AFFIDAVIT OF HEIRSHIP

This Instrument was prepared by: Dan R. Alexander, Attorney at Law, 2016 8th Avenue South Nashville, Tennessee 37204 Tel. (615)- 297-0097		
ADDRESS NEW OWNER(S) AS FOLLOWS: **Terry M. Alexander, Dan R. Alexander, Jimmy Wayne Alexander, Sandra Dean Alexander Graves, Thomas Albert Alexander, Sheila Ann Alexander, Raymond H. Alexander**	SEND TAX BILLS TO: **SAME**	MAP-PARCEL NUMBERS **Map 93-11**
(NAME)	(NAME)	**Parcel 153**
(ADDRESS) **5412 Country Drive, Nashville, TN 37201**	(ADDRESS)	
(CITY) (STATE) (ZIP)	(CITY) (STATE) (ZIP)	

RE:

Being the south one-half of Lot No. 7 on the Map of William Campbell's Addition to South Nashville, as of record in Book "U", pages 682 and 683 Register's Office for Davidson County, Tennessee

Being the same property to James O. Alexander by Knox and Gladys Phillips on April 14, 1967 by deed of record in Book 4167, Page 798 Register's Office for Davidson County, Tennessee.

Being part of the property which is the subject of an Affidavit of Heirship of record in Book 6204, page 673 Register's Office for Davidson County, Tennessee.

This real property is unimproved real property located at 711 Second Avenue South, Nashville, Tennessee.

State of Tennessee)
County of Davidson)

Affiant, being first duly sworn according to law, deposes and says:

1. That he is the son of the late James O. Alexander and Mary Alice Alexander and that he was born of the bodies of James O. Alexander and Mary Alice Alexander on the 8 day of 8 1944

2. That James O. Alexander died in Davidson County, Tennessee on the 8th day of March 1982 seized of the above described property.

3. That at the time of the death of James O. Alexander, the said James O. Alexander had (7) children and a wife who were his only living heirs and they are namely: Mary

Davidson County AFFIDAVIT
Recvd: 05/12/05 12:36 3 pgs
Fees:17.00 Taxes:0.00
20050512-0053734

Alice Alexander, Jimmy Wayne Alexander, Raymond Henry Alexander, Thomas Albert Alexander, Dan Richard Alexander, Sandra Dean Alexander Graves, Terry M. Alexander

and Sheila Ann Alexander Delk. James O. Alexander died intestate and had no other children born of his body or legally adopted and no other lawful heirs or legatees.

4. Mary Alice Alexander died intestate on June 11, 1993 leaving as her only lawful heirs: Jimmy Wayne Alexander, Raymond Henry Alexander, Thomas Albert Alexander, Dan Richard Alexander, Sandra Dean Alexander Graves, Terry Mack Alexander and Sheila Ann Alexander Delk, all being living adult children born of her body. These named children are all adult living children and are the only heirs or legatees of the late Mary Alice Alexander. These named heirs are the only lawful heirs or legatees and the only persons who have any interests in the real property.

5. The interests of Sheila Ann Alexander Delk to Dan R. Alexander and Wife Suzanne M. Alexander by Warranty Deed on January 19, 1986 of record in Book 6769, Page 90 Register's Office for Davidson County, Tennessee.

6. Affiant is living at the time of the making and filing this Affidavit.

FURTHER AFFIANT SAITH NOT

Thomas Albert Alexander

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned authority, a Notary Public in and for said County and State, the within named Thomas Albert Alexander, the bargainor(s), with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at office this 2 day of May 2005.

My Commission Expires: MY COMMISSION EXPIRES: MAY 30, 2007

Notary Public

LINDA ALEXANDER NOTARY PUBLIC AT LARGE STATE OF TENNESSEE

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

9303098

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last): MARY ALICE ALEXANDER
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): JUNE 11, 1993
4. SOCIAL SECURITY NUMBER: [redacted]-3361
5a. AGE—LAST BIRTHDAY (Years): 69
5b. UNDER 1 YEAR: months
5c. UNDER 1 DAY: hours / min
6. DATE OF BIRTH (Month, Day, Year): JUNE 26,1923
7. BIRTHPLACE (City and State or Foreign Country): DICKSON, 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 [X] ER/Outpatient 3 DOA; OTHER 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): SOUTHERN HILLS HOSPITAL
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): SEAMSTRESS
12b. KIND OF BUSINESS/INDUSTRY: MAY HOSIERY MILLS
13a. RESIDENCE—STATE: TENN.
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 3010 NOLENSVILLE ROAD
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37211
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): 12; College (1-4 or 5+):
NAME OF DECEDENT (For use by physician or medical examiner)
17. FATHER'S NAME (First, Middle, Last): ALBERT BOAZ SENSING
18. MOTHER'S NAME (First, Middle, Maiden Surname): IRENE KEPHART
INFORMANT
19a. INFORMANT'S NAME (Type/Print): RAY ALEXANDER
19b. RELATIONSHIP TO DECEASED: SON
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4409 DOWDY DRIVE, ANTIOCH, TN 37013
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): WOODLAWN CEMETERY
20c. LOCATION—City or Town, State: NASHVILLE, TN
FUNERAL DIRECTOR
21a. SIGNATURE OF FUNERAL DIRECTOR: Herman Potts
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 1600
21c. SIGNATURE OF EMBALMER: Bruce D. Winingham
21d. LICENSE NUMBER OF EMBALMER: 4172
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODBINE FUNERAL HOME, INC. 3620 NOLENSVILLE ROAD, NASHVILLE, TN 37211
22b. LICENSE NUMBER OF FUNERAL HOME: 396
REGISTRAR
23. REGISTRAR'S SIGNATURE: Mary C. Pentecost
24. DATE FILED (Month, Day, Year): June 18, 1993
PHYSICIAN
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)
MEDICAL EXAMINER
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: Julia C. Goodin MD
26b. LICENSE NUMBER: 16308
26c. DATE SIGNED (Month, Day, Year): 6/17/93
PHYSICIAN OR MEDICAL EXAMINER: FOLLOWING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Julia C. Goodin, M.D., 84 Hermitage Ave., Nashville, TN 37210-2110
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. PNEUMONIA and MALNUTRITION
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: Chronic Ethanolism and Chronic Obstructive Pulmonary 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 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: 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)
MRFINID:

TN-1000 REV. 1/88

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 Y. Ruttlen
Local Registrar

Date Issued APR 2 6 2005

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

CERTIFICATION OF VITAL RECORD