BILL GARRETT, Davidson County
Trans:T20160003975 AFFIDAVITH
Recvd: 01/15/16 11:21 4 pgs
Fees:22.00 Taxes:0.00
20160115-0004367

AFFIDAVIT OF HEIRSHIP

New Owner	Send Tax Bills To:	Map/par No.
Myra McKinnie **1806 Haley Avenue** **Nashville, TN 37218**	**Myra McKinnie** **1806 Haley Avenue** **Nashville, TN 37218**	**Map 82-3** **Parcel 44**

THIS INSTRUMENT WAS PREPARED BY
Myra McKinnie, 1806 Haley Avenue, Nashville, Tennessee 37218

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

BEING Lot No. 98 on the Map of Sharpe and Horn's Second Addition to Northeast Nashville, of record in Book 161, page 53, Register's Office for said County.

Said Lot No. 98 fronts 50 feet on the east side of Joseph Street or Avenue and runs back between parallel lines 145 feet to an alley.

Being the same property conveyed to James Dillard Mayberry and wife, Jessie Lee Mayberry, by deed from Annie Taylor of record in book 4429, page 769, Register's Office for Davidson County, Tennessee.

Being the same property conveyed to Joe P. Murphy and wife, Dorothy Jean Murphy by deed from James Dillard Mayberry and wife Jessie Lee Mayberry of record in book 4691, page 857, Register's Office for Davidson County, Tennessee.

This is improved property known as 1115 Joseph Avenue, Nashville, Tennessee 37207.

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

1. The above described real property was conveyed to Joe P. Murphy and wife, Dorothy Jean Murphy, as Tenants by the Entirety, by deed from James Dillard Mayberry and wife, Jessie Lee Mayberry, dated March 23, 1973, recorded in Deed Book 4691, page 857,

Register's Office, Davidson County, Tennessee.

2. Dorothy Jean Murphy, died on February 19, 1992, as recorded by the State of Tennessee Office of Vital Records certificate number 8250281 dated the 16th day of March, 1992. (Attached as Exhibit 1.)

3. Joe P. Murphy died on December 18, 2015, as recorded by the State of Tennessee Office of Vital Records certificate number 8246342 dated the 14th day of January, 2016. (Attached as Exhibit 2.)

4. Joe P. Murphy died intestate. The only lawful heir to the Estate of the late Joe P. Murphy is the only living child born of his body: Myra McKinnie.

5. All right, title and interest in the above described real property vested in the biological child of the late Joe P. Murphy, namely: Myra McKinnie.

6. **FURTHER AFFIANT SAITH NOT.**

Myra McKinnie
Myra McKinnie

State of Tennesseee)
County of Davidson)

Personally appeared before me, the undersigned authority, a Notary Public in and for the within named Myra McKinnie, the bargainor(s) 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 purposes therein contained.

Witness my hand and official seal at office this 15th day of January 2016.

JANICE BOONE
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY

My Commission Expires: 4-25-2019

Janice Boone
Notary Public

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

9201033 — STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Dorothy Jean Murphy
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): February 19, 1992
4. SOCIAL SECURITY NUMBER: [redacted]3511
5a. AGE – LAST BIRTHDAY (Years): 58
5b. UNDER 1 YEAR – MOS / DAYS; 5c. UNDER 1 DAY – HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): Feb 12,1934
7. BIRTHPLACE (City and State or Foreign Country): Fayetteville, Tenn
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ Yes 2 ☒ No
8a. PLACE OF DEATH (Check only one): HOSPITAL 1 ☒ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA; OTHER 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Vanderbilt 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): Joseph P. Murphy
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Housewife
12b. KIND OF BUSINESS/INDUSTRY: None
13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1115 Joseph Ave
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 ☒ Yes 2 ☐ No
13f. ZIP CODE: 37207
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes 0 ☒ 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): X; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Unknown
18. MOTHER'S NAME (First, Middle, Maiden Surname): Robbie Pearl Greer

