#6098
Box 13

Prepared by:
Advantage Title and Escrow
3354 Perimeter Hill Drive Suite 142
Nashville, TN 37211

Davidson County AFFIDAVIT
Recvd: 08/05/03 08:48 2pgs
Fees:12.00 Taxes:0.00
20030805-0110595

AFFIDAVIT

Address of New Owner;
Brenda Kaye Hughey
420 Walton Land Unit J-39
Madison, TN 37115

Send Tax Bills To:
OWNER

Map & Parcel:
51-15A-39

STATE OF Tennessee
COUNTY OF DAVIDSON

RE: Death of Billy Don Hughey
Reference deed Book 10221, Page 263

This affidavit is given as a notice to the public and to place the hereinabove referenced property in the fee simple interest of Brenda Kaye Hughey. Billy Don Hughey and wife, Brenda Kaye Hughey obtained title as joint tenants in Book 10221, Page 263, Register's Office for Davidson County, TN. Billy Don Hughey died on 5/18/98 leaving the hereinabove stated property to his wife Brenda Kaye Hughey at his death. Reference the attached death certificate. Exhibit "A"

Witness my hand this the 29th day of July, 2003

Victor Hazelwood

Sworn to and subscribed before me this the 29th, day July, 2003.

Notary Public

Commission Expires:
5-28-2006

BETH TRIPLETT
NOTARY PUBLIC AT LARGE
DAVIDSON COUNTY, TENN.
My Commission Expires MAY 28, 2006

Exhibit "A"

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, 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.

9802593

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPEPRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

HUGHEY, BILLY DON

1. DECEDENT'S NAME (First, Middle, Last): BILLY DON HUGHEY
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): 5/18/98
4. SOCIAL SECURITY NUMBER: [redacted]137
5a. AGE-LAST BIRTHDAY (Years): 49
6. DATE OF BIRTH (Month, Day, Year): 02/19/49
7. BIRTHPLACE (City and State or Foreign Country): Pulaski, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 X No
9a. PLACE OF DEATH (Check only one): 1 Inpatient 2 X E.R./Outpatient 3 DOA 4 Dead on Arrival 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Summit Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Hermitage
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Brenda Kaye Krantz
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Contractor
12b. KIND OF BUSINESS/INDUSTRY: Construction
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Sumner
13c. CITY, TOWN OR LOCATION: Hendersonville
13d. STREET AND NUMBER OR RURAL LOCATION: 716 New Shackle Island Rd.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37075
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No; if Yes, specify Cuban, Mexican, Puerto Rican, etc.) No X
15. RACE - American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12) | College (1-4 or 5+)
17. FATHER'S NAME (First, Middle, Last): William Robert Hughey
18. MOTHER'S NAME (First, Middle, Maiden Surname): Martha Mae Mitchell
19a. INFORMANT'S NAME (Type/Print): Brenda Hughey
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 716 New Shackle Island Rd. Hendersonville, TN 37075
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): Bee Spring Memorial Garden
20c. LOCATION (City or Town, State): Bunker Hill, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Jerry Briggs
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: #4179
21c. SIGNATURE OF EMBALMER: ▶ Robert Bacon
21d. LICENSE NUMBER OF EMBALMER: #3808
22a. NAME AND ADDRESS OF FUNERAL HOME: Cole & Garrett Funeral Homes, Inc. 127 N. Main Street Goodlettsville, TN 37072-0444
22b. LICENSE NUMBER OF FUNERAL HOME: #718
23a. INFORMANT'S SIGNATURE: ▶ Brenda Hughey
24. DATE FILED (Month, Day, Year): ▶ May 21, 1998
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
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 time, and place, and due to the cause(s) and manner as stated. 2 X SIGNATURE AND TITLE OF MEDICAL EXAMINER ▶ John E. Gerber, M.D.
26b. LICENSE NUMBER: 29698
26c. DATE SIGNED (Month, Day, Year): 5/20/98
PHYSICIAN OR MEDICAL EXAMINER RESPONSIBLE FOR COMPLETING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): John E. Gerber, M.D. 84 Hermitage Ave., Nashville TN 37210 MEC98-1124
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. CORONARY ARTERY ATHEROSCLEROSIS
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: EXOGENOUS OBESITY
29a. WAS AN AUTOPSY PERFORMED? 1 X Yes 2 No
29b. DID THE AUTOPSY FURNISH AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 X 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 1600 REV. 2-93