Davidson County AFFIDAVIT
Recvd: 09/29/08 13:20 3 pgs
Fees:17.00 Taxes:0.00
20080929-0098618

AFFIDAVIT OF HEIRSHIP

New Owner	Send Tax Bills To:	Map/par No.
BOBBIE J. DUKE **566 Lockwood Drive** **Nashville, Tennessee 37214**	**same**	**Map 117-4**

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

Land in Davidson County, Tennessee, being more specifically described as follows:

Being Lot No. 17 on the Plan of Larkwood Subdivision, as of record in Book 2900, page 144, Register's Office for Davidson County, Tennessee.

Said Lot No. 17 fronts 75 feet on the westerly side of Lockwood Drive and extends back between parallel lines, 184.87 feet to a dead line, on which it measures 75 feet.

Being the same property conveyed to Ray E. Shotwell and wife, Geneva K. Shotwell by deed from William P. Hood and wife, Mary Louise Hood of record in Book 4547, page 525, and re-recorded in Book 4549, page 228, said Register's Office.

Being the same property conveyed to Blant M. Duke and wife Bobbie J. Duke by Deed dated July 21, 1972 off Record in Book 4622, Page 544, Register's Office of Davidson County, Tennessee.

This is improved property located on 566 Lockwood Drive, Nashville, Davidson County, Tennessee.

Comes now, Bobbie Jane Duke, and after first being duly sworn according to law, attests and states as follows:

1. Affiant is the wife of the late Blant Morris Duke.

2. Blant Morris Duke and Bobbie J. Duke were lawfully married in 1968 and remained lawfully married until the death of Blant Morris Duke.

3. Blant Morris Duke died intestate in Nashville, Davidson County, Tennessee on February 14, 1988.

4. The above described real property was purchased by Bobbie J. Duke and Blant Morris Duke on April 5, 1986 as tenants by the entirety and owned by them as tenants by the entirety until the death of Blant Morris Duke.

5. Bobbie J. Duke has not remarried since the death of Blant Morris Duke.

6. By the laws of intestate succession, all right, title and interest in the real property described above vested in Bobbie J. Duke as a tenant by entirety with the late Blant Morris Duke. Blant Morris Duke is one and the same as Blant M. Duke.

7. The death certificate of Blant Morris Duke is attached hereto as an Exhibit.

8. **FURTHER AFFIANT SAITH NOT.**

Bobbie Jane Duke

State of Tennessee)
County of Davidson)

Personally appeared before me, the undersigned authority, a Notary Public in and for the within named Bobbie Jane Duke, 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 5th day of September 2008.

My Commission Expires: 8-22-2011

Notary Public

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

JANICE BOONE
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY

Metropolitan Government of Nashville and Davidson County

Bill Boner, Mayor

FREDIA S. WADLEY, M.D.
LOCAL REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY, TN

MAR 4 1988

Fredia S Wadley, M.D

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

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.

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CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

VITAL RECORDS

BIRTH NO. _____ STATE FILE NO.

1. DECEASED—NAME: Blant (FIRST) Morris (MIDDLE) Duke (LAST)				2. DATE OF DEATH (MONTH, DAY, YEAR): February 14, 1988	
3a. AGE—LAST BIRTHDAY (YEARS): 59	3b. UNDER 1 YEAR: MOS. / DAYS	3c. UNDER 1 DAY: HOURS / MIN.	4. DATE OF BIRTH (MONTH, DAY, YEAR): 9/16/1928	5a. RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY): White	5b. ORIGIN OR DESCENT—ITALIAN, MEXICAN GERMAN ETC (SPECIFY): American
6. SEX: Male					
7a. COUNTY OF DEATH: Davidson	7b. CITY, TOWN OR LOCATION: Nashville	7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes	7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.): 1617 Lebanon Rd.	7e. IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify): Pronounced at Seen By ME.	
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Tennessee	9. CITIZEN OF WHAT COUNTRY: U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married	11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Bobbie Gregory		
12a. SOCIAL SECURITY NUMBER (IF NONE, SPECIFY): 410-34-7718	12b. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE): WWII	13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Warrent Processer	13b. KIND OF BUSINESS OR INDUSTRY: Sherriff Dept.		
14a. RESIDENCE—STATE: Tennessee	14b. COUNTY: Davidson	14c. CITY, TOWN, OR LOCATION: Nashville	14d. STREET AND NUMBER: 566 Lockwood	14e. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes	14f. CENSUS TRACT NO.
15. FATHER—NAME: Harley Duke	16. MOTHER—MAIDEN NAME: Sara Bell Wheeler	17. INFORMANT—NAME: Bobbie Duke	MAILING ADDRESS: 566 Lockwood Nashville, Tn. 37214		
18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial	18b. DATE (MONTH, DAY, YEAR): 2/17/1988	18c. CEMETERY OR CREMATORY—NAME: Hermitage	18d. LOCATION CITY OR TOWN: Hermitage, Tn.	STATE: 37076	
19a. FUNERAL DIRECTOR (SIGNATURE): W. Glenn Carter	19b. LICENSE NO.: 3222	19c. EMBALMER (SIGNATURE): Donel Wells	19d. LICENSE NO.: 3438		
20. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Hibbett & Hailey Nashville, Tn. 37214	21a. REGISTRAR—SIGNATURE: Mary C. Pentecost	21b. DATE RECEIVED BY LOCAL REGISTRAR: Mar. 4, 1988			
22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE / DEGREE				22b. DATE SIGNED (MONTH, DAY, YEAR)	
23a. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. SIGNATURE: Nancy Krohn M.D. / TITLE				23b. DATE SIGNED (MONTH, DAY, YEAR): 2/23/88	
24a. CERTIFIER—NAME (TYPE OR PRINT): Nancy Krohn, M.D.	24b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 84 Hermitage Ave.,Nashville, TN 37210-2110				

25. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE
(a) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE
DUE TO, OR AS A CONSEQUENCE OF
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) — 26. AUTOPSY (YES OR NO): No

27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	27b. DATE OF INJURY (MONTH, DAY, YEAR)	27c. HOUR	27d. DESCRIBE HOW INJURY OCCURRED	
27e. INJURY AT WORK (SPECIFY YES OR NO)	27f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (SPECIFY)	27g. LOCATION STREET OR R.F.D. NO.	CITY OR TOWN	STATE

202-06-002