Prepared by Joyce C. Young

AFFIDAVIT OF HEIRSHIP

Comes now, Tony Arlena Clark, and under oath states the following,

1. I am Tony Arlena Clark, and reside at 3301 Creekwood Drive, Apt. R133 in Davidson County, Tennessee.

2. I am the sister of the late Willie D. Redmond who died on January 9, 2002. My birth certificate is attached, along with the death certificate of Willie D. Redmond.

3. I am the rightful heir of Willie D. Redmond and entitled to inherit his property located 328 Flora Maxwell Road in Davidson County, Tennessee.

Further the affiant saith not.

Tony Arlena Clark
Tony Arlena Clark

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Sworn to and subscribed before me Tony Arlena Clark who properly identified herself on this the 16th day of April, 2002.

DENISE LYNN COLLIER NOTARY PUBLIC AT LARGE

Denise Lynn Collier
Notary Public

My commission expires: 5/28/03

Davidson County AFFIDAVIT
Recvd: 04/19/02 15:43 3pgs
Fees:17.00 Taxes:0.00
20020419-0049145

STATE OF TENNESSEE
Office of Vital Records

STATE OF TENNESSEE
STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

3405
CERTIFICATE OF BIRTH

I. PLACE OF BIRTH

County of Rutherford
Civil Dist. 12
Inc. Town
City

Registration District No. 4761 2
Primary Registration Dist. No.
(No. St.; Ward

File No.
Registered No.

2. FULL NAME OF CHILD Tommy Coleman Jordan — If child is not yet named, make supplemental report, as directed.

3. Sex of Child: F
To be answered ONLY in cases of plural births.
4. Twin, triple or other
5. Number, in order of birth
6. Legitimate? yes
7. Date of birth 6-28-24 (Month, day, year)

FATHER	MOTHER
8. Full name: Tom Jordan	14. Full maiden name: Kitty Burns
9. Residence Post-office Address: Overall Ri Tenn.	15. Residence Post-office Address: Overall Ri Tenn.
10. Color or race: B	16. Color or race: W
11. Age at last birthday: 45 (Years)	17. Age at last birthday: 33 (Years)
12. Birthplace (city or place): Williamson Co. (State or country): Tenn.	18. Birthplace (city or place): Williamson Co (State or country): Tenn.
13. Occupation Nature of Industry: Farmer	19. Occupation Nature of Industry: Home wife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn (d) Born at full term 4 yes

Instructions on certain points may be made for each child at a birth. In case of more than one child at a birth, state the number of each, in order of birth. stated.

N. B.—In case of [illegible] WRITTEN WITH UNI[illegible] MARGIN [illegible] of certificate, 6¾x7½ inches.)

0034054M1924

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 12 P m. on the date above stated

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature
Joe Pinnell Batton
(Physician or Midwife)
Address Overall Ri

Give name added from a supplemental report
(Month, day, year)

Filed Jan 6 1949 Mrs. J.B. Smith
Registrar.

Registrar.

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Paula Taylor
Paula Taylor
State Registrar

Jul-10-2001
Date Issued

CERTIFICATION OF VITAL RECORD

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

02 004152

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last): Willie D. Redmond	2. SEX: M	3. DATE OF DEATH (Month, Day, Year): 01-09-2002	
4. SOCIAL SECURITY NUMBER (of Deceased): 410-36-5634	4a. AGE-LAST BIRTHDAY (Years): 74	5b. UNDER 1 YEAR MOS. / DAYS	5c. UNDER 1 DAY HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): 05-19-1927	7. BIRTHPLACE (City and State or Foreign Country): Rockville, TN		
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 X No	8a. PLACE OF DEATH (Check only one): HOSPITAL: 1 X 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): Centennial Medical Center	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.): Unknown	12b. KIND OF BUSINESS/INDUSTRY: Road Works
13a. RESIDENCE-STATE: Tennessee	13b. COUNTY: Davidson	13c. CITY, TOWN OR LOCATION: Nashville	13d. STREET AND NUMBER OR RURAL LOCATION: 328 Flora Maxwell Road
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 O X No. Specify, if yes:	15. RACE-American Indian, Black, White, etc. (Specify): Black	16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 5; College (1-4 or 5+)
PARENTS	17. FATHER'S NAME (First, Middle, Last): Will Redmond		18. MOTHER'S NAME (First, Middle, Maiden Surname): Kitty Burns	
INFORMANT	19a. INFORMANT'S NAME (Type/Print): Joyce young	19b. RELATIONSHIP TO DECEASED: Neice	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2004 Clinton Dale Drive Nashville, TN 37218	
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): Greenwood Cemetery	20c. LOCATION-City or Town, State: Nashville, TN	
FUNERAL DIRECTOR	21a. SIGNATURE OF FUNERAL DIRECTOR: Henry L. Smith	21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3167	21c. SIGNATURE OF EMBALMER: Steve Murphy	21d. LICENSE NUMBER OF EMBALMER: 4169
	22a. NAME AND ADDRESS OF FUNERAL HOME: Smith Brothers Funeral Directors 706 Monroe Street Nashville, TN 37218		22b. LICENSE NUMBER OF FUNERAL HOME: 0809	
REGISTRAR	23. REGISTRAR'S SIGNATURE: William L. Bowers		24. DATE FILED (Month, Day, Year): February 4, 2002	
MEDICAL CERTIFICATION	25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. 1 SIGNATURE AND TITLE OF PHYSICIAN: [signature]	25b. LICENSE NUMBER: 042306	25c. DATE SIGNED (Month, Day, Year): 2/11/02	
	25a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated. 2 SIGNATURE AND TITLE OF MEDICAL EXAMINER	25b. LICENSE NUMBER	25c. 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)			
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
SEE INSTRUCTIONS ON OTHER SIDE	IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Respiratory Arrest			
	DUE TO (OR AS A CONSEQUENCE OF): CVA			
	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.			
	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)		

VS-1659 (REV. 6/99) BIRTH NO. RDA 1

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

John P. Dunn
John P. Dunn
Local Registrar

02/12/02
Date Issued

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

METROPOLITAN GOVERNMENT

CERTIFICATION OF VITAL RECORD