AFFIDAVIT OF HEIRSHIP

BILL GARRETT, Davidson County
Trans:T20090065368 AFFIDAVIT
Recvd: 09/24/09 15:25 4 pgs
Fees:22.00 Taxes:0.00
20090924-0089035

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Map & Parcel No.16 DA-4605, Map 118-6 Par 60
Address: 903 Gale Lane
Nashville, Tennessee 37204

Anna B. Webb, being first duly sworn according to law, states that she is a person of lawful age and that she resided at 905 Gale Lane, Nashville, Tennessee for the past seventeen years as a resident of Davidson County, Tennessee and further deposes and states as follows:

That she has known the family of Clarence and Tommie Barbour as she was their neighbor and based on her personal knowledge, information, and belief states that the following is true:

Clarence L. Barbour, Sr. and Tommie Lee Barbour, husband and wife were married to each other. They were owners of the property at 903 Gale Lane, having purchased the property as husband and wife in 1968. Tommie Lee Barbour died on August 30, 2007. She was predeceased by her husband, Clarence Barbour who died on June 4, 1997. Only one child was ever born of the marriage of Clarence Barbour and Tommie Lee Barbour, same being Ronald Lee Barbour, born the 29th day of September, 1953 and he currently lives at 16603 Blenheim Drive, Lutz, Florida 33549.

This affidavit is freely given pursuant to Tenn. Code Ann. § 30-2-712 et seq. to help establish and reflect heirship with respect to any real or personal property owned by Clarence Barbour and Tommie Barbour in Davidson County, Tennessee or elsewhere.

FURTHER AFFIANT SAYETH NAUGHT.

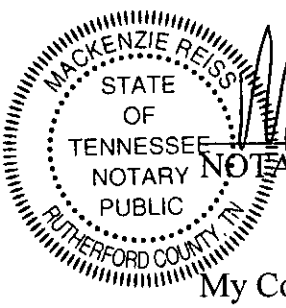
Anna B. Webb

ANNA B. WEBB
905 Gale Lane
Nashville, TN 37204

PREPARED BY. VINCENT P. WYATT
HOLLINS, WAGSTER, WEATHERLY, & RAYBIN P.C.

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Sworn to and subscribed before me this the 22nd day of September, 2009.



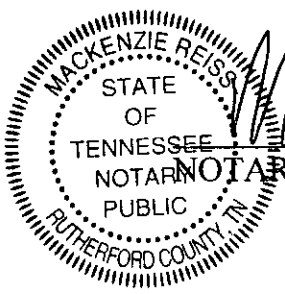
NOTARY PUBLIC

My Commission Expires: 11/21/2010

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for the aforesaid State and County, Anna B. Webb, with whom I am personally acquainted and who, after being first duly sworn according to law, did make oath and affirm that Anna Webb has read the foregoing Affidavit of Heirship, and that the information contained herein is true and correct to the best of my knowledge, information and belief.

SWORN to and subscribed before me this 22nd day of September, 2009.



NOTARY PUBLIC

My Commission Expires: 11/21/2010

STATE OF TENNESSEE
Office of Vital Records

9703097

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 97 022286

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Clarence Barbour
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): 6/4/1997
4. SOCIAL SECURITY NUMBER: [redacted]-8517
4a. AGE – LAST BIRTHDAY (Years): 77
4b. UNDER 1 YEAR – MONTHS / DAYS / HOURS / MINUTES
5. DATE OF BIRTH (Month, Day, Year): 6/14/1919
7. BIRTHPLACE (City and State or Foreign Country): Hickory Grove, TN
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): Baptist 0711
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): Tommie L. Glenn
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Custodian
12b. KIND OF BUSINESS/INDUSTRY: Metro. Schools
13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 903 Gale Lane
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37204
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No
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+):
17. FATHER'S NAME (First, Middle, Last): William Barbour
18. MOTHER'S NAME (First, Middle, Maiden Surname): Emma Ridley

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Tommie Lea Barbour
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 903 Gale Lane Nashville, TN 37204

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
20c. LOCATION – City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: William Taylor
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3285
21c. SIGNATURE OF EMBALMER: Leslie Stratton
21d. LICENSE NUMBER OF EMBALMER: 4030

REGISTRAR

22a. NAME AND ADDRESS OF FUNERAL HOME: J. W. Adkins 2510 12th Ave. So. Nashville, TN 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 0705
23. REGISTRAR'S SIGNATURE: Ruby Leonard Robbins
24. DATE FILED (Month, Day, Year): June 11, 1997

CERTIFIER

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 [X] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER: MD8739
25c. DATE SIGNED (Month, Day, Year): 6/10/97
25d. MEDICAL EXAMINER – On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER
25e. LICENSE NUMBER
25f. 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. Cardiac Arrest
185
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): b. Pulmonary Metastasis (Lung) Osteosarcoma
DUE TO (OR AS A CONSEQUENCE OF): c. Metastatic Prostate Ca
DUE TO (OR AS A CONSEQUENCE OF): d. Upper G.I. Hemorrhage

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.

PH-1659
REV. 1/89

NAME OF DECEDENT (To be typed by Physician or Medical Examiner) 0228XX1997

3614127

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

Date Issued Sep-17-2009

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796 36

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: 2007 041654

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First Middle Last): Tommie Lee Barbour
2. SEX: Female
3. DATE OF DEATH (Month Day Year): August 30, 2007
4. SOCIAL SECURITY NUMBER (of Decedent): [redacted]-0058
5a. AGE LAST BIRTHDAY (Years): 76
5b. UNDER 1 YEAR — MOS. / DAYS
5c. UNDER 1 DAY — HOURS / MIN.
6. DATE OF BIRTH (Month Day Year): Oct 3 1930
7. BIRTHPLACE (City and State or Foreign Country): South Pittsburgh, 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
9c. CITY, TOWN OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Never Married, 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): Factory-work
12b. KIND OF BUSINESS/INDUSTRY: Uniforms
13a. RESIDENCE STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 903 Gale Lane
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37204
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes specify Cuban, Mexican, Puerto Rican, etc.) 1 No 2 X No
15. RACE (American Indian, Black, White, etc.) (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

NAME OF DECEDENT (To be typed by person completing certificate)

PARENTS

17. FATHER'S NAME (First Middle Last): John H. Glenn Sr.
18. MOTHER'S NAME (First, Middle, Maiden Surname): Wilma Rogers

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Ronald Barbour
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 16603 Blenheim Dr. Lutz, Florida 33549

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 (Main)
20c. LOCATION (City or Town, State): Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: William Taylor
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3285
21c. SIGNATURE OF EMBALMER: Patrick Tucker
21d. LICENSE NUMBER OF EMBALMER: 5070
22a. NAME AND ADDRESS OF FUNERAL HOME: J.W. Adkins Funeral Home 2510 12th Ave. So. Nashville, Tennessee 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 0705

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda K Bowles, DR
24. DATE FILED (Month Day Year): September 26, 2007

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: Mihaela Tudorica, M.D.
25b. LICENSE NUMBER: 37266
25c. DATE SIGNED (Month Day Year): 9-20-07
25a. 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): Mihaela Tudorica M.D. 2010 Church St #710 Nashville, TN 37203

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.

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Pulmonary Edema, Hypokalemia
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. Aortic STENOSIS, CRF, CAD
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 1653 (REV. 6/99) RDA 139

3610518

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

Date Issued Sep-09-2009

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD