Prepared by Tax Office 862-6330

2006

County#	City#
Application#	Social Security#
DV:	ACV:

F-7

PROPERTY TAX RELIEF PROGRAM
AFFIDAVIT OF FEE OWNERSHIP BY INHERITANCE AND RESIDENCY

The affiant, Linda Faye Ray, first being duly sworn, states as follows:

1. I am the (an) owner in fee of the property described as **(attach a property description)**
Dist.___, Map 53, Group 12 Ctrl.Map_____, Parcel 158, S.I. 00,
on the official property ownership records maintained by the Davidson County Assessor of Property.

2. I inherited the above described property from McGavock H Ray, the owner of record, who died intestate (without a will) on or about March 28, 2006. My relationship to the decedent is wife. The names and address of all heirs other than myself who are entitled to ownership of this property under the laws of intestate succession pursuant to T.C.A. § 31-2-101 *et. seq.* are as follows:

Linda Faye Ray — Spouse of deceased — 3004 Lakeshore Dr Old Hickory TN 37138 — Address

Child of deceased — There were no children — Address

Child of deceased / — Address

Child of deceased — Address

Davidson County AFFIDAVIT
Recvd: 04/17/07 09:56 3 pgs
Fees:17.00 Taxes:0.00
20070417-0045558

Heirs of a deceased owner include, but are not limited to, the spouse, children, parents, siblings, etc. As heirs, their information is required whether they reside on the property or not.

If the property was not inherited directly from the last owner of record, state in the space below the person, or persons, from whom the property was inherited, and explain how that person, or persons, acquired it from the last owner of record. _____

3. I have resided on the property since December, 1994.

Further affiant saith not.

Linda Faye Ray
SIGNATURE

STATE OF TENNESSEE
COUNTY OF Davidson

SWORN TO and SUBSCRIBED before me, a Notary in and for said County and State, this the 04th day of April, 2007.

CINDY BROWN COLLINS NOTARY PUBLIC STATE OF TENNESSEE DAVIDSON COUNTY, TENN.

Cindy Brown Collins
NOTARY

My commission expires: 10-25-09
My Commission Expires JULY 25, 2009

Revised 7/06

CT-0347

Certificate of Marriage

STATE OF TENNESSEE

COUNTY OF DAVIDSON

To Anyone Legally Authorized to Celebrate the Rites of Matrimony
You Are Hereby Licensed to Celebrate the

Rites of Matrimony

Between McGavock Hayes Bay 70 AGE

and Linda Faye Harris 51 AGE

and for so doing this shall be your warrant.

Given under my hand and official seal, this

12th day of October

in the year of our Lord Two Thousand

One

Bill Covington

BILL COVINGTON COUNTY CLERK

BY: Patsy Davis DEPUTY CLERK

By Virtue of A License from the Davidson County Clerk,

I have this day celebrated the Rites of Matrimony between

The parties herein named, as authorized in the foregoing license.

Given under my hand this the 12th day of October A.D. 2001

Book No. 188

Page No. 188

R. Hamilton Taylor

SIGNATURE OF OFFICIANT

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

County DAVIDSON TN
Appl #
SSN [redacted]3829

0601871

STATE FILE NUMBER ACV (DV)

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDICOM

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): McGavock Hayes Ray
2. SEX: male
3. DATE OF DEATH (Month, Day, Year): March 28, 2006
4. SOCIAL SECURITY NUMBER (If Deceased): [redacted]8686
5a. AGE LAST BIRTHDAY (Years): 74
5b. UNDER 1 YEAR (Months): 5c. UNDER 1 DAY (Hours): 6. DATE OF BIRTH (Month, Day, Year): Mar 29, 1931
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
8a. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 3004 Lakeshore Drive
9c. CITY, TOWN, OR LOCATION OF DEATH: Old Hickory
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Linda Harris
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Refrigeration Technician
12b. KIND OF BUSINESS/INDUSTRY: Heating/Cooling
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Old Hickory
13d. STREET AND NUMBER OR RURAL LOCATION: 3004 Lakeshore Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37138
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, ect.) Yes 0 [ ] No [X]
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)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Willie D. Ray
18. MOTHER'S NAME (First, Middle, Maiden Surname): Sarah Jennett

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Linda Ray
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3004 Lakeshore Drive, Old Hickory, TN 37138

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): Middle Tennessee Veterans Cemetery
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Ommer B. Everson III
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4884
21c. SIGNATURE OF EMBALMER: Brandy L. Collier
21d. LICENSE NUMBER OF EMBALMER: 5828
22a. NAME AND ADDRESS OF FUNERAL HOME: Eastland Funeral Home & Cremation Service, 904 Gallatin Rd., Nashville, TN 37206
22b. LICENSE NUMBER OF FUNERAL HOME: 120

REGISTRAR

23. REGISTRAR'S SIGNATURE: Tonya Y. Ruttlen
24. DATE FILED (Month, Day, Year): April 6, 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 [X] SIGNATURE AND TITLE OF PHYSICIAN: A. Murad
25b. LICENSE NUMBER: 34916
25c. DATE SIGNED (Month, Day, Year): 4/8/06
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): Nashville VAMC, 1310 24th AVE. South, Nashville TN 37212

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)

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. RESPIRATORY FAILURE
DUE TO (OR AS A CONSEQUENCE OF): b. SQUAMOUS CELL CANCER OF LUNG
Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
DUE TO (OR AS A CONSEQUENCE OF): c. THE LUNG
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.

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)

BIRTH NO.

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 0 6 2006
Date Issued

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796 1936

CERTIFICATION OF VITAL RECORD