Instrument Prepared By & Return to:
Martha Child
Attorney at Law
392 Harding Place, Suite 215
Nashville, TN 37211
615-834-4300

BILL GARRETT, Davidson County
Trans:T20140038146 AFFIDAVITH
Recvd: 06/02/14 10:26 3 pgs
Fees:17.00 Taxes:0.00
20140602-0047056

AFFIDAVIT OF HEIRSHIP

I, Mary Lindsley, hereinafter referred to as Affiant, being first duly sworn, makes oath as follows:

1. That Affiant presently resides at the following address: 4021 Lafayette St., Old Hickory, TN 37138

2. That Affiant personally knew Nellie M. Gilbert, deceased, hereinafter referred to as Decedent, for over 40 years and has personal knowledge of the family of Decedent. The Affiant was the next door neighbor of the Decedent and friend for over 40 years.

3. That Affiant Mary Lindsley knew that at the date of death Nellie M. Gilbert had an interest in the following described real estate in Davidson County, Tennessee, 1320 Quail Valley Road, Nashville, Tennessee 37214:

4. The Decedent died on February 16, 2006 and was at the time a resident of Davidson County, State of Tennessee.

5. The Decedent died intestate.

6. That Nellie M. Gilbert was not married at the time of her death.

7. That the following persons are all of the children born to or adopted by Decedent during the Decedent's lifetime: Mamie Bender and Alvin Thomas Gilbert.

8. That the following persons constitute, as of the date of execution of this affidavit, all of the heirs-at-law of Decedent: Mamie Bender and Alvin Thomas Gilbert.

9. The Decedent's property is described as follows:

A CERTAIN TRACT OR PARCEL OF LAND IN DAVIDSON COUNTY, TENNESSEE, DESCRIBED AS FOLLOWS:

Being Lot No. 29, Unit No. 47 on the Plan of Quail Valley, Section 4, Phase 7, as of record in Book 5200, page 522, Register's Office for said County, which plan reference is made for a more complete description.

Being the same property conveyed to Thomas B. Bender and Nellie M. Gilbert, both unmarried by deed from John C. Groomes and wife, Sue L. Groomes, as of record in Book 6866, page 257, said Register's Office.

This conveyance is subject to any and all existing easements and restrictions of record.

FURTHER AFFIANT SAITH NOT.

Mary Lindsley

Affiant's Signature

STATE OF Tennessee

COUNTY OF Davidson

Before me, William A. Watkins, a Notary Public in and for the State and County aforesaid, personally appeared the within named Affiant, Mary Lindsley, with whom I am personally acquainted who made oath that the statements contained in the foregoing affidavit are true to Affiant's own knowledge.

WITNESS my hand and official seal at Old Hickory, (city) Tennessee (state) this 1st day of June, 2014.

William A. Watkins

Notary Public

My Commission Expires: March 7, 2017

WILLIAM A. WATKINS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

Thomas Bender File
Affidavit of Heirship
Documents

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

[redacted] 2006 006270

TYPE/PRINT - Begin with PERMANENT BLACK INK - FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Nellie Gilbert
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): February 16, 2006
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE-LAST BIRTHDAY (Years): 79
5b. UNDER 1 YEAR: (Months / Days)
5c. UNDER 1 DAY: (Hours / Min.)
6. DATE OF BIRTH (Month, Day, Year): Aug 30, 1926
7. BIRTHPLACE (City and State or Foreign Country): Old Hickory, 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 ER/Outpatient 3 DOA; Other: 4 Nursing Home 5 X Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 411 Capital Street 210
9c. CITY, TOWN, OR LOCATION OF DEATH: Old Hickory 094
9d. COUNTY OF DEATH: Davidson 19
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name): [redacted]
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: Clover Bottom
13a. RESIDENCE STATE: Tn
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Old Hickory, Tn
13d. STREET AND NUMBER OR RURAL LOCATION: 411 Capital Street
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37138
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.) Specify if yes: Yes O X No
15. RACE - American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 10; College (1-4 or 5+):

Name of Decedent (If not done by physician or institution)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Henry Cartwright
18. MOTHER'S NAME (First, Middle, Maiden, Surname): Lucille Washington

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Mamie Bender
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1320 Quail Valley Rd Nashville, Tn 37214

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): Hopewell Cemetery
20c. LOCATION (City or Town, State): Old Hickory, 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, Tennessee 37218
22b. LICENSE NUMBER OF FUNERAL HOME: 1137

REGISTRAR

23. REGISTRAR'S SIGNATURE: [signature]
24. DATE FILED (Month, Day, Year): February 27 2006

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]
25b. LICENSE NUMBER: MD 11350
25c. DATE SIGNED (Month, Day, Year): 2-27-06
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 #25 OR #26 MEDICAL CERTIFICATION
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print):

6514032

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977

6514032

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued: Apr-29-2014

CERTIFICATION OF VITAL RECORD