This Instrument Prepared by:

THE LAW OFFICES OF
LUVELL L. GLANTON
915 Jefferson Street
Nashville, Tennessee 37208

Davidson County AFFIDAVIT
Recvd: 06/07/02 11:46 2pgs
Fees:12.00 Taxes:0.00
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AFFIDAVIT

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

COMES now **LETYNA A. ROBERTS,** daughter and heir of **LENORA A. HOLMAN PERKINS** in this cause, having been duly sworn, who would state to the court as follows:

1. My name is Letyna A. Roberts. I currently reside at 54 Niagara Ave., Pontiac, MI 48341.

2. My mother, **LENORA A. HOLMAN PERKINS**, died on May 28, 2002. Attached is a copy of the death certificate.

3. I am the sole heir to the Estate of Lenora A. Holman Perkins and as such I am the rightful owner of the property described below:

LAND in Davidson County, Tennessee, being Lot No. 16 on the plan of Timbertrail Section One, of record in Plat Book 5200, Page 205, Register's Office for Davidson County, Tennessee, to which plan reference is hereby made for a more complete description of said lot.

BEING the same property conveyed to Lenora A. Holman by deed from Dorris E. Holman of record in Deed Book 9379, Page 593, Register's Office for Davidson County, Tennessee.

This is improved property known as 4213 Winterbrook Road, Nashville, Davidson County, Tennessee 37207.

WITNESSED this the 7th day of June, 2002.

Letyna A. Roberts
LETYNA A. ROBERTS

Sworn to and subscribed before me on
this 7th day of June, 2002.

WILLIAM

NOTARY PUBLIC
My Commission Expires: 7-30-05

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER: 0202958

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Lenora Antoinette Perkins
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): 05-28-2002
4. SOCIAL SECURITY NUMBER: [redacted]-0209
5a. AGE – LAST BIRTHDAY (Years): 60
6. DATE OF BIRTH: 09-26-1941
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
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)
9a. FACILITY NAME (If not institution, give street and number): St. Thomas Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): Divorced
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.): Metro Housing
12b. KIND OF BUSINESS/INDUSTRY:
13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 4213 WinterBook Road
CENSUS TRACT: 10
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37207
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): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): College (1-4 or 6+): College

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Willie Robert Allen
18. MOTHER'S NAME (First, Middle, Maiden Surname): Mildred Priscilla Allen

INFORMANT

18a. INFORMANT'S NAME (Type/Print): Letyna Roberts
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 54 Nigara Pontica, MI. 48341

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 North Cemetery
20c. LOCATION – City or Town, State: Nashville, Tennessee.
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶Ronald C. Smith Sr.
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4563
21c. SIGNATURE OF EMBALMER: ▶Patrick Tucker
21d. LICENSE NUMBER OF EMBALMER: 5072
22a. NAME AND ADDRESS OF FUNERAL HOME: Holmes Funeral Home 1408 Jo-Johnston Ave.
22b. LICENSE NUMBER OF FUNERAL HOME: 340

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶Robert A Rhodes Jr
24. DATE FILED (Month, Day, Year): June 03, 2002

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: ▶ Markbeuce MD
25b. LICENSE NUMBER: 30403
25c. DATE SIGNED (Month, Day, Year): 5/30/02
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): 4230 Harding Road, suite 400 Nashville, TN 37205

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.	Advanced Hepatocellular cancer	6 weeks
DUE TO (OR AS A CONSEQUENCE OF): b.		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: 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 [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: 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-1658
REV. 1/89

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

Date Issued JUN 3 2002

CERTIFICATION OF VITAL RECORDS