This Instrument Prepared by:

The Law Offices of
LUVELL L. GLANTON
915 Jefferson Street
Nashville, Tennessee 37208

AFFIDAVIT

Davidson County AFFIDAVIT
Recvd: 03/08/05 11:34 2 pgs
Fees:12.00 Taxes:0.00
20050308-0025468

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

COMES now **MARY MUSE PHILLIPS,** wife and heir of **BILLY R. PHILLIPS** in this cause, having been duly sworn, who would state to the court as follows:

1. My name is **Mary Muse Phillips**. I currently reside at 3241 Leawood Drive, Nashville, Davidson County, Tennessee.

2. My husband, **Billy R. Phillips**, died on July 30, 1999. Attached is a copy of the death certificate.

3. I am the surviving spouse and heir to the Estate of Billy R. Phillips and as such I am the rightful owner of the property described below:

Same property conveyed to Mary B. Muse and Billy R. Phillips Book 8 ~~X~~ 8672 Page # 223

LAND in Davidson County, Tennessee, being Lot No. 56 on the Plan of Bordeaux Hills Addition of record in Book 4460, page 9, Register's Office for Davidson County, Tennessee, to which plan reference is hereby made for a more complete and accurate description.

This is improved property known as 3241 Leawood Drive, Nashville, Davidson County, Tennessee.

WITNESSED this the 8th day of March, 2005.

Mary Muse-Phillips
MARY MUSE PHILLIPS

Sworn to and subscribed before me on this 8th day of MARCH, 2005.

Betty Cheney
NOTARY PUBLIC
My Commission Expires: 1/27/07

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.

TYPE/PRINT IN PERMANENT BLACK INK FOR FRACTIONS HANDBOOK

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Billy R. Phillips
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): 07-30-1999
4. SOCIAL SECURITY NUMBER: [redacted]-7492
5a. AGE – LAST BIRTHDAY (Years): 63
5b. UNDER 1 YEAR – MONTHS
5c. UNDER 1 DAY – HOURS / MINUTES
6. DATE OF BIRTH (Month, Day, Year): 09-10-1936
7. BIRTHPLACE (City and State or Foreign Country): Nashville, 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 institution, give street and number): 3241 Leawood
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): Mary Phillips
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Water Services
12b. KIND OF BUSINESS/INDUSTRY:
13a. RESIDENCE – STATE: Tenn.
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 3241 Leawood
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE
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): Secondary; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Robert Phillips
18. MOTHER'S NAME (First, Middle, Maiden Surname): Gladys Stratton

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Mary Muse Phillips
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3241 Leawood

NAME OF DECEDENT For use by physician or institution

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 (West)Cemetery
20c. LOCATION – City or Town, State: Nashville, Tenn.
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: ▶ [signature]
24. DATE FILED (Month, Day, Year): August 9, 1999

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: ▶ [signature]
25b. LICENSE NUMBER: MD 23820
25c. DATE SIGNED (Month, Day, Year): 8/9/99
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):
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print):

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

SEE INSTRUCTIONS ON OTHER SIDE

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. metastatic non-small cell lung cancer
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 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [ ] 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.