This Instrument Prepared by:

WILLIAM H. STOVER
Attorney at Law
427 Chimney Top Drive
Antioch, TN 37013

Davidson County AFFIDAVIT
Recvd: 05/07/01 08:05 3pgs
Fees:14.00 Taxes:0.00
20010507-0046465

AFFIDAVIT

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

COMES now **MARY HELEN BURKS,** daughter and sole heir of **Mattie Wells and John W. Wells** in this cause, having been duly sworn, who would state to the court as follows:

1. My name is Mary Helen Burks. I currently reside at 2515 Buchanan Street, Nashville, Davidson County, Tennessee.

2. My father, John W. Wells, died on October 16, 1982, and my mother, Mattie Wells, died on April 12, 2000. Attached are copies of the death certificates.

3. I am the sole heir to the Estates of Mattie Wells and John W. Wells and as such I am the rightful owner of the property described below:

LAND in Davidson County, Tennessee, being Lot No. 19 on the Plan of Cobb's Subdivision of Lot No. 6 in Harding Bosley Tract, as of record in Book 161, Page 155, Register's Office for said County, and 15 feet of land adjacent to and lying along the westerly side of said Lot No. 19 and the easterly margin of 26th Avenue, North.

Said Lot No. 19 and said 15-foot strip front together 79 feet on the southerly side of Buchanan Street and run back 150 feet on the easterly line and 151-1/2 feet on the westerly line, with the easterly margin of 26th Avenue, North, to an alley measuring 59 feet theron.

Being the same property conveyed to John W. Wells, et ux, by deed from Marie M. Crews, of record in Book 2702, Page 74, Register's Office for Davidson County, Tennessee.

This is improved property known as 2515 Buchanan Street, Nashville, Davidson County, Tennessee.

WITNESSED this the 27 day of April, 2001.

Mary H. Burks
MARY HELEN BURKS

Sworn to and subscribed before me on this 27 day of April, 2001.

NOTARY PUBLIC
My Commission Expires: 6-27-2002

(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.

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

204402

BECOMES A LEGAL WHEN PROPERLY EXECUTED AND FILED.

PRINT IN DEEP BLACK INK.

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

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

WITH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL OR MEDICAL EXAMINER SIGN HERE. ANY PHYSICIAN OR MEDICAL EXAMINER SIGNING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 72 HRS. POWER OF SIGNATURE MAY NOT BE DELEGATED.

FORM NO. 55.10 ED 1-78 GRG

BIRTH NO. _____ STATE FILE NO. _____

DECEASED—NAME: John (first) Wells (last)

2. DATE OF DEATH (MONTH, DAY, YEAR): October 16 1982

3. AGE—LAST BIRTHDAY (YEARS): 67 — UNDER 1 YEAR: MONTHS / DAYS — UNDER 1 DAY: HOURS / MINUTES

4. DATE OF BIRTH (MONTH, DAY, YEAR): October 17, 1914

5. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.): Black

6. SEX: Male

7a. COUNTY OF DEATH: Davidson

7b. CITY, TOWN OR LOCATION: Nashville

7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes

7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.): 2515 Buchanan St,

7e. IF HOSP. OR INST., WAS DEC. (RESIDENT, TRANSIENT, OR NON-RESIDENT): Resident

8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Tennessee

9. CITIZEN OF WHAT COUNTRY: USA

10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married

11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Mattie McShand

12a. SOCIAL SECURITY NUMBER: [redacted]-3244

12b. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE): WWII

13. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Maintenance Man

13b. KIND OF BUSINESS OR INDUSTRY: Bakery

14a. RESIDENCE—STATE: Tennessee

14b. COUNTY: Davidson

14c. CITY, TOWN, OR LOCATION: Nashville

14d. STREET AND NUMBER: 2515 Buchanan St.

14e. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes

14f. CENSUS TRACT NO.

15. FATHER—NAME: James Wells

16. MOTHER—MAIDEN NAME: Ella Smith

17. INFORMANT—NAME: Metro Medic — MAILING ADDRESS

18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial

18b. DATE (MONTH, DAY, YEAR): 10-20-82

18c. CEMETERY OR CREMATORY—NAME: National

18d. LOCATION (CITY OR TOWN, STATE): Madison, Tenn.

19a. FUNERAL DIRECTOR (SIGNATURE): Linn A. Johnson SR

19b. LICENSE NO.: 1732

19c. EMBALMER (SIGNATURE): Ronald T Brown

19d. LICENSE NO.: 2754

20a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Johnsons House of Atena-Nashville Tn.

21a. REGISTRAR—SIGNATURE: Esther D. Groh

21b. DATE RECEIVED BY LOCAL REGISTRAR: 10-21-82

22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSES STATED. SIGNATURE, DEGREE

22b. DATE SIGNED (MONTH, DAY, YEAR)

23a. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSES STATED. SIGNATURE: T. E. Simpkins M.D. TITLE

23b. DATE SIGNED: 10-18-82

23c. CERTIFIER—NAME (TYPE OR PRINT): T. E. Simpkins, M.D.

24a. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 1120 Dickerson Rd., Nashville, Tn. 37207

25. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a): Metastatic Carcinoma — fulminant

DUE TO, OR AS A CONSEQUENCE OF (b): Gastric Ca.

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST — (c) — DUE TO, OR AS A CONSEQUENCE OF:

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a): Chronic Obstructive Pulmonary Disease — AUTOPSY (YES OR NO): No

26. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)

27a. DATE OF INJURY (MONTH, DAY, YEAR)

27b. HOUR

27c. DESCRIBE HOW INJURY OCCURRED

27d. INJURY AT WORK (SPECIFY YES OR NO)

27e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (SPECIFY)

27f. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

08-018 (4/80)

Metropolitan Government of Nashville and Davidson County

Bill Purcell, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

MAY 1 2000

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 O. Dunne REGISTRAR

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT: For use by physician or institution

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Mattie M. Wells
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): April 12, 2000
4. SOCIAL SECURITY NUMBER: [redacted] 4994
5a. AGE - LAST BIRTHDAY (Years): 81
5b. UNDER 1 YEAR (Months)
5c. UNDER 1 DAY (Hours, Min., Days)
6. DATE OF BIRTH (Month, Day, Year): Jun 6, 1918
7. BIRTHPLACE (City and State or Foreign Country): Gallatin, AL
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ Yes 2 ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA — OTHER: 4 ☐ Nursing Home 5 ☒ Residence 6 ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 2515 Buchanan Street
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): None
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Cook
12b. KIND OF BUSINESS/INDUSTRY: Private Family
13a. RESIDENCE - STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2515 Buchanan Street
CENSUS TRACT: 10
13e. INSIDE CITY LIMITS? 1 ☒ Yes 2 ☐ No
13f. ZIP CODE: 37208
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes 0 ☒ No
15. RACE - American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 11; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Robert W. McShand
18. MOTHER'S NAME (First, Middle, Maiden Surname): N/A

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Donna Burke
19b. RELATIONSHIP TO DECEASED: Granddaughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2515 Buchanan Street Nashville, TN 37208

DISPOSITION

20a. METHOD OF DISPOSITION: 1 ☒ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Nashville National Cemetery
20c. LOCATION - City or Town, State: Madison, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Linda O Johnson
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 1063
21c. SIGNATURE OF EMBALMER: Eric M Johnson
21d. LICENSE NUMBER OF EMBALMER: 0829
22a. NAME AND ADDRESS OF FUNERAL HOME: Johnson's House of Atena 1107 Buchanan Street Nashville TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 704

REGISTRAR

23. REGISTRAR'S SIGNATURE: Robert W. Rhodes Jr
24. DATE FILED (Month, Day, Year): May 01, 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 ☐ SIGNATURE AND TITLE OF PHYSICIAN: Helen Kyle Elliott MD
25b. LICENSE NUMBER: TN 0000300035
25c. DATE SIGNED (Month, Day, Year): 4/24/00
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, 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)
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)

PHYSICIAN OR MEDICAL EXAMINER RECEIVING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

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. (Let only one cause on each line.)

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Cardiopulmonary failure (likely)
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. Colon cancer - metastatic
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

Approximate Interval Between Onset and Death:

SEE INSTRUCTIONS ON OTHER SIDE

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.

FH 1858
REV. 2 93

NHA 1388