Davidson County AFFIDAVIT
Recvd: 09/20/05 10:59 4 pgs
Fees:22.00 Taxes:0.00
20050920-0112896

PICK-UP

AFFIDAVIT OF HEIRSHIP

New Owner	Send Tax Bills To:	Map/par No.
JEANINE WILLIAMSON **309 N. Jefferson Street** **Princeton, Kentucky 42445**	**same**	**Map 7-11.10** **Par 10D-21903**

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

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

Land in Davidson County, Tennessee, being Lot No. 45 on the Plan of Section 3, Grissard Manor, of record in Plat Book 4675 at page 40, Register's Office of Davidson County, Tennessee to which reference is hereby made for a more complete description.

Being the same property conveyed to Homer Alexander by deed recorded in book 6568 at page 330 Register's Office for Davidson County, Tennessee.

Being the same property conveyed to Charles R. Williamson and wife Jeanine Williamson by Warranty Deed on April 17, 1986 of record in Book 6851, Page 45 Registers Office of Davidson County, Tennessee.

Charles R. Williamson died in Caldwell County, Kentucky on August 14, 2005.

This is improved property known as 1996 Tinnin Road, Goodlettsville, Davidson County, Tennessee 37072.

State of Kentucky)
County of Caldwell)

Comes now, Jeanine Williamson, wife of the late Charles R. Williamson and

Administrator of the estate of Charles R. Williamson, and after first being duly sworn according to law, attests and states as follows:

1. Affiant is the lawful wife of Charles R. Williamson.

2. The above described real property was purchased by and owned by Charles R. Williamson and wife Jeanine Williamson as tenants by the entirety from the date of purchase on April 17, 1986 until the date of the death of Charles R. Williamson on August 14, 2005.

3. Charles R. Williamson died intestate in Princeton, Caldwell County, Kentucky on August 14, 2005. His estate was probated in the District Court of Caldwell County, Kentucky and Jeanine Williamson was appointed administrator of the estate.

4. Charles R. Williamson and Jeanine Williamson were lawfully married at the time the real property was purchased by them as tenants by the entirety. They remained lawfully married at all times the real property was owned by them until the death of Charles R. Williamson on August 14, 2005.

5. The death certificate of Charles R. Williamson is attached hereto and made an Exhibit to this Affidavit of Heirship.

6. The only lawful owner of the real property as the surviving tenant is Jeanine Williamson and all rights, title and interests in and to the real property is vested in Jeanine

Williamson.

7. **FURTHER AFFIANT SAITH NOT.**

Jeanine Williamson
JEANINE WILLIAMSON

State of Kentucky)
County of Caldwell)

Personally appeared before me, the undersigned authority, a Notary Public in and for the within named Jeanine Williamson, 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 13 day of September 2005.

My Commission Expires: 4-28-07

Debra L. Cook
Notary Public
State at Large

NOTARY PUBLIC
DEBRA L. COOK
STATE AT LARGE KY

Registrar of Vital Statistics
Certified Copy

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND NOT A WHITE BACKGROUND

1205512

FORM VS NO. 1-A
(Rev. 5/02)

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH SERVICES
REGISTRAR OF VITAL STATISTICS

116 2005 25404
FILE NO.

CERTIFICATE OF DEATH

MUST BE TYPED

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Charles Rickie Williamson
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): Aug 14, 2005
4. SOCIAL SECURITY NO.: 406 74 6791
5a. AGE Last Birthday (Years): 47
5b. UNDER 1 YEAR (Months) (Days): 5c. UNDER 1 DAY (Hours) (Minutes):
6. DATE OF BIRTH (Month, Day, Year): Apr 4, 1958
7. BIRTHPLACE (City/State or Foreign Country): NC
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☒ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Caldwell Co. Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Princeton
9d. COUNTY OF DEATH: Caldwell
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Jeanine
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do Not use retired): Physical Therapist
12b. KIND OF BUSINESS/INDUSTRY: Health Care
13a. RESIDENCE - State: KY
13b. COUNTY: Caldwell
13c. CITY, TOWN, OR LOCATION: Princeton
13d. STREET AND NUMBER: 309 N. Jefferson
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 42445
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes – If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes
15. RACE – American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elem/Secondary (0-12): College (1-4 or 5+): 4

PARENTS

17. FATHER'S NAME (First, Middle, Last): Jimmy Williamson
18. MOTHER'S NAME (First, Middle, Maiden Surname): Leslie Lacey

INFORMANT

19a. INFORMANT'S NAME: Jeanine Williamson
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 309 N. Jefferson, Princeton, KY 42445

DISPOSITION

20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Princeton Memorial
20c. LOCATION (City, Town, or State): Princeton, KY
21. SIGNATURE OF FUNERAL SERVICE LICENSEE (Or person acting as such):
22. NAME AND ADDRESS OF FACILITY: Dunn's Funeral Home 301 W. Fairview Ave., Eddyville, KY 42038

CERTIFIER

23a. To the best of my knowledge, death occurred at the time, date, place and due to the causes stated
Signature and Title: Debra Wilder MD (MUST USE BLACK INK)
23b. DATE SIGNED (Month, Day, Year): 8/24/05
24. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28): Dr. Debra Wilder P.O. Box 460, Kuttawa, KY 42055
25. TIME OF DEATH: 7:45 pm
26. DATE PRONOUNCED DEAD (Month, Day, Year): August 14, 2005
27. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? ☐ Yes ☒ No

CAUSE OF DEATH

28. PART I. Enter the diseases, injuries, or complications that caused 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. Acute Myocardial infarction
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):
d.
PART II. Other significant conditions contributed to death but not resulting in the underlying cause given in Part I.
28a. If female, was there a pregnancy in the past 12 months? ☐ Yes ☐ No
28b. Was an autopsy performed? ☐ Yes ☒ No
28c. Were autopsy findings available prior to completion of cause of death? ☐ Yes ☒ No
28d. Did the deceased have Diabetes? ☐ Yes ☒ No
28e. Was Diabetes an immediate, underlying, or contributing cause of or condition leading to death? ☐ Yes ☐ No
29. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be determined ☐ Homicide
30a. DATE OF INJURY (Month, Day, Year):
30b. TIME OF INJURY:
30c. INJURY AT WORK? ☐ Yes ☒ No
30d. DESCRIBE HOW INJURY OCCURRED:
30e. PLACE OF INJURY – At home, farm, street, factory, office building, etc. (Specify):
30f. LOCATION (Street and Number or Rural Route Number, City or Town):

REGISTRAR

31. REGISTRAR'S SIGNATURE: Gary L. Kupchinsky
32. DATE FILED (Month, Day, Year): SEP 06 2005

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK HOLD AT AN ANGLE TO VIEW

I, Gary L. Kupchinsky, State Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 7 day of Sept, 20 05.

Gary L. Kupchinsky, State Registrar

U.S. PATENT NO's 6,227,720 6265488 6315198 6227719 6,10240 6341484 6351547