(Re-Record) **AFFIDAVIT OF INHERITANCE OF REAL ESTATE**

Address of New Owner	Send Tax Bills To	Map & Parcel No
Richard Light 3026 Louise Drive Nashville, TN. 32711	Same	119-13-248

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

The undersigned, being duly sworn, deposes and says: Emil E. Frye, Helen Light, and Richard Light were the joint tenants with right of survivorship of the following described property. The said Emil E. Frye died on October 16, 2002 and the said Helen Light died on January 26, 2007. Copies of the death certificates are attached.

Land in Davidson County, Tennessee, being Lot No. 31 on the plan of H.G. McNabb Subdivision, of record in Book 1130, page 64, Register's Office for said County.

BEING the same property conveyed to Emil E. Frye and Helen Light and Richard Light by deed from Emil E. Frye and Helen Light of record in Book 11566, page 292, Register's Office for Davidson County, Tennessee.

This Affidavit of Inheritance is being filed to correct the prior Affidavit of Inheritance filed under Instrument #20070417-0045791.

This is improved property known as 3026 Louise Drive, Nashville, TN. 37211.

Richard Light is the sole owner of the above described property as he is the sole survivor.

The said Bobby Thomas is a neighbor and has personal knowledge of the facts recited.

Date: 5-2-07

Bobby Thomas

STATE OF TENNESSEE

COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public, in and for said County and State, Bobby Thomas, with whom I am personally acquainted, and who acknowledged that he executed the within instrument for the purposes contained therein.

WITNESS my hand and official seal at Nashville, Tennessee this the 2nd day of May, 2007.

Notary Public

My Commission Expires: 9-[illegible]

THIS INSTRUMENT PREPARED BY:
Martha Child, Attorney at Law
392 Harding Place, Suite 215
Nashville, TN. 37211
(615) 834-4300

afinhsmc/ibmpts

Davidson County AFFIDAVIT
Recvd: 07/03/07 09:25 3 pgs
Fees:17.00 Taxes:0.00
20070703-0079216

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last): Helen Withrow Light
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): January 26, 2007
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-2014
5a. AGE LAST BIRTHDAY (Years): 84
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): June 28, 1922
7. BIRTHPLACE (City and State or Foreign Country): Huntington, West Virginia

DECEDENT

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA; OTHER: 4 [X] Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): NHC
9c. CITY, TOWN, OR LOCATION OF DEATH: Dickson
9d. COUNTY OF DEATH: Dickson
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name): N/A
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Homemaker
12b. KIND OF BUSINESS/INDUSTRY: Own Home
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 3026 Louise Drive

NSUS TRACT

13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37211
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No. 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): 10; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Oliver Clarence Withrow
18. MOTHER'S NAME (First, Middle, Maiden Surname): Mary Elizabeth Thomas

FORMANT

19a. INFORMANT'S NAME (Type/Print): Richard L. Light
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3026 Louise Drive Nashville, Tennessee 37211

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [X] Other (Specify): Entombment
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Woodlawn Cross Mausoleum
20c. LOCATION-City or Town, State: Nashville, Tennessee

OSITION

21a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5821
21c. SIGNATURE OF EMBALMER: Brandy Collier
21d. LICENSE NUMBER OF EMBALMER: 5828
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn-Roesch-Patton Funeral Home 660 Thompson Lane Nashville, Tennessee 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 933

ISTRAR

23. REGISTRAR'S SIGNATURE: Yvette Martin, LR
24. DATE FILED (Month, Day, Year): February 1, 2007

RTIFIER

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: [signature]
25b. LICENSE NUMBER: 10040
25c. DATE SIGNED (Month, Day, Year): 2/1/2007
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):

3 MEDICAL ECUTING MUST ND SIGN TIFICATION URS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Dr. John Salyer 113 Hwy. 70 E. Dickson, TN 37055

CTIONS 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. 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. DUE TO (OR AS A CONSEQUENCE OF):
c. DUE TO (OR AS A CONSEQUENCE OF):
d.

USE OF EATH

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):

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 Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Sharon M. Leinbach
STATE REGISTRAR

Yvette Martin, LR
Yvette Martin, Local Registrar
Dickson County

FEB 1 2007
Date Issued

GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

AMENDED 12/18/02 BY AFFIDAVIT ONLY/pc

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2002 048978

1 DECEDENT'S NAME (First Middle Last): Emil E. Frye
2 SEX: Male
3 DATE OF DEATH (Month Day Year): October 16, 2002
4 SOCIAL SECURITY NUMBER (of Deceased): [redacted]-9173
5a AGE LAST BIRTHDAY (Years): 77
5b UNDER 1 YEAR MOS / DAYS
5c UNDER 1 DAY HOURS / MIN
6 DATE OF BIRTH (Month Day Year): 2-18-1925
7 BIRTHPLACE (City and State or Foreign Country): Isam, W.VA WV
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] 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): Northcrest Medical Center 172
9c CITY, TOWN OR LOCATION OF DEATH: Springfield
9d COUNTY OF DEATH: Robertson
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): Foreman
12b KIND OF BUSINESS/INDUSTRY: Sign Company
13a RESIDENCE STATE: Tennessee
13b COUNTY: Davidson
13c CITY TOWN OR LOCATION: Nashville
13d STREET AND NUMBER OR RURAL LOCATION: 3026 Louise Dr.
13e INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f ZIP CODE: 37202
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): White
16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1-4 or 5+):
17 FATHER'S NAME (First, Middle, Last): William M. Frye
18 MOTHER'S NAME (First, Middle, Maiden Surname): Ida M. Elkins
19a INFORMANT'S NAME (Type/Print): Richard Light
19b RELATIONSHIP TO DECEASED: Step-Son
19c MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code): 3026 Louise Dr. Nashville, TN ~~37202~~ 37211
20a METHOD OF DISPOSITION: 1 [ ] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [X] Other (Specify) Entombment
20b PLACE OF DISPOSITION (Name of cemetery crematory, or other place): Woodlawn Cross Mausoleum
20c LOCATION City or Town State: Nashville, TN
21a SIGNATURE OF FUNERAL DIRECTOR: ▶ Kent Wildman
21b LICENSE NUMBER OF FUNERAL DIRECTOR: 4535
21c SIGNATURE OF EMBALMER: ▶ Mike McPherson
21d LICENSE NUMBER OF EMBALMER: 5401
22a NAME AND ADDRESS OF FUNERAL HOME: Woodlawn Funeral Home, 660 Thompson Lane Nashville, TN 37204
22b LICENSE NUMBER OF FUNERAL HOME: 933
23 REGISTRAR'S SIGNATURE: ▶ Barbara Parrish, DR
24 DATE FILED (Month Day, Year): November 4, 2002
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: ▶ [signature] MD
25b LICENSE NUMBER: 31162 AL
25c DATE SIGNED (Month Day Year): 10/23/02
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):
27 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Dr. Verna Bain, 801 Hill St Springfield, TN 37172

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	Cardiopulmonary Arrest	Mins
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	Cardia Arrythmia	Months
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
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:
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
RDA 1999

TI-1659
V. 1/89

BIRTH NO.

This is to certify that the above is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, Nashville, TN. by the local health department.

2-7-03
DATE ISSUED

Donna McEuen
Local Registrar/Deputy Registrar
Vital Records

ROBERTSON County Health Department, 800 South Brown Street, Springfield, Tennessee 37172 Tele: 615/384-4504