AFFIDAVIT OF INHERITANCE OF REAL ESTATE

THIS INSTRUMENT PREPARED BY: Richard E.Norman, Jr., Atty.
4220 Nolensville Road
Nashville, TN. 37211
(615) 834-4300

Address of New Owner
William Perkins, James M. Perkins, Jerry M. Perkins, John D. Perkins, Robert L. Perkins, Dorothy M. Hassell, Brenda A. Perkins, and Linda E. Thomas
2734 Combs Drive
Nashville, TN. 37207

Send Tax Bills To
Linda E. Thomas

Map & Parcel No
Map 60-13
Par-142
FB#13Da-22925

Davidson County AFFIDAVIT
Recvd: 07/11/03 12:35 5pgs
Fees:27.00 Taxes:0.00
20030711-0096472

PICK-UP

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

The undersigned, being duly sworn, deposes and state: William Perkins, a widower, (see attached wife's death certificate), died on March 11, 2001, at the age of 74, (see attached death certificate), in Nashville, Davidson County, Tennessee. At the time of William Perkins' death, he was the sole owner of the following described real estate. Said property described as follows:

> LAND in Davidson County, Tennessee, being Lot No. 164 on the Plan of Trinity Hills Village, Section II, First Addition, of record in Book 4460, Page 45, Register's Office for said County.
>
> Being the same property conveyed to William Perkins and wife, Willie M. Perkins by Cash Deed from the Department of Housing and Urban Development of record in Book 5109, page 426, Register's Office for Davidson County, Tennessee.
>
> This is improved property known as: 2734 Combs Drive, Nashville, TN. 37207.

The said William Perkins died leaving issues as follows: Williams Perkins, James M. Perkins, Jerry M. Perkins, John D. Perkins, Dorothy M. Hassell, Brenda A. Perkins, and Linda E. Thomas, as his only issues. There being no deceased issue of the said William Perkins, leaving issue.

The said William Perkins died intestate with the affiants herein, receiving all of William Perkins' interest in the above described property by the Laws of Descent and Distribution of the State of Tennessee.

6/30/03
Date

William Perkins

7/1/03
Date

James M. Perkins

7/1/03
Date

Jerry M. Perkins

6-25-03
Date

John D. Perkins

6/30/03
Date

Robert L. Perkins

6/30/03
Date

Dorothy M. Hassell

6/30/03
Date

Brenda A. Perkins

7/1/03
Date

Linda E. Thomas

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public, in and for said County and State, William Perkins, the within named bargainor, with whom I am personally acquainted, and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee, this the 30 day of June, 2003.

Notary Public

My Commission Expires: 9/30/06

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public, in and for said County and State, James M. Perkins, the within named bargainor, with whom I am personally acquainted, and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee, this the 1 day of July, 2003.

Notary Public

My Commission Expires: 9/30/06

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public, for said County and State, Jerry M. Perkins, the within named bargainor, with whom I am personally acquainted with, and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee on this the 1 day of July, 2003.

Notary Public

My Commission Expires: 9/30/06

STATE OF MICHIGAN
COUNTY OF Wayne

Personally appeared before me, the undersigned, a Notary Public, for said County and State, John D. Perkins, the within named bargainor, with whom I am personally acquainted with, and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Detroit, Michigan on this the 25 day of June, 2003.

Marilyn A. Shields
Notary Public

My Commission Expires: 4-29-05

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public, for said County and State, Robert L. Perkins, the within named bargainor, with whom I am personally acquainted with, and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee on this the 30 day of June, 2003.

Maxine Anderson
Notary Public

My Commission Expires: 9/30/06

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public, for said County and State, Dorothy M. Hassell, the within named bargainor, with whom I am personally acquainted with, and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee on this the 30 day of June, 2003.

Maxine Anderson
Notary Public

My Commission Expires: 9/30/06

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public, for and said County and State, Brenda A. Perkins, the within named bargainor, with whom I am personally acquainted with, and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee on this the 30 day of June, 2003.

Maxine Anderson
Notary Public

My Commission Expires: 9/30/06

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public, for and said County and State, Linda E. Thomas, the within named bargainor, with whom I am personally acquainted with, and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee on this the 1 day of July, 2003.

Maxine Anderson
Notary Public

My Commission Expires: 9/30/06

afinh-P1/imatren03#1

Metropolitan Government of Nashville and Davidson County

Bill Purcell, Mayor

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

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 H. Hall REGISTRAR

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): William Perkins
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): 03-11-2001
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-0045
5a. AGE-LAST BIRTHDAY (Years): 74
5b. UNDER 1 YEAR MOS / DAYS
5c. UNDER 1 DAY HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): 07-11-1926
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
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 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 2734 Combs Drive
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.): Pipe Layer
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: 2734 Combs Drive
CENSUS TRACT
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
15. RACE-American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): Secondary; College (1-4 or 5+):
NAME OF DECEDENT (For use by physician or institution)

PARENTS

17. FATHER'S NAME (First, Middle, Last): William Perkins
18. MOTHER'S NAME (First, Middle, Maiden Surname): Mytle Perkins

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Linda Thomas
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 37207 2734 Combs Drive Nashville, Tenn.

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 Main 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: ▶Ronald Stewart
21d. LICENSE NUMBER OF EMBALMER: 3732
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 Rhodes Sr.
24. DATE FILED (Month, Day, Year): March 21, 2001

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: ▶Ralf Fahrmann MD
25b. LICENSE NUMBER: 27476
25c. DATE SIGNED (Month, Day, Year): 3/20/01
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 [ ] 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):

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. Respiratory failure
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. metastatic Cholangiocarcinoma
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

SEE INSTRUCTIONS ON OTHER SIDE

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.: ASCVD, ARF

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-1659 (REV. 6/99)

BIRTH NO.

RDA 1399

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK: 9001055

STATE FILE NUMBER: 90 004426

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Willie Marie PerKins
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): Feb. 18 1990
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted] 3535
5a. AGE – LAST BIRTHDAY (Years): 59
5b. UNDER 1 YEAR – MOS. / DAYS
5c. UNDER 1 DAY – HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Jan. 21, 1931
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 [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): Metro General Hosp.
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): William PerKins
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Housewife 7/14
12b. KIND OF BUSINESS/INDUSTRY: 11-1
13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville 07
13d. STREET AND NUMBER OR RURAL LOCATION: 2734 Combs Drive
CENSUS TRACT
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 0 [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): 11th; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Ellis M. Taylor
18. MOTHER'S NAME (First, Middle, Maiden Surname): Sally Mae Robertson

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Robert PerKins
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2734 Combs Dr. Nashville, TN 37207

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
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ K. Gardner (for)
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2218
21c. SIGNATURE OF EMBALMER: ▶ Delmas Bogus (for)
21d. LICENSE NUMBER OF EMBALMER: 3687
22a. NAME AND ADDRESS OF FUNERAL HOME: K. Gardner and Son Funeral Service, Inc. 1511 Jefferson St., Nashville, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 389

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Mary C. Pentecost
24. DATE FILED (Month, Day, Year): March 8, 1990

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 [X] SIGNATURE AND TITLE OF PHYSICIAN: ▶ Fred Allison, Jr. MD
25b. LICENSE NUMBER: 6416
25c. DATE SIGNED (Month, Day, Year): 3/06/90
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): Fred Allison, Jr., M.D.

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. Non small cell carcinoma of right lung	21 months
	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

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Pleural effusion, right; erysipelas, cellulitis, anemia due to chronic disease

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: 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):

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

Date Issued OCT 12 1999

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD