BILL GARRETT, Davidson County
Trans:T20120021060 AFFIDAVIT
Recvd: 03/23/12 08:46 3 pgs
Fees:17.00 Taxes:0.00
20120323-0024687

AFFIDAVIT OF INHERITANCE (REAL ESTATE)

ADDRESS OF NEW OWNER AS FOLLOWS:	SEND TAX BILLS TO:	MAP & PARCEL NO.
Mary T. Hooper 5217 Raywood Drive Nashville, TN 37211	same	16108002800

THIS INSTRUMENT WAS PREPARED BY:
Elizabeth L. Adams, Attorney
3015 Carpenters Pass - Spring Hill, TN 37174
Phone: 615-293-5598 - Fax: 615-302-1519 - Email: elizabethladams@yahoo.com

STATE OF TENNESSEE)

COUNTY OF Davidson)

The undersigned, being duly sworn, deposes and says:

JAMES E. HOOPER, a resident of Davidson County, State of Tennessee, who died May 18, 1997, as evidenced by a copy of the death certificate attached as Exhibit A, held a tenants by the entirety interest in the following described real estate located in Davidson County, Tennessee, bound and described as follows, to wit:

BEING Lot No. 4 on the Plan of Southwood Subdivision, of record in Book 2663, pages 125 and 126, Register's Office for said County.

SAID Lot No. 4 begins at a point in the westerly margin of Raywood Lane at the corner of Lots Nos. 4 and 5; thence with the line between said lots northwesterly 263.3 feet to the east line of Lot No. 2; thence with the east line of Lots Nos. 2 and 3 southerly 265.02 feet to a point in the north margin of Brewer Drive; thence with the margin of said Drive easterly 120 feet to the beginning of a curve; thence around said curve northeasterly 36.32 feet to the westerly margin of Raywood Lane; thence with the margin of same, northeasterly 135 feet to the point of beginning.

BEING the same property conveyed to James E. Hooper, and wife, Mary T. Hooper, by deed from Hillview Company of record in Book 2960, page 301, said Register's Office.

BEING a part of the property that was conveyed to Hillview Company, by deed from Clarence A. Gillespie, Jr., and wife, of record in Book 2858, page 621; said Register's Office.

SUBJECT TO Governmental zoning and subdivision ordinances or regulations in effect theron.

REFERENCE is made to prior title recorded in Book 2960, Page 301 in the Register's Office of Davidson County, Tennessee.

The undersigned received 100% interest in the real estate described above by virtue of being the surviving tenant by the entirety.

Mary T. Hooper
MARY T. HOOPER

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared MARY T. HOOPER, the within named bargainor, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person described in the foregoing, who signed, sealed and delivered the foregoing instrument in my presence, and who, upon oath, acknowledged that she executed the foregoing instrument for the purposes therein contained as her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said County, on this 14 day of March, 2012.

Elizabeth L. Adams
Notary Public

My Commission Expires: May 17, 2015.



Metropolitan Government of Nashville and Davidson County

Philip Bredesen, 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.

JUN 6 1997

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

9702975

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): JAMES ELMER HOOPER
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): MAY 18, 1997
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE-LAST BIRTHDAY (Years): 88
5b. UNDER 1 YEAR (Months)
5c. UNDER 1 DAY (Hours)
5d. UNDER 1 DAY (Minutes)
6. DATE OF BIRTH (Month, Day, Year): APRIL 22, 1909
7. BIRTHPLACE (City and State or Foreign Country): HUMPHREYS COUNTY, TENN.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 X No
9a. DECEDENT'S USUAL RESIDENCE (Check only one): 1 X Institution 2 ER/Outpatient 3 DOA 4 Hospice Inpatient 5 Nursing Home 6 Residence 8 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): SOUTHERN HILLS 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): MARY TAYLOR
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): SALES MANAGER
12b. KIND OF BUSINESS/INDUSTRY: CLAYTON FOODS
13a. RESIDENCE STATE: TENN
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 5217 RAYWOOD LANE
CENSUS TRACT
13e. WITHIN CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37211
14. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) 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): 5; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Maiden Surname): JAMES DANIEL HOOPER
18. MOTHER'S NAME (First, Middle, Maiden Surname): ARA BELLE TENSLEY

INFORMANT

19a. INFORMANT'S NAME (Type/Print): MARY E. HOOPER
19b. RELATIONSHIP TO DECEASED: WIFE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 5217 RAYWOOD LN., NASHVILLE, TENN. 37211

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, TENN.
21a. SIGNATURE OF FUNERAL DIRECTOR: William R Appleton
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2700
21c. SIGNATURE OF EMBALMER: Scotty J Beaver
21d. LICENSE NUMBER OF EMBALMER: 4687
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODBINE FUNERAL HOME, INC. 5852 NOLENSVILLE ROAD, NASHVILLE, TENN. 37211
22b. LICENSE NUMBER OF FUNERAL HOME: 760

REGISTRAR

23. REGISTRAR'S SIGNATURE: Dewey A. Bowers
24. DATE FILED (Month, Day, Year): June 5, 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 SIGNATURE AND TITLE OF PHYSICIAN: [illegible] MD
25b. LICENSE NUMBER: 2278
25c. DATE SIGNED (Month, Day, Year): 6-28-97
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation of circumstances, 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
26b. LICENSE NUMBER
26c. DATE SIGNED (Month, Day, Year)
27. NAME AND ADDRESS OF CERTIFIER (Type/Print): ROGER R. MARTINEZ M.D. 393 WALLACE RD. SUITE 204 NASHVILLE, TENN. 37211 PHONE: 831-9104

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

CAUSE OF DEATH

28. PART I. Enter the diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events 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.	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):	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Old CVA, Anemia, ? Alz. Mild loss, HBP, Bladder Ca, Severe Esophagitis, H.T.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 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 Ooccurred
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)

WITNESS

PH-1050
REV. 2-93

NDA 1289