PICK-UP

Davidson County AFFIDAVIT
Recvd: 05/01/01 09:28 3pgs
Fees:14.00 Taxes:0.00
20010501-0043616

AFFIDAVIT OF HEIRSHIP

New Owner	Send Tax Bills To:	Map/par No.
Linda Anderson Saunders **2812 Bransford Avenue** **Nashville, Tennessee 37204**	**Same**	**118-07** **Par 159**

In Re: a certain tract or parcel of land in Davidson County, Tennessee, described as follows:

Land in Davidson County, Tennessee, being Lot No. 11 on the Plan of Block "D" on the Map of Berry Hill Gardens, of record in Book 1130, page 36, Register's Office for Davidson County, Tennessee.

Said Lot No. 11 fronts 77.5 feet on the easterly side of Bransford Avenue and runs back between parallel lines 131.8 feet to a dead line.

Being the same property conveyed to Ray Malugen and wife, Sylvia S. Malugen, by deed from Donald R. Mitchell and wife, Helen G. Mitchell, of record in Book 3031, page 143, Register's Office for Davidson County, Tennessee.

Being the same property conveyed by Deed of Trust to Louis R. Linx, Trustee of record in Book 3046, page 327 Register's Office of Davidson County, Tennessee released by instrument of record in Book 5215 Page 845.

This is improved property known as 2812 Bransford Avenue, Berry Hill, Davidson County, Tenn. 37204

Comes now, Sylvia S. Malugen, and after first being duly sworn according to law, attests and states as follows:

1. Affiant is the lawfully married wife of Ray Malugen, they were lawfully married until the death of Ray Malugen on April 24, 1996.

2. The above described real property was owned by the Affiant and Ray Malugen having been acquired at one and the same time as husband and wife by deed from Donald R. Mitchell and wife, Helen G. Mitchell of record in Book 3031, page 143 Registers Office for Davidson County, Tennessee.

3. Ray Malugen died in Nashville, Davidson County, Tennessee on the 24th day of

April 1996. His death certificate is attached hereto and Winford Ray Malugen as shown on the attached Certificate of Death is one and the same as the Ray Malugen named in the deed conveying the real property to Ray Malugen and wife, Sylvia S. Malugen of record in Deed Book 3031 page 143 Registers Office for Davidson County, Tennessee. **Exhibit No. 1. .**

4. Upon the death of Ray Malugen, the above real property passed to his wife, Sylvia S. Malugen who is the only lawful person entitled to an interest in the above described real property.

5. The only lawful heir to the Estate of Ray Malugen is his wife, Sylvia S. Malugen.

6. Winford Ray Malugen as listed on the attached Certificate of Death is one and the same as Ray Malugen shown on the history of the above described real property and deeds to the above described property.

7. **FURTHER AFFIANT SAITH NOT**.

Sylvia S Malugen
Sylvia S. Malugen

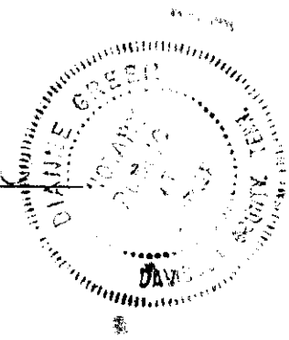
State of Tennessee)
County of Davidson)

Personally appeared before me, the undersigned authority, a Notary Public in and for the within named Sylvia S. Malugen, the bargainor(s) with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at office this 30 day of April 2001.

My Commission Expires: 3/27/04

Notary Public



This dastrument Prepared by:
Dan R Alexander
Attorney at Law
2016 8th Ave So
Nash TN 37204

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.

9602274 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): Winford Ray Malugen | 2 SEX: Male | 3 DATE OF DEATH (Month, Day, Year): April 24, 1996

4 SOCIAL SECURITY NUMBER: [redacted]-9118 | 5a AGE – LAST BIRTHDAY (Years): 79 | 5b UNDER 1 YEAR: months / days | 5c UNDER 1 DAY: hours / minutes | 6 DATE OF BIRTH (Month, Day, Year): 7-17-1916 | 7 BIRTHPLACE (City and State or Foreign Country): Gibson County, Tn

8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] 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): 2812 Bransford Avenue | 9c CITY, TOWN, OR LOCATION OF DEATH: Nashville | 9d COUNTY OF DEATH: Davidson

10 MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): Married | 11 SURVIVING SPOUSE (If wife, give maiden name): Sylvia Simmons | 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Glazer | 12b KIND OF BUSINESS/INDUSTRY: Tennessee Glass

13a RESIDENCE – STATE: TN | 13b COUNTY: Davidson | 13c CITY, TOWN OR LOCATION: Nashville | 13d STREET AND NUMBER OR RURAL LOCATION: 2812 Bransford Avenue

CENSUS TRACT | 13e INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No | 13f ZIP CODE: 37204 | 14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No | 15 RACE – American Indian, Black, White, etc (Specify): White | 16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 6th | College (1-4 or 5+)

PARENTS

17 FATHER'S NAME (First, Middle, Last): Newt Malugen | 18 MOTHER'S NAME (First, Middle, Maiden Surname): Lena Stricklin

INFORMANT

19a INFORMANT'S NAME (Type/Print): Sylvia Malugen | 19b RELATIONSHIP TO DECEASED: Wife | 19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2812 Bransford Avenue Nashville, Tn 37204

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, Tn

21a SIGNATURE OF FUNERAL DIRECTOR: ▶ Tracey Bond | 21b LICENSE NUMBER OF FUNERAL DIRECTOR: 3930 | 21c SIGNATURE OF EMBALMER: ▶ Ron Reed | 21d LICENSE NUMBER OF EMBALMER: 3964

22a NAME AND ADDRESS OF FUNERAL HOME: Woodlawn Funeral Home, 660 Thompson Lane Nashville, Tn 37204 | 22b LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

23 REGISTRAR'S SIGNATURE: [signature] | 24 DATE FILED (Month, Day, Year): May 6, 1996

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: ▶ [signature] ROBERT J WACKYMAN MD | 25b LICENSE NUMBER: MD008165 | 25c DATE SIGNED (Month, Day, Year): 04 30 96

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. ACUTE RESPIRATORY ARREST — DUE TO (OR AS A CONSEQUENCE OF): | MINUTES

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST:
b. SEVERE EMPHYSEMA — DUE TO (OR AS A CONSEQUENCE OF): | 10 YEARS
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: DEMENTIA, DYSPHAGIA

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: Hr. / Min. | 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)