This Instrument Prepared by:

Karen Johnson Davidson County
Batch# 995726 AFFIDAVITH
04/24/2023 03:13:50 PM 7 pgs
Fees: $37.00 Taxes: $0.00
20230424-0030123

The Law Offices of
LUVELL L. GLANTON
915 Jefferson Street
Nashville, TN 37208

AFFIDAVIT OF HEIRSHIP

Tennessee Code Annotated § 30-2-712.

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Mail Tax Statement to:
William E. Mumphrey, Jr.
3904 Delaware Ave.
Nashville, TN 37209

COMES NOW, **WILLIAM E. MUMPHREY, JR.,** son and only heir in this cause, having been duly sworn, who would state to the oath as follows:

1. My full name is **WILLIAM E. MUMPHREY, JR.**.. I will refer to myself in this affidavit as the affiant.

2. I currently reside at 3904 Delaware Avenue, Nashville, TN 37209.

3. I have resided at 3904 Delaware Avenue, Nashville, TN 37209 for over 50 years.

4. I am the biological son of **WILLIAM E. MUMPHREY** and **EARTHER TICE MUMPHREY.**

5. **EARTHER TICE MUMPHREY** was married to **WILLIAM E. MUMPHREY** and they had one (1) child.

6. Born to the Mumphrey union was **WILLIAM E. MUMPHREY, JR.**

7. On February 1, 1972, **WILLIAM E. MUMPHREY** at the age of 48 years old died intestate at 3904 Delaware Avenue, Nashville, Tennessee 37209. On September 29, 1983, **EARTHER TICE MUMPHREY** at the age of 61 years old died intestate at 3904 Delaware Avenue, Nashville, Tennessee 37209. A copy of their death certificates are attached as Exhibit 1 and 2 & 3 Affidavit in support.

4. The estate of the Decedent, **WILLIAM E. MUMPHREY** was not administered in a proceeding by a court.

5. The estate of the Decedent, **EARTHER TICE MUMPHREY** was not administered in a proceeding by a court.

I am the sole surviving heir to the Estate of Earther Tice Mumphrey, and as such am the rightful owner of the following described real estate in Davidson County, Tennessee, to-wit:

Land in Davidson County, Tennessee, being Lot No. 5 in the Subdivision of part of Lot No. 8 Clifton Plan which is of record in Book 21, page 35, Register's Office for said County. A Plan of said Subdivision is not of record.

Said Lot No. 5 fronts 50 feet on the north side of Correy Street, now Delaware Avenue, beginning at a point on the North side of said Correy Street, or Delaware Avenue, 120 feet westerly from the westerly margin of Watson Street, and extending westerly along said Correy Street, or Delaware Avenue, 50 feet and extending back northerly between parallel lines 156 feet, more or less, to an alley.

Being the same property conveyed to Ed Rogers by deed from Eugene Pargh, Trustee, dated June 26, 1958, filed September 2, 1958, of record in Book 2802, page 469, said Register's Office.

Being the same property conveyed to William E. Mumphrey and wife, Earther Tice Mumphrey, heirs and assigns, by Installment Deed of record September 1958, in book 91, page 176, in the Register's Office for Davidson County, Tennessee.

IN WITNESS WHEREOF, I have hereunto set my signature, on this the 13th day of April, 2023.

THIS INSTRUMENT WAS PREPARED FROM INFORMATION SUPPLIED BY THE PARTIES. NO TITLE EXAMINATION HAS BEEN PERFORMED OR REQUESTED AND THE LAW OFFICES OF LUVELL L. GLANTON, PLLC. SHALL NOT BE RESPONSIBLE FOR ANY MATTER THAT COULD HAVE BEEN RESOLVED BY A TITLE EXAMINATION.

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

I, **WILLIAM MUMPHREY**, hereby offer this instrument for recording within the meaning of the statutes of the State of Tennessee

WILLIAM MUMPHREY

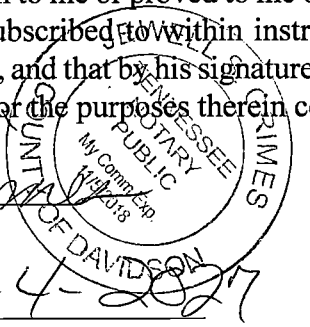
Sworn to and subscribed before me this

13th day of April, 2023.



STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

On the 13th day of April, 2023, before me, the undersigned, personally appeared William E. Mumphrey, Jr., personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, acknowledged that he executed the within instrument for the purposes therein contained.



Jewell S. Grimes

NOTARY PUBLIC

My Commission Expires: 1-4-2027

STATE OF TENNESSEE
Office of Vital Records

11-60
1994

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH — DIVISION OF VITAL STATISTICS

FILE NO. 72-003758

11-26-37

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

053

TYPE OR PRINT IN PERMANENT BLUE OR BLACK INK.

473510

BIRTH NO.

