THIS INSTRUMENT PREPARED BY: LARRY D. CRAIG, Attorney at Law, 305 Fourteenth Avenue, North, Nashville, Tennessee 37203

Record Owner:	Robert J. Pillow, Emma J. Pillow, et al
Property Address:	1816 15th Avenue North Nashville, Tennessee 37208
Map:	081-07-0
Parcel:	270.00
Affiant:	Helen H. Lee

BILL GARRETT, Davidson County
Trans:T20150057324 AFFIDAVITH
Recvd: 07/15/15 09:45 4 pgs
Fees:22.00 Taxes:0.00
20150715-0068869

AFFIDAVIT OF HEIRSHIP

Comes the Affiant, Helen H. Lee, being first duly sworn according to law, being of lawful age, residing at 1821 15th Avenue North, Nashville, Davidson County, Tennessee 37208, pursuant to Section 30-2-712, Tennessee Code Annotated, as amended, hereby giving under oath the following of her own free will as a disinterested person and based upon her personal knowledge and familiarity with the hereafter named individuals and family in excess of forty (40) years, and as a family friend, to wit:

1. I am aware that Robert J. Pillow and Emma J. Pillow lived at 1820 15th Avenue North, Nashville, Tennessee 37208. I am aware that Robert J. Pillow died on March 17, 2006, survived by his wife, Emma J. Pillow. Further, that Emma J. Pillow did die on February 7, 2015. I am aware that Robert J. Pillow and Emma J. Pillow had three children, Lawrence Pillow, Frederick L. Pillow and Gregory K. Pillow. I am unaware of any other children born to them. Copies of their death certificates are attached hereto.

2. I am aware that Robert J. Pillow and wife, Emma J. Pillow had as their principal residence during their lifetimes the real property commonly known as 1820 15th Avenue North, Nashville, Tennessee 37208 and owned real property interests in property commonly known as 1816 15th Avenue North, Nashville, Davidson County, Tennessee 37208, a duplex property.

3. Based upon my familiarity with the family and having been neighbors in excess of forty (40) years, the three named aforementioned children of Robert J. Pillow and Emma J. Pillow are their heirs at law.

I make this affidavit of statement of facts being personally known to me so as to ascertain their heirs at law of the decedents and so that the same can be recorded in the Register of Deeds Office for Davidson County, Tennessee, pursuant to the stated law.

FURTHER, Affiant saith not.

WITNESS my hand this 15th day of July, 2015.

Helen H. Lee

HELEN H. LEE

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, a Notary Public in and for said County and State, the within named Helen H. Lee with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence) and who acknowledged that she executed the within instrument for the purpose therein contained.

Witness my hand and official seal at Nashville, Tennessee, this 15th day of July, 2015.

NOTARY PUBLIC

My Commission Expires: 10-28-2015

LARRY D. CRAIG
NOTARY PUBLIC AT LARGE
CHEATHAM COUNTY, TENN.

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0601519

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): Robert J. Pillow JR
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): March 17, 2006
4. SOCIAL SECURITY NUMBER (of Decedent): [redacted]-9775
5a. AGE-LAST BIRTHDAY (Years): 80
5b. UNDER 1 YEAR: MONTHS / DAYS
5c. UNDER 1 DAY: HOURS / MINUTES
6. DATE OF BIRTH (Month, Day, Year): October 5 1925
7. BIRTHPLACE (City and State or Foreign Country): Nashville Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [X] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Alive Hospice
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): Emma Jackson
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Pastoring in Baptist Church
12b. KIND OF BUSINESS/INDUSTRY: Baptist Church
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1820-15th Avenue North
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37208
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.): 1 [ ] Yes 0 [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+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Robert J Pillow
18. MOTHER'S NAME (First, Middle, Maiden Surname): Minerva Williams

INFORMANT

19a. INFORMANT'S NAME (Type/Print): MRS EMMA Pillow
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1820-15th Avenue North Nashville Tennessee 37208

