FROM: JACQUELYN RUTH GRAVES
TO: EDNA RUTH GRAVES

Map-Parcel Numbers
091-15-0
232.00

ADDRESS OF NEW OWNER AND SEND TAX BILLS TO:
EDNA RUTH GRAVES
5007 Nevada Avenue
Nashville, TN 37209

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Affiants, Edna Ruth Graves, Larry Glenn Graves, and Ronnie Graves, after first being sworn, states that they are an adult citizens and residents of Tennessee. They further state that Jacquelyn Ruth Graves died May 28, 2002. Her death certificate is attached. The only parent who survived her was affiant, Edna Ruth Graves. Jacquelyn Ruth Graves father, James O. Graves died in December 1996. Affiants, Larry Glenn Graves and Ronnie Graves are the brothers of the deceased, Jacquelyn Ruth Graves. All the affiants state that Jacquelyn Ruth Graves was unmarried at the time of her death and she had no surviving or deceased children. Jacquelyn Ruth Graves died without a will.

Jacquelyn Ruth Graves owned a 20% share of real property located at 5007 Nevada Avenue, Nashville, Tennessee. This property is more fully described as follows:

> Land in Davidson County, Tennessee, being part of Block 17 on the Map of Realty Savings Bank and Trust Company's Revised Plan of West Extension of Charlotte Park Companies First Addition, as of record in Book 421, page 18, Register's Office for said County.
>
> SAID part of Block 17 fronts 50 feet on the southerly side of Nevada, formerly Third Avenue, and runs back between parallel lines, parallel with and 160 feet west of the westerly margin of 50th Avenue North, 150 feet to an alley.
>
> BEING the same property conveyed to Larry Glenn Graves and wife, Beverly Marie Graves (who hold 80% of the property as tenants by the entireties) and Jacquelyn Graves (who hold 20% share of the property) by deed from Larry Glenn Graves and Jacquelyn Ruth Graves, as of record in Book 9046, Page 960.

This Affidavit of Heirship is freely given pursuant to T.C.A. Section 30-2-712, *et seq.* to help establish and reflect the heirship of Edna Ruth Graves with respect to any real or personal property owned by Deceased Jacquelyn Ruth Graves in Davidson County, Tennessee or elsewhere, but particularly the property located at 5007 Nevada Avenue, Nashville, Tennessee.

No title search or survey was conducted in connection with this affidavit.

Further, affiants saith not.

Davidson County AFFIDAVIT
Recvd: 06/20/02 16:10 3pgs
Fees:17.00 Taxes:0.00
20020620-0074846

Affiant, Edna Ruth Graves

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public in and for said county and state, Edna Ruth Graves, 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, at Nashville, Tennessee, this 20th day of June, 2002.

Notary Public

My Commission Expires: 5-13-03

Affiant, Larry Glenn Graves

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public in and for said county and state, Larry Glenn Graves, 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, at Nashville, Tennessee, this 20th day of June, 2002.

Notary Public

My Commission Expires: 5-13-03

Affiant, Ronnie Graves

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public in and for said county and state, Ronnie Graves, 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, at Nashville, Tennessee, this 20th day of June, 2002.

Notary Public

My Commission Expires: 5-13-03

This instrument prepared by:

Beverly D. Fisher
1808 West End Avenue, Suite 1500
Nashville, TN 37203
(615) 320-4353

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0202962

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): Jacquelyn Ruth Graves
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): 05/28/2002
4. SOCIAL SECURITY NUMBER: [redacted]-5080
5a. AGE-LAST BIRTHDAY (Years): 41
5b. UNDER 1 YEAR: MON / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): 3-1-1961
7. BIRTHPLACE (City and State or Foreign Country): Nashville, 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 X ER/Outpatient 3 DOA; OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)
9b. 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): Never Married
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.): Homemaker
12b. KIND OF BUSINESS/INDUSTRY: Home
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 5007 Nevada Ave.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37209
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): 12; College (1-4 or 5+):
NAME OF DECEDENT (To be typed by physician or institution)
17. FATHER'S NAME (First, Middle, Last): James Odell Graves
18. MOTHER'S NAME (First, Middle, Maiden Surname): Edna Ruth Hatcher
19a. INFORMANT'S NAME (Type/Print): Larry Graves
19b. RELATIONSHIP TO DECEASED: Sister
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 5007 Nevada Ave. Nashville, TN 37209
20a. METHOD OF DISPOSITION: 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 X Other (Specify) Entombment
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Woodlawn Mausoleum
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Tim Nicholson
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5316
21c. SIGNATURE OF EMBALMER: ▶ Mike McPherson
21d. LICENSE NUMBER OF EMBALMER: 5401
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn Funeral Home, 660 Thompson Lane Nashville, TN 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 933
23. REGISTRAR SIGNATURE: Helen L. Bowen
24. DATE FILED (Month, Day, Year): June 3, 2002
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
25b. LICENSE NUMBER
25c. DATE SIGNED (Month, Day, Year)
26a. 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 X SIGNATURE AND TITLE OF MEDICAL EXAMINER: ▶ Thomas Deering, MD
26b. LICENSE NUMBER: 28369
26c. DATE SIGNED (Month, Day, Year): 05/29/2002
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): Thomas Deering, M.D.; 850 R.S. Gass Blvd., Nashville, TN 37216; MEC02-1344
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. Saddle pulmonary thromboembolus
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. DUE TO (OR AS A CONSEQUENCE OF):
c. DUE TO (OR AS A CONSEQUENCE OF):
d.
SEE INSTRUCTIONS ON OTHER SIDE
CAUSE OF DEATH
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Morbid obesity
29a. WAS AN AUTOPSY PERFORMED? 1 X Yes 2 No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 X Yes 2 No
30. MANNER OF DEATH: 1 X 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
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)

PH-1859 (REV. 6/99)
BIRTH NO
RDA 1399

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.

JUN 3 2002

John P. Dunn
John P. Dunn
Local Registrar

Date Issued

CERTIFICATION OF VITAL RECORD