DECEASED

RESIDENCE DECEASED IF DEATH DO IN ION, GIVE B BEFORE ON.

003758X1972

ST AND MANT.

CAUSE

ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 72 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

538

CERTIFIER

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFF SIGN HERE.

PERMIT REQUIRED PRIOR TO TRANSPORTATION OF BODY BY COMMON CARRIER OR REMOVAL FROM STATE.

BURIAL

FORM 120 REV. 1-68

1. DECEASED — NAME: WILLIAM (First) EDWARD (Middle) MUMPHREY (Last)				2. DATE OF DEATH (MONTH, DAY, YEAR): February 1, 1972
3. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)): Negro	4. SEX: Male	5a. AGE — LAST BIRTHDAY (YEARS): 48	5b. UNDER 1 YEAR: MOS. / DAYS	5c. UNDER 1 DAY: HOURS / MIN.	6. DATE OF BIRTH (MONTH, DAY, YEAR): February 10, 1923
7a. COUNTY OF DEATH: Davidson		7b. CITY, TOWN, OR LOCATION OF DEATH: Nashville	7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes	7d. HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): VA Hospital
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Tennessee	9. CITIZEN OF WHAT COUNTRY: USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married	11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Earther Tice	
12a. SOCIAL SECURITY NUMBER: -6533	12b. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE): WW2	13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Apprentice	13b. KIND OF BUSINESS OR INDUSTRY: Engraving	
14a. RESIDENCE — STATE: Tennessee	14b. COUNTY: Davidson	14c. CITY, TOWN, OR LOCATION: Nashville	14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes	14e. STREET AND NUMBER: 3904 Delaware Ave. 37209
15. FATHER — NAME: Joseph Mumphrey	16. MOTHER — MAIDEN NAME: Mary Bradley	17. INFORMANT — NAME: Decedent on admission	MAILING ADDRESS	

16. PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)]

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cardiac arrest	16 21
DUE TO, OR AS A CONSEQUENCE OF: (b)	Hypotension	4 27
DUE TO, OR AS A CONSEQUENCE OF: (c)	Carcinoma of lung	—

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a). 19a. AUTOPSY (YES OR NO): No. 19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH: ——

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	20b. DATE OF INJURY (MONTH, DAY, YEAR)	20c. HOUR	20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 16)
20e. INJURY AT WORK (SPECIFY YES OR NO)	20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	

21a. PHYSICIAN — CERTIFICATION: I ATTENDED THE DECEASED AND DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. From 1-27-72 to 2-1-72 — SIGNATURE — DEGREE: M.D. — 21b. DATE SIGNED (MONTH, DAY, YEAR): February 8, 1972

22a. MEDICAL EXAMINER — CERTIFICATION: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. — SIGNATURE — TITLE — 22b. DATE SIGNED (MONTH, DAY, YEAR)

23a. CERTIFIER — NAME (TYPE OR PRINT): W. D. SAIMON, JR., M. D.	23b. MAILING ADDRESS (STREET OR R.F.D. NO.): VA Hospital	CITY OR TOWN: Nashville,	STATE: Tennessee	ZIP: 37203
24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial	24b. DATE (MONTH, DAY, YEAR): Feb. 5, 1972	24c. CEMETERY OR CREMATORY — NAME: Greenwood	24d. LOCATION — CITY OR TOWN, STATE: Nashville, Tennessee	
25. FUNERAL HOME — NAME AND ADDRESS: Wm. Gunter & Sons 1711 JoJohnston Nashville, Tennessee 37203		26a. REGISTRAR — SIGNATURE: Esther D Groh	26b. DATE RECEIVED BY LOCAL REGISTRAR: 2-10-72	

4261814

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

Date Issued Aug-04-2010

EXHIBIT 1

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

1 19094
8304464 25
19094 BIRTH NO.

83-031992 STATE FILE NO.

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT BLACK INK.

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PERMIT R... TRANSPOR... COMMON ... REMOVAL-FR... ...NIOR TO ...BODY BY ...OR RE-

...OSITION

...RTIFIER

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE. ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