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): Middle Tennessee State Veterans Cemetery
20c. LOCATION-City or Town, State: Pegram, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Melvin Whitmore
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3785
21c. SIGNATURE OF EMBALMER:
21d. LICENSE NUMBER OF EMBALMER: 5022
22a. NAME AND ADDRESS OF FUNERAL HOME: Grace Funeral Home 1012 Buchanan Street Nashville Tennessee
22b. LICENSE NUMBER OF FUNERAL HOME: 1068

REGISTRAR

23. REGISTRAR'S SIGNATURE: Tonya Y. Ruttlen
24. DATE FILED (Month, Day, Year): March 21, 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: Clem Brady MD
25b. LICENSE NUMBER: 37115
25c. DATE SIGNED (Month, Day, Year): 3/21/06
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): Dr James Brady 1710 Patterson ST 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)
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Prostate cancer
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):
SEE INSTRUCTIONS ON OTHER SIDE.
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 [ ] 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)

PH-1659 (REV. 6/99)
BIRTH NO:
RDA 1399

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 Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

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

Tonya Y. Ruttlen
Tonya Y. Ruttlen
Local Registrar

3/29/2006
Date Issued

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

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Emma Jane Pillow
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): February 7, 2015
4. TIME OF DEATH (Approx.): 8:25 pm
5a. AGE-Last Birthday (Years): 82
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): April 6, 1932
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one):
IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing home/Long term care facility ☒ Decedent's home ☐ Other residence ☐ Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): 1820 15th Avenue North
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: ☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage):
11a. DECEDENT'S USUAL OCCUPATION: Domestic
11b. KIND OF BUSINESS/INDUSTRY: Domestic

12. SOCIAL SECURITY NUMBER: [redacted]6052
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 1820 15th Avenue North
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37208
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

NAME OF DECEDENT (For use by Physician or Institution)

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death):
☐ 8th grade or less
☒ 9th – 12th grade; no diploma
☐ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
☐ Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino):
☒ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino (Specify)
☐ Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be):
☐ White
☒ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe)
☐ Asian Indian
☐ Chinese
☐ Filipino
☑ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian (Specify)
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify)
☐ Other (Specify)
☐ Unknown

PARENTS

18. FATHER'S NAME (First, Middle, Last): James Jackson
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Pocahontas Bond

DISPOSITION

20a. INFORMANT'S NAME: Lawrence Pillow
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 600 West Nocturne Dr., Nashville, TN 37207
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☑ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Middle TN State Veterans Cemetery
21c. LOCATION - City or Town and State: Pegram, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ George Baker Jr.
22b. LICENSE NUMBER: 4695
22c. SIGNATURE OF EMBALMER: ▶ Patrick L. Tucker
22d. LICENSE NUMBER: 5072
23a. NAME AND ADDRESS OF FUNERAL HOME: Highland Hills Fuperal Home & Crematory 2422 Brick Church Pike, Nashville, TN 37207
23b. LICENSE NUMBER OF FUNERAL HOME: 1258

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ [signature]
25. DATE FILED (Month, Day, Year): 2/10/15

CERTIFIER

26. CERTIFIER (Check only one):
☒ 26a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.
☐ 26b. 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 stated.

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

27a. SIGNATURE OF CERTIFIER: ▶ [signature]
27b. LICENSE NUMBER: 48448
27c. DATE SIGNED (Month, Day, Year): 2/10/15
27d. NAME AND ADDRESS: Laura Thayer MD 718 Patterson Street, Nashville, TN 37203

MEDICAL CERTIFICATION

28. PART I. Enter the chain of events (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.

IMMEDIATE CAUSE (Final disease or condition resulting in death):
a. Mesenteric Ischemia
Due to (or as a consequence of):
b. Atherosclerotic Cardiovascular Disease
Due to (or as a consequence of):
c.
Due to (or as a consequence of):
d.

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.

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? ☐ Yes ☒ No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No

30. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown
32. IF FEMALE: ☒ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

33. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? ☐ Yes ☐ No
34d. PLACE OF INJURY – at home, farm, street, factory, office, building, etc. (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

PH-1859 (Rev. 10/2011) RDA 1399

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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

7690411

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued: FEB 11 2015

GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD