINESS/INDUSTRY: SELF
13a. RESIDENCE-STATE: TENN.
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 261 SUNRISE AVE.
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): 12; College (1-4 or 5+):

NAME OF DECEDENT For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): JOHN ISAAC THOMAS
18. MOTHER'S NAME (First, Middle, Maiden Surname): BEULAH BELLE SANFORD

INFORMANT

19a. INFORMANT'S NAME (Type/Print): PATRICIA P. KERRIGAN
19b. RELATIONSHIP TO DECEASED: DAUGHTER
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4033 KELLEY DR., ANTIOCH, TN 37013

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): WOODLAWN MEMORIAL PARK
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: ▸ William R Appleton
21d. LICENSE NUMBER OF EMBALMER: 3310
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODBINE FUNERAL HOME, INC. 5852 NOLENSVILLE ROAD, NASHVILLE, TENN. 37211
22b. LICENSE NUMBER OF FUNERAL HOME: 760

REGISTRAR

23. REGISTRAR'S SIGNATURE: Helen L. Brown
24. DATE FILED (Month, Day, Year): February 16, 1999

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: ▸ [illegible] MD
25b. LICENSE NUMBER: MD 024630
25c. DATE SIGNED (Month, Day, Year): 2/1/99
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): 397 Wallace Rd 203(Suite) Nashville TN 37662

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.

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in) → a. Aspiration Arrest — DUE TO (OR AS A CONSEQUENCE OF): — Approximate Interval Between Onset and Death: <5min
b. COPD — DUE TO (OR AS A CONSEQUENCE OF): — 72yrs
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
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.

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
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