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Joseph P. Murphy
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1115 Joseph Ave., Nashville, Tenn

DISPOSITION

20a. METHOD OF DISPOSITION: 1 ☒ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Cedar Grove
20c. LOCATION—City or Town, State: Belfast, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ W. R. Davis
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2907
21c. SIGNATURE OF EMBALMER: ▶ James Studdard
21d. LICENSE NUMBER OF EMBALMER: 2754
22a. NAME AND ADDRESS OF FUNERAL HOME: Davis-Campbell-McClain 1404 Jefferson Nashville, Tenn
22b. LICENSE NUMBER OF FUNERAL HOME: 403

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Mary C Pentecost
24. DATE FILED (Month, Day, Year): March 16, 1992

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: ▶ Lewis R. Knapper MD
25b. LICENSE NUMBER: MD012277
25c. DATE SIGNED (Month, Day, Year): 3-6-92
26a. MEDICAL EXAMINER – On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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):

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.

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	acute respiratory failure	3
DUE TO (OR AS A CONSEQUENCE OF):		48
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST — b.	anoxic brain damage	
DUE TO (OR AS A CONSEQUENCE OF):		48
c.	cardiopulmonary arrest	
DUE TO (OR AS A CONSEQUENCE OF):		2 years
d.	death, hypovolemic ketoacidosis (diabetes)	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: malignant bleed

25a. 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 ☒ 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 ☐ 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):

BIRTH NO

Exhibit 1

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.

8250281

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

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

8250281
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

STATE OF TENNESSEE
Office of Vital Records

1508784

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Joseph Porter Murphy
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): December 18, 2015
4. TIME OF DEATH (Approx.):
5a. AGE-Last Birthday (Years): 87
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): March 28, 1928
7. BIRTHPLACE (City and State or Foreign Country): Mcburg, 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): Cumberland Manor
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: Laborer
11b. KIND OF BUSINESS/INDUSTRY: Werthan Bags

12. SOCIAL SECURITY NUMBER: [redacted]12
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville

13d. STREET AND NUMBER: 1115 Joseph Ave.
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37206
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

3

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): Porter Murphy
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Bessie Hays

DISPOSITION

20a. INFORMANT'S NAME: Myra McKinnie
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1806 Hailey Ave., Nashville, Tn. 37218

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Cedar Grove Cemetery
21c. LOCATION - City or Town and State: Bellfast, Tennessee

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Byrettia L. Broady
22b. LICENSE NUMBER: 5130
22c. SIGNATURE OF EMBALMER: ▶ Terrell Broady
22d. LICENSE NUMBER: 4117

23a. NAME AND ADDRESS OF FUNERAL HOME: Terrell Broady Funeral Home, Inc, 3855 Clarksville Pike, Nashville, Tn. 37218
23b. LICENSE NUMBER OF FUNERAL HOME: 1137

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Deborah Rhodes (DR)
25. DATE FILED (Month, Day, Year): January 14 2016

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: 11486
27c. DATE SIGNED (Month, Day, Year): 12-29-2015
27d. NAME AND ADDRESS: KENNETH HICKS, MD 1100 KERMIT DRIVE; #106; NASHVILLE TN 37217

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.

		Approximate Interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. MYOCARDIAL INFARCTION	
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	Due to (or as a consequence of): b. SQUAMOUS CELL CARCINOMA OF (R) LUNG	DX'D TO DEATH
	Due to (or as a consequence of): c. MULTIPLE STAGE IV SEPTIC DECUBITI (BOTH HIPS & SACRUM)	> 2 mos
	Due to (or as a consequence of): d. SEVERE PROTEIN CALORIC MALNUTRITION	> 30 DAYS

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
FAILURE TO THRIVE; CHF; DEMENTIA; HTN; DJD

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-1659 (Rev. 10/2011) RDA 1399

Exhibit 2

8246342

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.

8246342

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued JAN 14 2016

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796 1936

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD