Davidson County AFFIDAVIT
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Fees:22.00 Taxes:0.00
20061206-0150601

This instrument prepared by:
W. FAYE NOVELLY, BPR #019523
UAW Legal Services Plan
100 Stephen P. Yokich Parkway
P.O. Box 1797
Spring Hill, TN 37174-1797

Map 91-7, Parcel 208.0

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Comes now your Affiant, GLENDA DARLENE DEMUMBRA, and having first been duly sworn according to law, and pursuant to *Tennessee Code Annotated* § 30-2-712, deposes and states as follows:

1. My name is GLENDA DARLENE DEMUMBRA, and I am an adult citizen and resident Davidson County, State of Tennessee, residing at 9009 Sawyer Brown Road, Nashville, Tennessee, and I am the daughter of GEORGIA MAE DEMUMBRA and the duly appointed Administratrix of the Estate of Georgia Mae Demumbra, Seventh Circuit Court of Davidson County, Tennessee (Probate Division), Docket No. 06P-991.

2. GEORGIA MAE DEMUMBRA, a resident of Davidson County, State of Tennessee, who died the 9th day of April, 2006, having been predeceased by her husband and my father, ANDREW JACKSON DEMUMBRA, who died on the 8th day of October, 2005, held a fee simple interest in the following described real property located in Davidson County, Tennessee:

> Land in Davidson County, Tennessee, being lots Nos. 1310 and 1312 of Block No. 182, Plan No. 1, West Nashville, as of record in book 57, pages 74 and 75, Register's Office for said County.
>
> Said lots Nos. 1310 and 1312 front 25 feet each on the southerly side of Kentucky Avenue and run back between parallel lines 150 feet to an alley.
>
> BEING the same property conveyed to ANDREW JACKSON DEMUMBRA and wife, GEORGIA MAE DEMUMBRA, by deed from PEOPLES REALTY COMPANY, INC., of record in Book 2400, Page 311, Register's Office for Davidson County, Tennessee.

This is improved property commonly known as 5405 Kentucky Avenue, Nashville, Tennessee 37209.

3. GEORGIA MAE DEMUMBRA died without a surviving spouse.

4. To the best of my knowledge and information, the following are the names, relationship to the Decedent, and the last known addresses of all of the heirs at law of GEORGIA MAE DEMUMBRA:

Glenda Darlene Demumbra (daughter)	9009 Sawyer Brown Road Nashville, Tennessee 37221
Randall Dwight Demumbra (son)	8016 Regency Drive Nashville, Tennessee 37221
Rickie Rae Demumbra (son)	5405 Kentucky Avenue Nashville, Tennessee 37209
Vickie Lee Stanfield (daughter)	5501 Tennessee Avenue Nashville, Tennessee 37209
John David Demumbra (son)	5405 Kentucky Avenue Nashville, Tennessee 37209

5. There are no debts or encumbrances remaining that are or might become a lien on the interest in the described real estate.

6. Tenn. Code Ann. § 67-4-409(a)(3)(D) exempts this instrument from tax and Tenn. Code Ann. § 67-4-409(a)(5) further provides the valuation oath is unnecessary, this affidavit being used to evidence transfer of title to the property to a surviving tenant by the entirety.

FURTHER AFFIANT SAYETH NOT.

WITNESS my hand this the 4th day of December, 2006.

Glenda Darlene Demumbra

GLENDA DARLENE DEMUMBRA

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared Glenda Darlene Demumbra, the within named bargainor, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person described in the foregoing, who signed, sealed and delivered the foregoing instrument in my presence, and who, upon oath, acknowledged that she executed the foregoing instrument for the purposes therein contained as her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said County, on this 4th day of December 2006.

FAYE S. KELLY NOTARY PUBLIC AT LARGE WILLIAMSON COUNTY, TN

Faye Nobelly

NOTARY PUBLIC

My Commission Expires: 1/26/2008

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0505607

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)	2. SEX	3. DATE OF DEATH (Month, Day, Year)
Andrew Jackson Demumbra	Male	October 8, 2005

4. SOCIAL SECURITY NUMBER (or Decedent)	5a. AGE-LAST BIRTHDAY (Years)	5b. UNDER 1 YEAR MOS.	5b. UNDER 1 YEAR DAYS	5c. UNDER 1 DAY HOURS	5c. UNDER 1 DAY MIN.	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)
[redacted]-6212	79					Jan. 31, 1926	Davidson County, Tennessee

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No

8a. PLACE OF DEATH (Check only one)
HOSPITAL: 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA
OTHER: 4 [ ] Nursing Home 5 [ ] Residence 8 [ ] Other (Specify)

8b. FACILITY NAME (If not institution, give street and number)	8c. CITY, TOWN, OR LOCATION OF DEATH	8d. COUNTY OF DEATH
Centennial Medical Center	Nashville	Davidson

10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify)	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.)	12b. KIND OF BUSINESS/INDUSTRY
Married	Georgia Ragsdale	Welder	Tenn Metal Culvert Company

