AFFIDAVIT OF SURVIVING SPOUSE

Davidson County AFFIDAVIT
Recvd: 08/13/07 13:15 3 pgs
Fees:17.00 Taxes:0.00
20070813-0096568

STATE OF TENNESSEE]
] §.
COUNTY OF DAVIDSON]

I, VERNA M. WHITE, being of lawful age and first being duly sworn upon my oath do state as follows, *to-wit*:

1. **THAT** I am Verna M. White, the surviving spouse of Grady J. White; and

2. **THAT** on 30 July 1998 at 3:18 PM, a Warranty Deed was filed within Davidson County Land Records' Register's Office in Book 11043 at Page 290, transferring and deeding real property from Orman Wayne Clark and Frances Taylor Clark, Husband and Wife to Grady J. White and Verna M. White, Husband and Wife; and

3. **THAT** said real property is known as 1019-A and 1019-B Crowder Court, Nashville, Tennessee 37211; more particularly described as follows, *to-wit*:

Beginning on the westerly margin of Crowder Court at the corner of Lots Nos 12 and 13; thence with the line between said two lots, westerly 340.3 feet to a point in the line between Lots Nos. 12 and 15; thence with the line between Lots Nos. 12, 15 and 16, southwesterly 63.1 feet to the northerly margin of Proposed Interstate Highway; thence with the same southeasterly 386.7 feet to the corner of Lots Nos. 11 and 12; thence with the line between said two lots northeasterly 145.9 feet to the southerly margin of Crowder Court; thence with the

same around a slight curve having a radius of 50 feet, northwesterly 58.33 feet to the beginning.

4. **THAT** on or about the 22nd day of December 2000, Grady J. White did expire; and

5. **THAT** a Certified copy of Grady J. White's Death Certificate, issued by the Department of Health for the State of Tennessee is attached to this affidavit whereby proving that the sole owner of the afore known and described real property is Verna M. White; and

6. **THAT** at the time of decedent, Grady J. White's death, he and Verna M. White were lawfully married and co-habitating as husband and wife; and

7. **THAT** affiant states that she is the surviving spouse and sole owner of the afore known and described real property.

Affiant does hereby declare under penalty pf perjury that the afore going information contained int his Affidavit is true and correct to the best of her knowledge and belief.

Verna M. White
VERNA M. WHITE, *Affiant*

****

Acknowledged, subscribed and sworn to before me, a Notary Public in and for the afore named County and State, on this 13th *day of August 2007.*

Nana Bediako
Notary Public

NANA BEDIAKO
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires 3/7/2011

(Seal)

My Commission Number: _____

My Commission Expires: 3-7-2011

Metropolitan Government of Nashville and Davidson County

Bill Purcell, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

John

0000 7023

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): Grady J White
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): December 22, 2000
4. SOCIAL SECURITY NUMBER (of Deceased): 466-16-5643
5a. AGE - LAST BIRTHDAY (Years): 81
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): Mar 15, 1919
7. BIRTHPLACE (City and State or Foreign Country): DeKalk, TX
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 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 1019-B Crowder Ct.
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): Huff
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Minister-Pastor
12b. KIND OF BUSINESS/INDUSTRY: Religion
13a. RESIDENCE—STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1019-B Crowder Ct.
CENSUS 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 0 [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): 7; College (1-4 or 5+):

NAME OF DECEDENT For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Joseph White
18. MOTHER'S NAME (First, Middle, Maiden Surname): Maude B Huff

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Verna White
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1019-B Crowder Ct., Nashville,

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): Resthaven Cemetery
20c. LOCATION—City or Town, State: Wichita KS
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Imogene Green
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4367
21c. SIGNATURE OF EMBALMER: ▶ Scotty Brewer
21d. LICENSE NUMBER OF EMBALMER: 4687
22a. NAME AND ADDRESS OF FUNERAL HOME: Ellis Funeral Home, 2627 Nolensville Road, Nashville, TN 37211-
22b. LICENSE NUMBER OF FUNERAL HOME: 775

REG STRAR

23. REGISTRAR'S SIGNATURE: ▶ Marsha H. Jones
24. DATE FILED (Month, Day, Year): January 3, 2001

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 time, date, and place, and due to the cause(s) and manner as stated.
1 [ ] SIGNATURE AND TITLE OF PHYSICIAN: ▶ [signature]
25b. LICENSE NUMBER: MD 020335
25c. DATE SIGNED (Month, Day, Year): 12-27-00
26a. MEDICAL EXAMINER — On the basis of examination and/or investigation, in my opinion death occurred at the time, 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):

CAUSE OF DEATH

28. PART I. Enter the disease, 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 insufficiency 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. Ascites DUE TO (OR AS A CONSEQUENCE OF):	
	c. Liver failure 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 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [X] 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. 2-93

BIRTH NO: _____

RDA 1399