Davidson County AFFIDAVIT
Recvd: 03/18/08 08:21 5 pgs
Fees:27.00 Taxes:0.00
20080318-0027012

This Instrument Prepared By:
Ingraham & Pautienus, Attorneys at Law
404 James Robertson Parkway, Suite 2100
Nashville, Tennessee 37219

This instrument was prepared without the benefit of a title search and was prepared with the description of the property as furnished by the parties. The preparer of this instrument assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

Addresses New Owners:	***Send Tax Bills To:***	***Map-Parcel:***
James L. Dunn 1605 14th Avenue North Nashville, TN 37208	James L. Dunn 1605 14th Avenue North Nashville, TN 37208	081-11-0-375.00
Michael E. Carr 723 26th Avenue North, Apt. C Nashville, TN 37208		

AFFIDAVIT OF OWNERSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

We, James L. Dunn and Michael E. Carr, the undersigned, being duly sworn, depose and say that James N. Dunn and wife, Ethel V. Dunn, were residents of Davidson County, Tennessee. James N. Dunn died on November 8, 2000, and Ethel V. Dunn died on January 31, 2005, as evidenced by a copy of their death certificates (attached as Exhibits A and B). James N. Dunn and wife, Ethel V. Dunn held interest in the following described real estate as tenants by the entirety:

> Being the southerly one-half of lot No. 273 on the Plan of McGavock, Wetmore and Others' Second Addition to Nashville, called the Addition to the Town of McGavock, as of record in book 21, page 41, Register's Office for said County.
>
> Said part of lot No. 273 fronts 50 feet on the westerly side of 14th Avenue North, formerly Alberta Avenue, and runs back between parallel lines 170 feet to an alley.

BEING the same property conveyed by F.G. Drake to James N. Dunn and wife Ethel V. Dunn by Warranty Deed of record, WD Book 1417, Page 424, Register's Office Davidson County, Tennessee.

BEING the same property referenced by James L. Dunn's Heirship Affidavit, Instrument Number 20080128-0008882, Register's Office of Davidson County, Tennessee.

This improved property being located at 1605 14th Avenue North, Nashville, Tennessee 37208.

This property has vested in the undersigned, James L. Dunn and Michael E. Carr, pursuant to Tenn. Code Ann. §§ 31-2-103 and 104. In accordance with said statutes, the undersigned each receive a fifty percent (50%) tenants in common interest in the real estate described above by virtue of being the surviving issue of Ethel V. Dunn.

There are no debts or encumbrances remaining that are or might become a lien on the interest in the described real estate.

FURTHER THE AFFIANTS SAITH NOT.

Dated this 11 day of March, 2008.

James L. Dunn
JAMES L. DUNN

Michael E. Carr
MICHAEL E. CARR

STATE OF Illinois)
COUNTY OF Cook)

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

WITNESS my hand and official seal this 6th day of March, 2008.

Pamela E. Stewart
NOTARY PUBLIC
My Commission Expires: 8-10-2010

OFFICIAL SEAL
PAMELA E. STEWART
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8-10-2010

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

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

WITNESS my hand and official seal this 11 day of March, 2008.

NOTARY PUBLIC
My Commission Expires: May 22, 2010



Metropolitan Government of Nashville and Davidson County

Bill Purcell, Mayor

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

COPY

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.

0006134

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT, BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1a. DECEDENT'S NAME (First, Middle, Last): JAMES NATHAN DUNN
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): November 8, 2000
4. SOCIAL SECURITY NUMBER: [redacted]-0900
4a. AGE-LAST BIRTHDAY (Years): 91
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): 10/27/1909
7. BIRTHPLACE (City and State or Foreign Country): Turnersville, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] 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): 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): Ethel
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Retired
12b. KIND OF BUSINESS/INDUSTRY: T. L. Herbert
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1605 14th Ave North
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37208
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): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8th; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or institution

PARENTS
17. FATHER'S NAME (First, Middle, Last): John Dunn
18. MOTHER'S NAME (First, Middle, Maiden Surname): Belle Maria Williams

