Instr:200005170049779 Page: 1 OF 4
REC'D FOR REC 05/17/2000 3:45:11PM
RECORD FEE: $18.00
M. TAX: $0.00 T. TAX: $0.00

ADDRESS NEW OWNER:	SEND TAX BILLS TO:	MAP-PARCEL NOS
Lindell Lewis Hargrove 2107 Jade Drive Nashville, TN 37210	*SAME*	095-14-0 064.00

This instrument prepared by: Andrew M. Cate, Attorney at Law, P.O. Box 148058, Nashville, TN 37214 (This instrument prepared from information furnished by parties)

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The undersigned, being duly sworn, depose and say:

Margie H. Hargrove died on November 22, 1999 in Davidson County, Tennessee, owning real estate located in Davidson County, Tennessee and described as follows:

> Being Lot No. 24 on the Plan of Elm Hill Acres, Section No. 1, of record in Book 2331, Page 67, Register's Office for said County.
>
> Said Lot No. 24 fronts 75 feet on the south side of Jade Drive and runs back between parallel lines 225 feet to a dead line.
>
> Being the same property conveyed to Lindell L. Hargrove and wife, Margie H. Hargrove from William M. Best and wife, Jane S. Best by deed of record in Book 2691, Page 459, Register's Office for Davidson County, Tennessee.
>
> Lindell Lee Hargrove having died on July 13, 1997, as evidenced by a copy of the death certificate attached, leaving Margie H. Hargrove, sole owner by right of survivorship.

The estate of Margie L. Hargrove was administered in the Probate Court of Davidson County by order dated December 17, 1999, Probate No. 99P-1966.

The undersigned received the real estate described above by the terms of decedent's last will & testament dated July 31, 1998.

The Tennessee Inheritance Tax clearance has been received being account number 440234926, a copy of which is attached.

There are no debts or encumbrances remaining which are or might become a lien on said interest in the described real estate.

Lindell Lewis Hargrove
Lindell Lewis Hargrove

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 Lindell Lewis Hargrove, the bargainor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal this 10th day of May, 2000.

CHARLOTTE L. RHODES NOTARY PUBLIC AT LARGE DAVIDSON CO., TENN.

My Commission Expires
January 27, 2001

Charlotte L. Rhodes
Notary Public
Commission Expires: _____

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.

9703729

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): LINDELL LEE HARGROVE
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): JULY 13, 1997
4. [redacted]Y NUMBER: 5975
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): 10-24-1916
7. BIRTHPLACE (City and State or Foreign Country): HUNTING, TN
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): INTERGRATED HEALTH SERVICES
9c. CITY, TOWN, OR LOCATION OF DEATH: DONELSON
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): MARGIE HELTSLEY
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): TRUCK DRIVER
12b. KIND OF BUSINESS/INDUSTRY:
13a. RESIDENCE – STATE: TN
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 2107 JADE DR.

3

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

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): JAMES HARGROVE
18. MOTHER'S NAME (First, Middle, Maiden Surname): EVA ROLAND

INFORMANT

19a. INFORMANT'S NAME (Type/Print): MARGIE HARGROVE
19b. RELATIONSHIP TO DECEASED: WIFE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2107 JADE DR. NASHVILLE, TN 37210

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): HERMITAGE MEMORIAL GARDENS
20c. LOCATION—City or Town, State: HERMITAGE, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: LARRY SALTER
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2846
21c. SIGNATURE OF EMBALMER: LYNN GAUTHIER
21d. LICENSE NUMBER OF EMBALMER: 4052
22a. NAME AND ADDRESS OF FUNERAL HOME: HERMITAGE FUNERAL HOME %#% SHUTES LANE HERMITAGE, TN
22b. LICENSE NUMBER OF FUNERAL HOME: 540

REGISTRAR

23. REGISTRAR'S SIGNATURE: Maurice M. Jones
24. DATE FILED (Month, Day, Year): July 16, 1997

CERTIFIER

26a. 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: D. Tucker, MD
26b. LICENSE NUMBER: MD0406470
26c. DATE SIGNED (Month, Day, Year): 7/14/97

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): DR. DONALD V. TUCKER 5653 FRIST BLVD. #236 HERMITAGE, TN 37076

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. Pneumonia	
	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. Left cerebral hemisphere Accident	
	DUE TO (OR AS A CONSEQUENCE OF):	
	c. Hypertension	
	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 5 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide
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

N0018901

6731997000122

TENNESSEE DEPARTMENT OF REVENUE

ESTATE OF MARGIE L HARGROVE
ATTN: ANDREW M CATE
211 DONELSON PIKE STE 2
NASHVILLE TN 37214-2914

January 25, 2000

Account Type:	INHERIT TX
Account No.:	440234926
Date of Death:	November 22, 1999
County:	DAVIDSON
Social Security No.:	[redacted]-4074

A sworn return for inheritance tax has been filed with this department by the representative of the above estate.

As provided in Section 67-8-420, Tennessee Code Annotated, this receipt or certificate authorizes the court of the county in which such estate was administered to permit a final settlement or accounting by the estate representative.

The liability shown to be due and paid to the State of Tennessee is denoted below:

Inheritance Tax:	$0.00
Estate Tax:	$0.00
Interest:	$0.00
Penalty:	$0.00
Total:	$0.00

DETACH BELOW AND RETAIN FOR YOUR RECORDS

TENNESSEE DEPARTMENT OF REVENUE

ESTATE OF MARGIE L HARGROVE
ATTN: ANDREW M CATE
211 DONELSON PIKE STE 2
NASHVILLE, TN 37214-2914

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Interest:	$0.00
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RV-N0018901