Davidson County AFFIDAVIT
Recvd: 03/24/05 12:41 4 pgs
Fees:22.00 Taxes:0.00
20050324-0032097

# AFFIDAVIT OF HEIRSHIP

The Affiant, Glenn H. Grossmann, Jr., being first duly sworn on oath deposes and states as follows:

1. Affiant states that he is of legal age, competent, under no legal disability and has personal knowledge of the facts contained herein by reason of being the surviving son of the decedents.

2. That decedent Glenn H. Grossmann, Sr., and decedent Virginia Walton Grossmann, during their lifetimes were married once and only once, to each other, and that the marriage was terminated by the death of Glenn H. Grossmann, Sr., on March 8, 1989, (Death certificate attached herein) in Davidson County, TN. Virginia Walton Grossmann did not remarry and died on October 20, 2004 in Davidson County, TN, (Death certificate attached herein).

3. During the course of the marriage the parties had three children, each competent and of legal age, namely:

   a. Virginia Grossmann (now Virginia Aust)
   b. Glenn H. Grossmann, Jr.
   c. Anna Grossmann (now Anna Sullivan)

4. Otherwise during their lifetimes, the decedents neither adopted any children nor were any children born out of wedlock.

5. Based on the foregoing, the decedents left surviving as their only heirs, the following, all of whom survived the Decedents and are of legal age and mentally competent:

   a. Virginia Aust
   b. Glenn H. Grossmann, Jr.
   c. Anna Sullivan

6. Upon the death of decedent Glenn H. Grossmann, Sr., on March 8, 1989, his entire estate, both real and personal, was given, devised and bequeathed to his surviving wife, the decedent, Virginia Walton Grossmann, pursuant to a validly executed self-proving Last Will and Testament. At the time of decedent Glenn H. Grossmann, Sr.'s death, he and the decedent Virginia Walton Grossmann, were lawfully seized and possessed of real property in fee simple, located at 310 Rosebank Avenue, Nashville, TN 37026.

7. Upon the death of decedent Virginia Walton Grossmann, on October 20, 2004, her entire estate, both real and personal, was given, devised and bequeathed to her children, Virginia Aust, Glenn H. Grossmann, Jr. and Anna Sullivan, pursuant to a validly executed self-proving Last Will and Testament. At the time of decedent Virginia Walton Grossmann's death, she was lawfully seized and possessed of real property in fee simple, located at 310 Rosebank Avenue, Nashville, TN 37026 and further described below as a parcel of real estate which was last recorded in the Register of Deed's Office in Davidson County, TN on October 14, 1946, in Deed Book 1417 Page 566, described as follows:

Being part of Lot No. 51 on the plan of Brownsville, as of Record in Book 21, Page 9, Register's Office for said county, described as follows:

Beginning on the northerly margin of Rosebank Avenue, formerly Division Street at the southwest corner of Lot 51; thence with the northerly margin of said street eastwardly 105 feet to the southwest corner of a lot conveyed to Edna T. Parks by deed from Obie J. Doubleday, et. al., of Record in Book 670 Page 239, said Register's Office; thence with Parks westerly line, northerly 167 feet to the
northwest corner of Parks property; thence with said north line eastwardly 55 feet to parks northeast corner; thence northwardly 167 feet to the southerly margin of Greenwood Avenue; thence with the southerly margin of said avenue westwardly 160 feet; thence southwardly 334 feet to the northerly margin of Rosebank Avenue, the point of Beginning.

Being the same property conveyed to William A. Walton by Deed from Julian B. Walton and Wife, of Record in Book 1392, Page 144, said Register's Office.

8. Pursuant to the Last Will and Testament of decedent Virginia Walton Grossmann, and the laws of Davidson County and the laws of the state of Tennessee, the property located at 310 Rosebank Avenue, Nashville, TN 37026 is now owned in fee simple, in equal shares, by:

   a. Virginia Aust of 811 East Campbell Road, Madison, TN,
   b. Glenn H. Grossmann, Jr., 159 Governors Way, Brentwood, TN, and
   c. Anna Sullivan, 1406 Devens Drive, Brentwood, TN; and their heirs and assigns forever.

Further Affiant saith naught.

Glenn H. Grossmann, Jr., Affiant
March 17, 2005

State of Tennessee, Williamson County

Sworn to and subscribed before me, Elicia Canaday a Notary Public in and for said County and State, personally appeared the above named Affiant, Glenn H. Grossmann, Jr., with whom I am personally acquainted, and who acknowledged that he voluntarily signed the above affidavit as his own free act and deed on this 17th day of March, 2005.

ELICIA D. CANADAY NOTARY PUBLIC AT LARGE WILLIAMSON COUNTY, TN

Elicia Canaday
Notary Public

Prepared by: Caroline N. Grossmann, Attorney
433 Forest Park Circle, Franklin, TN 37064
615/794-0153

***Metropolitan Government of Nashville and Davidson County***

**Bill Boner, Mayor**

FREDIA S. WADLEY, M.D.
LOCAL REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON [illegible]

MAR 21 [illegible]

Fredia S. Wadley M.D.

**METROPOLITAN HEALTH DEPARTMENT**
**311 23rd AVENUE, NORTH**
**NASHVILLE, TENNESSEE 37203**
**(615) 327-9313**

**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 INSTRUCTIONS SEE HANDBOOK

3901180

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

## CERTIFICATE OF DEATH

STATE FILE NUMBER

**DECEDENT**

1. DECEDENT'S NAME (First, Middle, Last): GLENN HUBERT GROSSMANN
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): March 8, 1989
4. SOCIAL SECURITY NUMBER (If Deceased): [redacted]-1057
5a. AGE – LAST BIRTHDAY (Years): 75
5b. UNDER 1 YEAR – MOS / DAYS
5c. UNDER 1 DAY – HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): Dec. 9, 1913
7. BIRTHPLACE (City and State or Foreign Country): Milwaukee, Wisconsin
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): Vanderbilt Hospital
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): Virginia Walton
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Commercial Artist
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: 310 Rosebank Ave.
CENSUS TRACT: 8
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37206
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): College (1-4 or 5+): 2

NAME OF DECEDENT For use by physician or institution

**PARENTS**

17. FATHER'S NAME (First, Middle, Last): Hubert Grossman
18. MOTHER'S NAME (First, Middle, Maiden Surname): Anna Ostendorf

**INFORMANT**

19a. INFORMANT'S NAME (Type/Print): Virginia W. Grossmann
19b. RELATIONSHIP TO DECEASED: wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 310 Rosebank Ave. Nashville, TN 37206

**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): Malloys Cemetery
20c. LOCATION – City or Town, State: Thomasville Community, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Tommy K Bell
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 1969
21c. SIGNATURE OF EMBALMER: ▶ Paul E. Lambert
21d. LICENSE NUMBER OF EMBALMER: 3555
22a. NAME AND ADDRESS OF FUNERAL HOME: Austin & Bell Funeral Home, 509 Walnut St. Springfield, TN 37172
22b. LICENSE NUMBER OF FUNERAL HOME: 91

**REGISTRAR**

23. REGISTRAR'S SIGNATURE: ▶ Mary C. Pentecost
24. DATE FILED (Month, Day, Year): Mar. 20, 1989

**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 ▶
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 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER ▶ Gretel C. Harlan M. D.
26b. LICENSE NUMBER: 8872
26c. DATE SIGNED (Month, Day, Year): 3/14/89

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): Gretel C. Harlan, M.D. 84 Hermitage Ave.,Nashville, TN 37210-2110

**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. INTRACEREBRAL HEMORRHAGE
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: Hypertensive Cardiovascular Disease

29a. WAS AN AUTOPSY PERFORMED? 1 [X] Yes 2 [ ] 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):

BIRTH NO

PH-1059
(REV. 1-88)

202-06-002

METROPOLITAN GOVERNMENT OF
NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0405700

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): Virginia Glenn Grossmann
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): October 20,2004
4. SOCIAL SECURITY NUMBER: 414-15-2932
5a. AGE-LAST BIRTHDAY: 92
6. DATE OF BIRTH: Sept.20,1912
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 [X] Inpatient 2 ER/Outpatient 3 DOA; OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not hospitalization, give street and number): Centennial Medical Center
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.): Housewife
12b. KIND OF BUSINESS/INDUSTRY:

5

CENSUS TRACT

13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN, OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 310 Rosebank Avenue
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37206
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes [ ] 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+): 4

NAME OF DECEDENT Pre-use by physician or medical examiner

PARENTS

17. FATHER'S NAME (First, Middle, Last): Julian Baker Walton
18. MOTHER'S NAME (First, Middle, Maiden Surname): Angy Brewer

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Virginia Aust
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 811 E.Campbell Rd.Madison,Tn.37115

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): Mallory UMC Cemetery
20c. LOCATION-City or Town, State: Thomasville,Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ R. Dwight Bennison
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4708
21c. SIGNATURE OF EMBALMER: ▶ Adam Rodgers
21d. LICENSE NUMBER OF EMBALMER: 4622
22a. NAME AND ADDRESS OF FUNERAL HOME: Forest Lawn Funeral Home 1150 Dickerson Road Goodlettsville,Tn. 37072
22b. LICENSE NUMBER OF FUNERAL HOME: 927

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Robert W. Rhodes Jr
24. DATE FILED (Month, Day, Year): October 26,2004

PHYSICIAN

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 [X] SIGNATURE AND TITLE OF PHYSICIAN: ▶ [signature]
25b. LICENSE NUMBER: 00024480
25c. DATE SIGNED (Month, Day, Year): 10/25/04

MEDICAL EXAMINER

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): Dr. David Allen, 2400 Patterson St. Nashville, TN

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Ventricular Tachycardia / Arrest — Approximate Interval Between Onset and Death: 6 hrs.
DUE TO (OR AS A CONSEQUENCE OF):
b. Congestive heart failure — 6 yrs
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

SEE INSTRUCTIONS ON OTHER SIDE

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 [X] 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 [X] 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-1050 (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.

Tonya N Ruttlen
Tonya N Ruttlen
Local Registrar

Date Issued: OCT 26 2004

CERTIFICATION OF VITAL RECORD