Davidson County AFFIDAVIT
Recvd: 11/08/11 12:22 5 pgs
Fees:27.00 Taxes:0.00
20111108-0087334

AFFIDAVIT OF FACTS

STATE OF TN §
§
COUNTY OF Davidson § 9951100 3197

BEFORE ME, the undersigned authority, on this day personally appeared the undersigned affiant, who swore on oath that the following facts are true:

"1. My name is Judy D. Mullen, I am of sound mind, capable of making this affidavit, and fully competent to testify to the matters stated herein, and I have personal knowledge of each of the matters stated herein.

"2. That my spouse, William R. Mullen, now deceased, and I were the record title holders of the following described property, as evidenced by that Deed recorded in Deed Book 4163, Page 5, among the land Records of Davidson, Tennessee, to wit:

"3. That my spouse and I were married prior to 10-1967, 20___, the date of our acquisition of title to the property described hereinabove, and we remained continuously married, without interruption by divorce from that date up to the date of my spouse's death, 2-26, 2010.

"4. That the value of my spouse's estate was insufficient to necessitate the filing of an estate tax return and that there are no state or federal estate or inheritance tax due as a result of his or her death.

"5. That Affiant gives this Affidavit for the purpose of inducing Fidelity National Title Insurance Company to issue its policy or policies insuring the title to said property without exceptions(s) to encumbrance(s) or vesting issues which could have possibly arisen in the event of divorce of the Affiant and Affiant's spouse; and said Affiant does hereby agree to indemnify and hold Fidelity National Title Insurance Company harmless of and from any and all loss, cost, damage and expense of every kind, including Attorneys' fees, which it may suffer or incur or become liable for under its said policy or policies arising directly or indirectly out of or on account of such an intervening divorce, or in connection with its enforcement of its rights under this agreement."

FURTHER THE AFFIANTS SAYETH NAUGHT.

Judy D. Mullen (SEAL)

_____(SEAL)

Executed, subscribed and sworn to before me the day and year above written.

Notary Public

My Commission expires: 05-05-15

PEGGY L. NIEMANN
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON CO., TN

My Commision Expires
May 05, 2015

Prepared By:
Jervold M. Bell & Associates
7517 Campbell Rd #404
Dallas TX 75248

Title No CLR-99511003197

LEGAL DESCRIPTION

EXHIBIT "A"

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF Davidson, STATE OF Tennessee, AND IS DESCRIBED AS FOLLOWS:

LAND IN DAVIDSON COUNTY, TENNESSEE, BEING LOT NO. 134 ON THE PLAN OF STERLING HEIGHTS, SECTION FOUR, AS OF RECORD IN BOOK 1835, PAGE 9, REGISTER'S OFFICE FOR SAID COUNTY.

SAID LOT NO. 134 FRONTS 80 FEET ON THE SOUTH SIDE OF LUTIE STREET AND RUNS BACK BETWEEN PARALLEL LINES, 160 FEET TO A DEAD LINE.

BEING THE SAME PROPERTY CONVEYED TO FRED W. DICKERSON AND WIFE, PEGGY F. DICKERSON, BY DEED FROM JAMES W. FARRIS AND WIFE, ETHEL FARRIS OF RECORD IN BOO , PAGE REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE.

Parcel ID: 119-6/201.00

Commonly known as 65 Lutie Street, Nashville, TN 37210
However, by showing this address no additional coverage is provided

STATE OF TENNESSEE
Office of Vital Records

100121

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): William Roy Mullen, Jr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): February 26, 2010
4. SOCIAL SECURITY NUMBER: -1612
5a. AGE-LAST BIRTHDAY (Years): 63
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Min.
6. DATE OF BIRTH (Month, Day, Year): Sept 3, 1946
7. BIRTHPLACE (City and State or Foreign Country): Tunis, North Carolina
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; 4 Hospice; 5 Nursing Home; 6 [X] Residence; 7 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 65 Lutie Street
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): Judy Palman
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Supervisor
12b. KIND OF BUSINESS/INDUSTRY: Purity Dairy Co.
13a. RESIDENCE STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 65 Lutie Street
CENSUS TRACT: 8
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37210
14. WAS DECEDENT OF HISPANIC ORIGIN? (Not Spanish/Hispanic/Latino) 1 Yes 2 [X] No
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+): 2

PARENTS

17. FATHER'S NAME (First, Middle, Last): William Roy Mullen, Sr.
18. MOTHER'S NAME (First, Middle, Maiden Surname): Catherine Matthews

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Judy Mullen
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 65 Lutie Street, Nashville, TN 37210

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): Woodlawn Memorial Park
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: William R. Eggleston
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2700
21c. SIGNATURE OF EMBALMER: Richard Morrison
21d. LICENSE NUMBER OF EMBALMER: 3137
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Inc. 3620 Nolensville Rd., Nashville, Tennessee 37211
22b. LICENSE NUMBER OF FUNERAL HOME: 396

REGISTRAR

23. REGISTRAR'S SIGNATURE: Sharon M. Leinbach DR
24. DATE FILED (Month, Day, Year): March 3, 2010

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 [X] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER: 34753
25c. DATE SIGNED (Month, Day, Year): 3/1/10
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): Heather Rowe, M.D. 393 Wallace Road, Suite A-400, Nashville, TN 37211

SEE INSTRUCTIONS ON OTHER SIDE.

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.
IMMEDIATE CAUSE (Final disease or condition resulting in death): → a. Chronic Obstructive Pulmonary Disease
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.
Approximate Interval: Onset to Death

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)

Provide TRAV. 6/2001

BIRTH NO.

EDA 1589

3787446

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.

MAR 03 2010

Sharon M. Leinbach
STATE REGISTRAR

Date Issued

GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

True Copy Certification

I, C. ORNELAS, do hereby make oath that I am a licensed attorney and/or the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law.

Signature

State of TEXAS

County of DALLAS

Personally appeared before me, ERIC STEWART a notary public for this county and state, C. ORNELAS who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Notary's Signature

My Commission Expires: 7-8-14

Notary' Seal (if on paper)

ERIC STEWART
Notary Public, State of Texas
My Commission Expires
July 08, 2014