13a. RESIDENCE-STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER OR RURAL LOCATION
Tennessee	Davidson	Nashville	5405 Kentucky Avenue

CENSUS TRACT

13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.)	15. RACE-American Indian, Black, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed)	
				Elementary/Secondary (0-12)	College (1-4 or 5+)
1 [X] Yes 2 [ ] No	37209	Specify, if yes: 1 [ ] Yes 2 [X] No	White	6	

PARENTS

17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden Surname)
James Alfred Demumbra	Unknown

INFORMANT

19a. INFORMANT'S NAME (Type/Print)	19b. RELATIONSHIP TO DECEASED	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
Randy Demumbra	Son	8016 Regency Drive Nashville, Tennessee 37221

DISPOSITION

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION-City or Town, State
1 [X] Burial 2 [ ] Cremation 3 [ ] Removed from State 4 [ ] Donation 5 [ ] Other (Specify)	Harpeth Hills Memory Gardens	Nashville, Tennessee

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER OF FUNERAL DIRECTOR	21c. SIGNATURE OF EMBALMER	21d. LICENSE NUMBER OF EMBALMER
▶ Jeff Plunk	4427	▶ Stephen Murphy	4169

22a. NAME AND ADDRESS OF FUNERAL HOME	22b. LICENSE NUMBER OF FUNERAL HOME
West Harpeth Funeral Home and Crematory 6962 Charlotte Pike, Nashville, Tennessee 37209	1016

REGISTRAR

23. REGISTRAR'S SIGNATURE	24. DATE FILED (Month, Day, Year)
▶ [signature]	October 11, 2005

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	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 date and place, and due to the cause(s) and manner as stated.

2 [X] SIGNATURE AND TITLE OF MEDICAL EXAMINER	26b. LICENSE NUMBER	26c. DATE SIGNED (Month, Day, Year)
▶ [signature]	31292	10/08/2005

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)
Amy R. McMaster, M.D.; 850 R.S. Gass Blvd., Nashville, TN 37216; MEC05-3129

CAUSE OF DEATH

29. 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. Ischemic cardiovascular disease	
	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

Fractures due to fall, renal insufficiency, diabetes mellitus

28a. WAS AN AUTOPSY PERFORMED?	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
1 [ ] Yes 2 [X] No	1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH	31a. DATE OF INJURY (Month, Day, Year)	31b. TIME OF INJURY	31c. INJURY AT WORK?	31d. DESCRIBE HOW INJURY OCCURRED
1 [ ] Natural 5 [ ] Pending Investigation 2 [X] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide	09/09/2005		1 [ ] Yes 2 [X] No	Fell

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)
Residence	5405 Kentucky Avenue, Nashville, TN

PH-1659 (REV. 8/95)

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 Y Ruttlen
Tonya Y Ruttlen
Local Registrar

OCT 11 2005
Date Issued

CERTIFICATION OF VITAL RECORD

METROPOLITAN GOVERNMENT OF
NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0601944

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): Georgia Mae Demumbra
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): April 9, 2006
4. SOCIAL SECURITY NUMBER: [redacted]-0901
5a. AGE-LAST BIRTHDAY (Years): 80
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Feb. 12, 1926
7. BIRTHPLACE (City and State or Foreign Country): Davidson County, 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 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)): 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.): Clerk
12b. KIND OF BUSINESS/INDUSTRY: Medical
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 5405 Kentucky Avenue
CENSUS TRACT
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.) Yes [ ] No [X]. 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): 8; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Glen Ragsdale
18. MOTHER'S NAME (First, Middle, Maiden Surname): Bessie Freeman

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Randy Demumbra
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 8016 Regency Drive Nashville, Tennessee 37221

NAME OF DECEDENT: Please 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): Harpeth Hills Memory Gardens
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▸ Michael P. Dalphe
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5352
21c. SIGNATURE OF EMBALMER: ▸ Michael P. Dalphe
21d. LICENSE NUMBER OF EMBALMER: 5353
22a. NAME AND ADDRESS OF FUNERAL HOME: West Harpeth Funeral Home and Crematory 6962 Charlotte Pike, Nashville, Tennessee 37209
22b. LICENSE NUMBER OF FUNERAL HOME: 1016

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▸ Tonya Y Ruttlen
24. DATE FILED (Month, Day, Year): April 11, 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.
1 SIGNATURE AND TITLE OF PHYSICIAN: ▸ F. Karl Van Devender
25b. LICENSE NUMBER: MD 014022
25c. DATE SIGNED (Month, Day, Year): 4-11-06
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): Frank K. Van Devender, M.D., 2400 Patterson Street, Nashville, Tennessee 37203

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. Pneumonia
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. Aspiration
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.

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)

PH-1659 (REV. 6-99)

BIRTH NO.

RDA 139

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

APR 11 2006
Date Issued

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

CERTIFICATION OF VITAL RECORD