Prepared By:
Lovell Glanton

AFFIDAVIT OF HEIRSHIP

Davidson County AFFIDAVIT
Recvd: 08/10/06 13:05 3 pgs
Fees:17.00 Taxes:0.00
20060810-0098642

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

COMES now **MARY E. SPANN,** daughter and heir of **OMEGA GILBERT COLLIER** in this cause, having been duly sworn, who would state to the court as follows:

1. My name is **MARY E. SPANN**. I currently reside at 1006 33rd Avenue North, Nashville, Davidson County, Tennessee.

2. My mother, **OMEGA GILBERT COLLIER**, died on December 2, 2000. Attached is a copy of the death certificate.

5. I am the only surviving heir to the Estate of **OMEGA GILBERT COLLIER**, and as such I am the rightful owner of the property described below:

Being the southerly 47-1/2 feet of Lot No. 17 of Block 32 on the Plan of Midway as of record in Book 421, page 11 of the Register's Office for Davidson County, Tennessee. Said 47-1/2 feet of said lot No. 17 fronts on the easterly side of 33rd Avenue North and extends back easterly between parallel lines 150 feet to an alley, and is the same property conveyed to Joe B. Gilbert and wife, Leighton Gilbert by deed from Charlie Hale and wife, Nella Hale, of record in Book 848, page 132, of the Register's Office for Davidson County, Tennessee.

This is improved property known as 1006 33rd Avenue North, Nashville, Davidson County, Tennessee.

WITNESSED this the 10th day of August, 2006.

Mary E. Spann
MARY E. SPANN

Sworn to and subscribed before me on
this 10th day of August, 2006.

Lovell L. Glanton
NOTARY PUBLIC
My Commission Expires: 5/23/2009

LOVELL L. GLANTON NOTARY PUBLIC AT LARGE

IN WITNESS WHEREOF, I have hereunto set my hand this the 10th day of August, 2006.

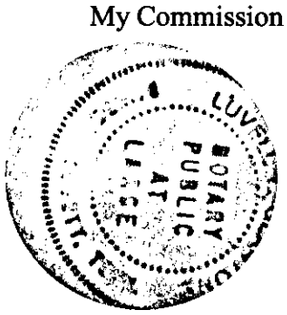
MARY E. SPANN
Social Security No: [redacted]-9684
Date of Birth: January 13, 1942

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Sworn to and Subscribed before me this
10th day of August, 2006.

NOTARY PUBLIC

My Commission Expires: 5/23/2009



Metropolitan Government of Nashville and Davidson County

Bill Purcell, Mayor

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

DEC 14 2000

*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 F. Lennox REGISTRAR

0006685

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): OMEGA GILBERT COLLIER
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): December 2, 2000
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-6498
5a. AGE-LAST BIRTHDAY (Years): 77
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Min.
6. DATE OF BIRTH (Month, Day, Year): 12/18/1922
7. BIRTHPLACE (City and State or Foreign Country): Giles County, 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 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.): Housewife
12b. KIND OF BUSINESS/INDUSTRY: Home
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1006 33rd Ave North
CENSUS TRACT: 8
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37209
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Specify, if yes: Yes [ ] No [X]
15. RACE-American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): ; College (1-4 or 5+):

NAME OF INFORMANT (To be completed by physician or medical examiner)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Joe Gilbert
18. MOTHER'S NAME (First, Middle, Maiden Surname): Leighton Garrison

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Mary Spann
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1006 33rd Ave North Nashville, TN 37209

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: ▶ Melvin J. Smith
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4502
21c. SIGNATURE OF EMBALMER: ▶ Rebecca Ali
21d. LICENSE NUMBER OF EMBALMER: 5143
22a. NAME AND ADDRESS OF FUNERAL HOME: SMITH BROTHERS FUNERAL DIRECTORS, INC 706 Monroe Street Nashville, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 809

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Marvin L. Jones
24. DATE FILED (Month, Day, Year): December 13, 2000

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: ▶ Darryl Jordan MD
25b. LICENSE NUMBER: MD21727
25c. DATE SIGNED (Month, Day, Year): 12/12/00
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): Darryl Jordan,M.D.,Metropolitan Nashville General Hospital,Nashville,TN 37208

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.

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Anoxic Brain Injury
DUE TO (OR AS A CONSEQUENCE OF): b. Aspiration Pneumonia
DUE TO (OR AS A CONSEQUENCE OF): c. Hypertension
DUE TO (OR AS A CONSEQUENCE OF): d. Cardiogenic Shock.

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

Approximate Interval Between Onset and Death:

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: Natural [ ] Pending Investigation; Accident [ ]; Suicide [ ] Could not be determined; Homicide [ ]
31a. DATE OF INJURY (Month, Day, Year):
31b. TIME OF INJURY:
31c. INJURY AT WORK? Yes [ ] 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):

4-1659 (REV. 6/96)

BIRTH NO.

RDA 1659