Map / Parcel
092-09-243

ALICE MARIE HALL
3200-MEXICO DR
NASHVILLE,TN 37218
HOME PH.615-742-1442
CELL PH.615-423-1442

Davidson County AFFIDAVIT
Recvd: 08/26/02 15:08 2pgs
Fees:12.00 Taxes:0.00
20020826-0103094

AUGUST-22-2002

AFFIDAVIT OF INHERITANCE

TO WHOM IT MAY CONCERN

PLEASE BE ADVISE THAT I,ALICE MARIE HALL,SISTER OF THE LATE OSCAR ROBERTSON,WHO PASSED AWAY ON JUNE 10-2002.WISH TO FILE LEGAL PROCEDURES FOR PURPOSE OF INHERITANCE.TOCHANGE SAID PROPERTY OF 502-36TH AV NORTH FROM THE DECEASED OSCAR ROBERTSON TO ALICE MARIE ROBERTSON HALL,AND OTHER BROTHERS AND SISTERS AS LISTED BELOW.

SISTERS-MARY COLEMAN,RUBY OTEY,GERALDINE THOMPSON,GRACE LIVERMAN

BROTHERS-MULLOY ROBERTSON,WALLACE ROBERTSON,BRADLEY ROBERTSON.

SINCERLY

ALICE MARIE HALL

Alice Marie Hall

STATE OF Tennessee

COUNTY OF Davidson

Personally appeared before, Alice Marie Hall with whom I am personally acquanted, and whom acknowledged that she executed the within instrument for the purpose there in contained.

Witness by hand, at office, this 23rd day of August, 2002

NOTARY PUBLIC AT LARGE

Commission expires Jan 25, 2003

Ramon M Matt

NOTARY PUBLIC

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0203222

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): Oscar Leon Robertson
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): 06/10/2002
4. SOCIAL SECURITY NUMBER (of Decedent): 415-34-7848
5a. AGE-LAST BIRTHDAY (years): 71
5b. UNDER 1 YEAR MOS. DAYS
5c. UNDER 1 DAY HOURS MIN.
6. DATE OF BIRTH (Month, Day, Year): 7/13/1930
7. BIRTHPLACE (City and State or Foreign Country): Charlotte, 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 inpatient, give street and number): 423 36th Avenue North
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): None
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Engineer
12b. KIND OF BUSINESS/INDUSTRY: Westside Hospital
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 502 36th Avenue North
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 [X] No
15. RACE-American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 3; College (1-4 or 5+):

NAME OF DECEDENT — Last, First, Middle (if applicable) for identification

PARENTS

17. FATHER'S NAME (First, Middle, Last): Lemuel Robertson
18. MOTHER'S NAME (First, Middle, Maiden Surname): Robbie Bell Robertson

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Marie Hall
19b. RELATIONSHIP TO DECEASED: Sister
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3200 Mexico 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): Middle Tenn. Veterens Cem.
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Linda D. Johnson
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4063
21c. SIGNATURE OF EMBALMER:
21d. LICENSE NUMBER OF EMBALMER:
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): June 12, 2002

CERTIFIER

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): 06/11/2002

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; MEC02-1449

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. ASCVD and COPD
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.

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 [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
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-1658 (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.

John P. Dunn
John P. Dunn
Local Registrar

Date Issued: JUN 12 2002

CERTIFICATION OF VITAL RECORD