BILL GARRETT, Davidson County
Trans:T20130106926 AFFIDAVITH
Recvd: 12/26/13 11:12 3 pgs
Fees:17.00 Taxes:0.00
20131226-0129831

This instrument was prepared by:
Dan R. Alexander
Attorney at Law
2016 8th Avenue South
Nashville, Tennessee 37204
Tel. (615) 297-0097

AFFIDAVIT OF HEIRSHIP

New Owner	Send Tax Bills To:	Map/par No.
Earline Mallory **3856 Lunn Drive** **Nashville, Tennessee 37218**	**same**	**Map 58-11-56**

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

Land in Davidson County, Tennessee, being Lot No. 173 on the Plan of Section I, Royal Hills , of record in Book 4675, page 73, Register's Office for said County.

Said Lot No. 173 which is a corner Lot, fronts 52.90 feet on the easterly margin of Lunn Drive and fronts 77.28 feet on the northerly margin of Hodge Court, said frontage being joined by a curve having a length of 35.57 feet and extend back 134.67 feet on the easterly line and 153.97 feet on the northerly line to a point of intersection.

Being the same property conveyed to Junior L. Turner and wife, Robbie Gale Turner, by deed from Jim Hale and Doyle Kinslow, a partnership, d/b/a Hale and Kinslow of record in Book 4956, page 276, Register's Office for Davidson County, Tennessee.

Being the same property conveyed to George Mallory, Jr. and wife, Earline Mallory by Warranty Deed on July 29, 1977 of record in Book 5178, Page 303 Register's Office of Davidson County, Tennessee.

This is improved property known as 3856 Lunn Drive, Nashville, Davidson **County,** Tenn. 37218.

Comes now, Earline Mallory, and after first being duly sworn according to law, attests and states as follows:

1. Affiant is the wife of the late George Mallory..

2. Affiant, Earline Mallory was married to George Mallory on October 21, 1961 and remained married to George Mallory until the death of George Mallory on October 20, 2010.

3. On July 29, 1977 George Mallory and wife Earline Mallory bought the above real property as husband and wife and as tenants by the entirety while married and George Mallory and wife Earline Mallory resided in the real property until the death of George Mallory on October 20, 2010.

4. The death of George Mallory is of record in the Tennessee Office of Vital Records by the attached Certificate of death No. 4377807 made Exhibit No. 1 hereto.

5. At the time of his death, George Mallory was survived by his wife, Earline Mallory..

6. All right, title and interest in the real property above described vested in Earline Mallory at the death of George Mallory.

7. **FURTHER AFFIANT SAITH NOT.**

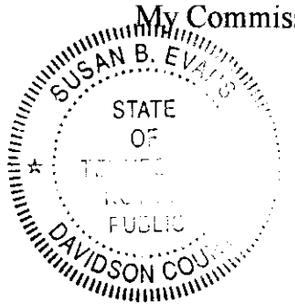
Earline Mallory
Earline Mallory

State of Tennessee)
County of Davidson)

Personally appeared before me, the undersigned authority, a Notary Public in and for the within named Earline Mallory , the bargainor(s) with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at office this 26th day of December 2013.

My Commission Expires: March 9, 2016



Susan B. Evans
Notary Public

STATE OF TENNESSEE
Office of Vital Records

1006459

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): George Mallory, Jr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): October 20, 2010
4. SOCIAL SECURITY NUMBER: [redacted]41
6a. AGE-LAST BIRTHDAY (Years): 71
6b. UNDER 1 YEAR: MOS. / DAYS
6c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Jul 3, 1939
7. BIRTHPLACE (City and State or Foreign Country): Springfield, Tn.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 X No
8a. PLACE OF DEATH (Check only one): HOSPITAL: 1 Inpatient 2 X ER/Outpatient 3 DOA; OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Skyline Medical Center
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): Earline Bell
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Laborer
12b. KIND OF BUSINESS/INDUSTRY: State Industry
13a. RESIDENCE-STATE: Tn
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 3856 Lunn Drive
CENSUS TRACT: 3
13e. INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37218
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes O 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): 8; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): George Mallory Sr.
18. MOTHER'S NAME (First, Middle, Maiden Surname): Sally Rudolph

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Earline Mallory
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3856 Lunn Drive Nashville, Tn 37218

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): Hills of Calvary Cemetery
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▸ Terrell A. Broady
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4009
21c. SIGNATURE OF EMBALMER: ▸ Terrell A Broady
21d. LICENSE NUMBER OF EMBALMER: 4117
22a. NAME AND ADDRESS OF FUNERAL HOME: Terrell Broady Funeral Home, INc. 3855 Clarksville Pike Nashville, Tn. 37218
22b. LICENSE NUMBER OF FUNERAL HOME: 1137

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▸ Claudia Curtis DR
24. DATE FILED (Month, Day, Year): November 10, 2010

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: ▸ [signature] MD
25b. LICENSE NUMBER: TN 38211
25c. DATE SIGNED (Month, Day, Year): 11/9/2010
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)

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Arrhythmia
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. Asthma
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 X No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 X 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: M
31c. INJURY AT WORK? 1 Yes 2 X 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)

PH-1859 (REV. 6/99)

BIRTH NO.

RDA 1390

4377803

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.

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Forman
Tonya Y. Forman, Local Registrar
Davidson County, Tennessee

NOV 10 2010
Date Issued

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD