Davidson County AFFIDAVIT
Recvd: 08/22/06 12:30 3 pgs
Fees:17.00 Taxes:0.00
20060822-0103379

AFFIDAVIT OF HEIRSHIP

New Owner	Send Tax Bills To:	Map/par No.
Sherry Waller Beard **1024 10th Avenue North** **Nashville, Tennessee 37208**	**same**	**Map 82-16-213**

In Re: a certain tract or parcel of land in Davidson County, Tennessee, described as follows:

Land Lying in Davidson County, Tennessee, being Lot No. 7 on the plan of Haslan's Addition to Nashville, of record in Book 21, Page 17, Registers Office of Davidson County, Tennessee.

Said Lot fronts 44 ½ feet on the easterly side of 10th Avenue North formerly Belleville Street, and runs back 153 feet, on the Southerly line and 154 ½ feet on the northerly line to an alley and shows 40 feet on said alley.

Being the same property conveyed to the Metropolitan Development and housing Agency by Deed dated June 20, 1996 and filed for record on June 20, 1996 in Book 10093, Page 158, Registers Office for Davidson County, Tennessee.

Being the same property conveyed to Larry D. Waller by Warranty Deed from Metropolitan Housing Agency on May 29, 2003 of record in 20030813-0116616 Registers Office for Davidson County, Tennessee. Larry Waller having since died on January 20, 2005 and his estate being entered for Probate in the Probate Court of Davidson County pursuant to a Small Estate Affidavit entered under docket number 05P-758 on May 17, 2005.

This is improved property known as 1024 10th Avenue North, Nashville, Davidson County, Tenn. 37208.

Comes now, Patricia Malone,, sister of the late Larry D. Waller, Administrator of his Estate, and after first being duly sworn according to law, attests and states as follows:

1. Affiant is the sister of the late Larry D. Waller.

2. Larry D. Waller died intestate in Nashville, Davidson County, Tennessee on the 20th day of January 2005. His Certificate of Death is attached hereto as an Exhibit to this Affidavit of Heirship.

3. The Estate of Larry D. Waller was admitted for Probate in the Seventh Circuit Court of Davidson County, Tennessee under docket number 05P-758.

4. At the time of his death on January 20, 2005, Larry D. Waller was survived by three (3) sisters, to wit:

Patricia Malone of 2206 White Avenue, Nashville, Tennessee 37204
Frances Arlene Hayes of 936 11th Avenue North, Nashville, Tennessee 37208
Sherry Waller Beard of 1024 10th Avenue North, Nashville, Tennessee 37208

5. The deceased, Larry D. Waller was not married and had no children born of his body or adopted. The mother and father of Larry D. Waller was and are deceased at the time of his death on January 20, 2005.

5. The only lawful heirs to the Estate of the late Larry D. Waller are his three (3) sisters:

Patricia Malone of 2206 White Avenue, Nashville, Tennessee 37204
Frances Arlene Hayes of 936 11th Avenue North, Nashville, Tennessee 37208
Sherry Waller Beard of 1024 10th Avenue North, Nashville, Tennessee 37208

6. All interest in the real property above described vested in the three (3) sisters of Larry D. Waller: Patricia Malone; Frances Arlene Hayes; and Sherry Waller Beard.

7. **FURTHER AFFIANT SAITH NOT.**

x Patricia St Malone
Patricia Malone

State of Tennessee)
County of Davidson)

Personally appeared before me, the undersigned authority, a Notary Public in and for the within named Patricia Malone, 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 25th day of July 2006.

My Commission Expires: 8-25-2007

Janice Boone
Notary Public

This Instrument prepared by:
Dan R. Alexander
Attorney at Law
2016 8th Avenue South
Nashville, Tennessee 37204
Tel 297-0097

JANICE BOONE
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0507224

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): CARLENE WALLER BUGGS
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): DECEMBER 30, 2005
4. SOCIAL SECURITY NUMBER (of Deceased): 412-50-6701
5a. AGE LAST BIRTHDAY (Years): 73
5b. UNDER 1 YEAR: Mon. / Days
5c. UNDER 1 DAY: Hours / Min.
5. DATE OF BIRTH (Month, Day, Year): APR 3 1932
7. BIRTHPLACE (City and State or Foreign Country): CLARKSVILLE, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): 1 [X] Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, 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): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): ROBERT BUGGS
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): HOUSEKEEPING SUPERVISOR
12b. KIND OF BUSINESS/INDUSTRY: DENTAL COLLEGE
13a. RESIDENCE-STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 1024 10th AVENUE, NORTH
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 No
13f. ZIP CODE: 37208
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.): Yes O [X] No
15. RACE-American Indian, Black, White, etc. (Specify): 37208
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 11 College (1-4 or 5+)

NAME OF DECEDENT TO BE ENTERED ON PREMISES

PARENTS

17. FATHER'S NAME (First, Middle, Last): EDGAR WALLER
18. MOTHER'S NAME (First, Middle, Maiden Surname): NANCY NICHOLS

INFORMANT

19a. INFORMANT'S NAME (Type/Print): PATRICIA MALONE
19b. RELATIONSHIP TO DECEASED: DAUGHTER
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2206 WHITE AVENUE NASHVILLE, TN 37204

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: ▶ [signature]
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 450-3
21c. SIGNATURE OF EMBALMER: ▶ TONYA HAYNES
21d. LICENSE NUMBER OF EMBALMER: 5682
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: ▶ [signature]
24. DATE FILED (Month, Day, Year): January 4, 2006

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.
SIGNATURE AND TITLE OF PHYSICIAN: ▶ BENJAMIN TURNER WILKERSON, MD
25b. LICENSE NUMBER: 36203
25c. DATE SIGNED (Month, Day, Year): 1/4/06
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):

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. CARDIORESPIRATORY ARREST — DUE TO (OR AS A CONSEQUENCE OF): — Approximate Interval Between Onset and Death: 20 DAYS

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST:
b. ASPIRATED PNEUMONIA — DUE TO (OR AS A CONSEQUENCE OF): — 20 DAYS
c. DYSPHAGIA — DUE TO (OR AS A CONSEQUENCE OF):

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 M 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-1629 (REV. 6-99)

BIRTH NO

RDA 1396

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
Tonya Y. Ruttlen
Local Registrar

JAN 04 2006
Date Issued

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

METROPOLITAN GOVERNMENT NASHVILLE AND DAVIDSON COUNTY TENNESSEE

CERTIFICATION OF VITAL RECORD