Ret. Pre paid by
Mary Hayes
732 Douglass
Nashville TN 37207

# PICK-UP

## AFFIDAVIT OF HEIRSHIP

Davidson County AFFIDAVIT
Recvd: 04/25/07 15:37 2 pgs
Fees:12.00 Taxes:0.00
20070425-0049561

STATE OF TENNESSEE )
COUNTY OF DAVIDSON )

COMES now **LORENE BEARD,** wife and heir of **THEODORE H. BEARD** in this cause, having been duly sworn, who would state to the court as follows:

1. My name is **LORENE BEARD**. I currently reside at 732 Douglas Avenue, Nashville, Davidson County, Tennessee.

2. My husband, **THEODORE H. BEARD**, died on August 13, 2005. Attached is a copy of the death certificate.

5. I am the heir to the Estate of **THEODORE H. BEARD**, and as such I am the rightful owner of the property described below:

Being Lot B on the plan of the Resubdivision of Lots 393-397, inclusive, of Oakwood Park, as of record in Book 1130, Page 9, Register's Office for Davidson County, Tennessee.

Being the same property conveyed to Tara Collier by deed from Theodore Beard of record in Instrument No. 20031229-0182841, Register's Office for Davidson County, Tennessee.

This conveyance is subject to any and all zoning regulations, building restrictions and setback lines, if any, easements and rights of way for public utilities of record.

This is improved property known as 902 Douglas Avenue, Nashville, Davidson County, Tennessee 37207.

**WITNESSED** this the 25th day of April, 2007.

Lorene Beard
**LORENE BEARD**

Sworn to and subscribed before me on this 25th day of April, 2007.

Christine M Papan
**NOTARY PUBLIC**
My Commission Expires Jan 26, 2008

CHRISTINE M. PAPAN
NOTARY PUBLIC AT LARGE
DAVIDSON COUNTY TN
Comm. Expires JAN. 26, 2008

METROPOLITAN GOVERNMENT OF
NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0504605

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): THEODORE HOWARD BEARD
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): August 13, 2005
4. SOCIAL SECURITY NUMBER (of Decedent): 408-52-9230
5a. AGE-LAST BIRTHDAY (Years): 73
5b. UNDER 1 YEAR: MONTHS / DAYS
5c. UNDER 1 DAY: HOURS / MINUTES
6. DATE OF BIRTH (Month, Day, Year): Sept. 15, 1931
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [X] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Skyline 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): Lorine Palm
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Printing Company
12b. KIND OF BUSINESS/INDUSTRY: Printing Company
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 732 Douglas Avenue
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37207
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
15. RACE-American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12th; College (1-4 or 5+):

**PARENTS**

17. FATHER'S NAME (First, Middle, Last): Elvis Beard
18. MOTHER'S NAME (First, Middle, Maiden Surname): Ruby/UNKNOWN

**INFORMANT**

19a. INFORMANT'S NAME (Type/Print): Lorine Beard
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 732 West Douglas Avenue, Nashville, Tennessee 37207

**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): Nashville National Veterans Cem
20c. LOCATION-City or Town, State: Madison, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: George Baker, Jr.
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4695
21c. SIGNATURE OF EMBALMER: Ronald Stewart
21d. LICENSE NUMBER OF EMBALMER: 3732
22a. NAME AND ADDRESS OF FUNERAL HOME: PATTON BROTHERS FUNERAL HOME, 1306 South Street/Nashville, Tennessee 37212
22b. LICENSE NUMBER OF FUNERAL HOME: 185

**REGISTRAR**

23. REGISTRAR'S SIGNATURE
24. DATE FILED (Month, Day, Year): August 18, 2005

**CERTIFIER**

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

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
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.
[X] SIGNATURE AND TITLE OF MEDICAL EXAMINER: Thomas Deering MD
26b. LICENSE NUMBER: 28369
26c. DATE SIGNED (Month, Day, Year): 08/15/2005
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Thomas Deering, M.D.; 850 R.S. Gass Blvd., Nashville, TN 37216; MEC05-2500

**CAUSE OF DEATH**

SEE INSTRUCTIONS ON OTHER SIDE

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. | Hypertensive 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. | | |

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Asthma

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 [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)
BATH 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

AUG 18 2005
Date Issued

CERTIFICATION OF VITAL RECORD