CAUSE

1. DECEASED—NAME (First) Earther	(Middle)	(Last) Mumphrey	2. DATE OF DEATH (Month, Day, Year) 9-29-83
3a. AGE—Last Birthday (Years) 61	3b. Under 1 Year: Mos. / Days	3c. Under 1 Day: Hours / Min.	4. DATE OF BIRTH (Month, Day, Year) 10-22-21
5a. RACE (White, Black, American Indian, Etc.—Specify) Black	5b. ORIGIN OR DESCENT—Italian, Mexican, German, Etc. (Specify) 99	6. SEX Female	
7a. COUNTY OF DEATH Davidson	7b. CITY, TOWN, OR LOCATION Nashville	7c. INSIDE CITY LIMITS (Specify Yes or No) Yes	7d. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, specify private residence, business, street, etc.) Baptist
7e. If Hosp. or Inst., Inpatient or Outpatient? Inpatient			
8. STATE OF BIRTH (If not in U.S.A., name country) Alabama	9. CITIZEN OF WHAT COUNTRY USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	11. SURVIVING SPOUSE (If wife, give maiden name)
12a. SOCIAL SECURITY NUMBER -0519	12b. SERVICE IN ARMED FORCES (Specify Yes or No)	13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic	13b. KIND OF BUSINESS OR INDUSTRY Self
14a. RESIDENCE—STATE Tennessee	14b. COUNTY Davidson	14c. CITY, TOWN, OR LOCATION Nashville	14d. STREET AND NUMBER 3904 Delaware AV
14e. INSIDE CITY LIMITS (Specify Yes or No) Yes	14f. CENSUS TRACT NO.		
15. FATHER—NAME Luzell Tice	16. MOTHER—MAIDEN NAME Lydia Willis	17. INFORMANT—NAME William Mumphrey	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 3904 Delaware AV
18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial	18b. DATE (Month, Day, Year) 10-1-83	18c. CEMETERY OR CREMATORY—NAME Greenwood	18d. LOCATION (City or Town, State) Nashville, Tennessee
19a. FUNERAL DIRECTOR (Signature) Marcus H. Gunter	19b. LICENSE NO. 2212	19c. EMBALMER (Signature) Samuel E. Hooker	19d. LICENSE NO. 2554
20. FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip) Wm. Gunter and Sons, Nash. Tenn.		21a. REGISTRAR—SIGNATURE Esther D. Groh	21b. DATE RECEIVED BY LOCAL REGISTRAR 10-12-83
22a. PHYSICIAN—I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE T. M. Jordan Jr.	DEGREE MD	23a. DATE SIGNED (Month, Day, Year) October 6, 1983	
22b. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THIS BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. T. M. Jordan, M. D.	TITLE	23b. DATE SIGNED (Month, Day, Year) 5	
23c. CERTIFIER—NAME (Type or Print)	24a. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		

25. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Carcinoma of the colon with metastatis	3 years
DUE TO, OR AS A CONSEQUENCE OF: (b)		1539
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: DUE TO, OR AS A CONSEQUENCE OF: (c)		

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a). 26. AUTOPSY (Yes or No) no 2

27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (Specify) -----	27b. DATE OF INJURY (Month, Day, Year) -----	27c. HOUR -----	27d. DESCRIBE HOW INJURY OCCURRED -----
27e. INJURY AT WORK (Specify Yes or No) -----	27f. PLACE OF INJURY (At home, farm, street, factory, office bldg., etc. (Specify)) -----	27g. LOCATION (Street or R.F.D. No., City or Town, State) -----	

PH-1659
Rev. 9/81 CRC

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.

14988357

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

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

Date Issued: Mar 21 2023

[redacted]

CERTIFICATION OF VITAL RECORD

AFFIDAVIT IN SUPPORT OF HEIRSHIP
OF WILLIAM E. MUMPHREY, JR

1. My name is Brenda Demonbreun. I am more than eighteen (18) years of age and have personal knowledge of the facts contained in this Affidavit. If sworn as a witness in this matter, I could testify competently to the statements contained in this affidavit.

2. I reside at 3413 Chateau Valley Lane, Nashville, Davidson County, Tennessee. I have resided at the same address for over 20 years.

3. I have been a resident of Nashville, Davidson County, Tennessee for over 50 years.

4. I have known Mr. William E. Mumphrey for over 50 years.

5. I have known Mr. William E. Mumphrey to always reside at Delaware Avenue, Nashville, Tennessee.

6. I was personally acquainted with Mr. William E. Mumphrey and his wife Earther Tice Mumphrey, parents of my school mate William Mumphrey, Jr.

7. I knew Mr. and Mrs. Mumphrey as a married couple.

8. I have known Mr. William E. Mumphrey, Jr. as being the only child of William E. Mumphrey and Earther Tice Mumphrey.

19. I understand that any false statements herein will subject me to penalties of perjury.

FURTHER AFFIANT SAITH NOT.

Brenda Demonbreun

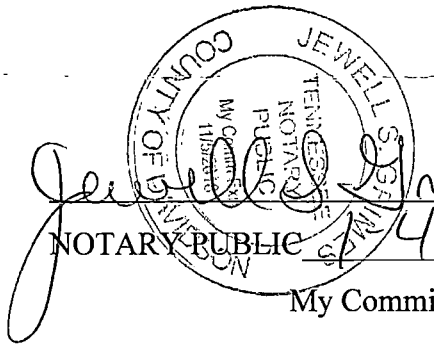
BRENDA DEMONBREUN

EXHIBIT 3

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

Sworn to and Subscribed before me this 29th day of ~~February~~ March, 2023.



NOTARY PUBLIC

My Commission Expires 4-4-2027