INFORMANT
19a. INFORMANT'S NAME (Type/Print): Ethel Dunn
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1605 14th Ave North Nashville, TN 37208

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): Greenwood Cemetery
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Henry L. Smith
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3167
21c. SIGNATURE OF EMBALMER: Rebecca Ali
21d. LICENSE NUMBER OF EMBALMER: 5143
22a. NAME AND ADDRESS OF FUNERAL HOME: SMITH BROTHERS FUNERAL DIRECTORS, INC 706 Monroe Street Nashville, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 809

REGISTRAR
23. REGISTRAR'S SIGNATURE: Helen L. Burn
24. DATE FILED (Month, Day, Year): November 16, 2000

CERTIFIER
25. 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: Janet C. McClain, MD
25b. LICENSE NUMBER: 9052
25c. DATE SIGNED (Month, Day, Year): 11/14/00
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)

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

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Arrhythmia — DUE TO (OR AS A CONSEQUENCE OF): — 5 mins
b. Chronic renal insufficiency — DUE TO (OR AS A CONSEQUENCE OF): — 2 yrs
c. — DUE TO (OR AS A CONSEQUENCE OF):
d.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

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 [ ] 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

PH-1659 (REV. 6/99)
RDA 1399

Exhibit A

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

COPY

0500752

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): ETHEL V. DUNN
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): JANUARY 31, 2005
4. SOCIAL SECURITY NUMBER (If Deceased): [redacted]-3818
5a. AGE-LAST BIRTHDAY (Years): 94
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): MAY 31 1910
7. BIRTHPLACE (City and State or Foreign Country): CEDAR HILL, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] 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): CENTENNIAL MEDICAL CENTER
9c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
9d. COUNTY OF DEATH: DAVIDSON
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.): HOUSEKEEPER
12b. KIND OF BUSINESS/INDUSTRY:
13a. RESIDENCE-STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 1605 14th AVE., NORTH
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37208
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes [ ] No [X] Specify, if yes:
15. RACE-American Indian, Black, White, etc. (Specify): BLACK
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1-4 or 5+):
NAME OF DECEDENT (For use by Physician or Medical Examiner)

PARENTS

17. FATHER'S NAME (First, Middle, Last): SELLIE TERRY
18. MOTHER'S NAME (First, Middle, Maiden Surname): CALLIE (unknown)

INFORMANT

19a. INFORMANT'S NAME (Type/Print): JAMES DUNN
19b. RELATIONSHIP TO DECEASED: SON
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1605 14th AVE., NORTH NASHVILLE, TN 37208

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): GREENWOOD CEMETERY
20c. LOCATION-City or Town, State: NASHVILLE, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4502
21c. SIGNATURE OF EMBALMER: Tonya K. Haynes
21d. LICENSE NUMBER OF EMBALMER: 3682
22a. NAME AND ADDRESS OF FUNERAL HOME: SMITH BROTHERS FUNERAL DIRECTORS, INC. 706 MONROE STREET, NASHVILLE, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 809

REGISTRAR

23. REGISTRAR'S SIGNATURE: [signature]
24. DATE FILED (Month, Day, Year): February 16, 2005

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: Judson E Bacon MA
25b. LICENSE NUMBER: TN 16874
25c. DATE SIGNED (Month, Day, Year): 15 Feb 05
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): Judson E Bacon MD 2201 Murphy Road Suite 307

SEE INSTRUCTIONS ON OTHER SIDE

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
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Sepsis
DUE TO (OR AS A CONSEQUENCE OF): b. urinary tract infection
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.
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 [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:
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.

PH-1659 (REV. 6/99) RDA 1389

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.

FEB 16 2005

Tonya Y. Ruttlen
Local Registrar

Date Issued

Exhibit B

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

METROPOLITAN GOVERNMENT NASHVILLE AND DAVIDSON COUNTY TENNESSEE

CERTIFICATION OF VITAL RECORD