Davidson County AFFIDAVIT
Recvd: 04/19/07 09:56 3 pg
Fees:17.00 Taxes:0.00
20070419-0046640

# AFFIDAVIT OF HEIRSHIP

| New Owner | Send Tax Bills To: | Map/par No. |
|---|---|---|
| | same | Map/Par 142-2-195 |

**Linda Sue Richardson**
**7442 Bridle Drive**
**Nashville, Tennessee 37221**

This Instrument prepared by: Dan R. Alexander, Attorney at Law, 2016 8th Avenue South, Nashville, TN 37204

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

Land in Davidson County, Tennessee, being Lot No. 198 on the Plan of Cross Timbers, Section 4, as of record in Book 4175, Page 54 Registers Office for Davidson County, Tennessee.

Being the same property conveyed to Ann L. Dalton by Divorce Decree from Robert L. Dalton of record in Minute Book 75A, Page 329 Divorce No. 63244, Register's Office Davidson County, Tennessee. And a certified copy of said decree recorded in Book 4599, Page 831, Register's Office Davidson County, Tennessee.

Being the same property conveyed to Robert L. Richardson and wife, Linda Sue Richardson by Warranty Deed from Ann L. Dalton, an unmarried person on April 20, 1972 of record in Book 4599, Page 834, Register's Office for Davidson County, Tennessee.

**This is improved property known as 7442 Bridle Drive Nashville, Tennessee 37221.**

Comes now, Linda Sue Richardson and after first being duly sworn according to law, attests and states as follows:

1. Affiant is the wife of the late Robert L. Richardson.

2. Robert L. Richardson died on April 11, 2002 and a copy of the Certificate of Death is attached hereto as Exhibit No. 1.

3. At the time of the death of Robert L. Richardson, Affiant, Linda Sue Richardson was lawfully married to Robert L. Richardson.

4. At the time of the death of Robert L. Richardson, Affiant, Linda Sue Richardson and Robert L. Richardson owned the real property described above as husband and wife and as tenants by the entirety.

5. All right, title and interest in and to the real property described above is vested in

the surviving spouse, Linda Sue Richardson.

6. The only lawful heirs or legatees to the Estate of the late Robert L. Richardson is Linda Sue Richardson. Robert L. Richardson died intestate.

7. **FURTHER AFFIANT SAITH NOT.**

Linda Sue Richardson 3-9-07
Linda Sue Richardson

State of Tennessee)
County of Davidson)

Personally appeared before me, the undersigned authority, a Notary Public in and for the within named Linda Sue Richardson the bargainor(s) with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at office this 9th day of March 2007.
My Commission Expires: 8-25-2007

**Notary Public**

JANICE BOONE
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY

# METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
## Office of Vital Records

0202341

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): Robert L. Richardson
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): April 11, 2002
4. SOCIAL SECURITY NUMBER: [redacted]-3899
5a. AGE-LAST BIRTHDAY (Years): 60
5b. UNDER 1 YEAR: MONTH / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): May 3, 1941
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 [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): Baptist Hospital
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): Sue Malone
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Metropolitan Goverment
12b. KIND OF BUSINESS/INDUSTRY: Police Officer
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 7442 Bridle Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37221
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No
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'S PARENTS (To be completed by physician or institution)

**PARENTS**

17. FATHER'S NAME (First, Middle, Last): Albert Richardson
18. MOTHER'S NAME (First, Middle, Maiden Surname): Bertie (unknown)

**INFORMANT**

19a. INFORMANT'S NAME (Type/Print): Sue Malone Richardson
19b. RELATIONSHIP TO DECEASED: Spouse
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 7442 Bridle Drive Nashville, Tennessee 37221

**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 Garden
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Margo Lamb
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4604
21c. SIGNATURE OF EMBALMER: Steve Murphy
21d. LICENSE NUMBER OF EMBALMER: 4169
22a. NAME AND ADDRESS OF FUNERAL HOME: Pettus-Owen and Wood 4506 Charlotte Avenue Nashville, Tennessee 37209
22b. LICENSE NUMBER OF FUNERAL HOME: 905

**REGISTRAR**

23. REGISTRAR'S SIGNATURE: John P. Dunn
24. DATE FILED (Month, Day, Year): May 1, 2002

**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: Stephen D. May MD
25b. LICENSE NUMBER: MD0002721
25c. DATE SIGNED (Month, Day, Year): 4-24-02
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): Stephen D. May MD 300 21st Ave N Nashville TN 37203

**CAUSE OF DEATH**

SEE INSTRUCTIONS ON OTHER SIDE

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. | CHF | years |
| DUE TO (OR AS A CONSEQUENCE OF): b. | CAD | years |
| DUE TO (OR AS A CONSEQUENCE OF): c. | HTN | years |
| DUE TO (OR AS A CONSEQUENCE OF): d. | DM | years |

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 [ ] No

30. MANNER OF DEATH: 1 [X] 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 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.

John P. Dunn
John P. Dunn
Local Registrar

MAY 1 2002
Date Issued

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

METROPOLITAN GOVERNMENT NASHVILLE AND DAVIDSON COUNTY

## CERTIFICATION OF VITAL RECORD