BILL GARRETT, Davidson County
Trans:T20100056276 AFFIDAVIT
Recvd: 09/08/10 11:16 6 pgs
Fees:32.00 Taxes:0.00
20100908-0071397

AFFIDAVIT OF HEIRSHIP

New Owner	Send Tax Bills To:	Map/par No.
Jacqueline Elizabeth Watkins **Wayne Ross Simmons** **109 Claytie South** **Nashville, Tennessee 37221**	**same**	

This instrument prepared by Dan R. Alexander, Attorney at Law, 2016 8th Av. South, Nashville, TN 37204

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

Land in Davidson County, Tennessee Being Lot No. 36 in West Meade Farms, Section 3, of Record in Book 1835, Page 4, Register's Office for Davidson County, Tennessee.

Beginning at a point on the north margin of Allendale Drive, at the corner of Lots No. 36 and 37; thence with the line between said lots northerly 145 feet to a point; Thence easterly 109.9 feet to a point in the margin of Harding Road; Thence with the margin of said road southerly 119.2 feet to the beginning of a curve; Thence around said curve in a southeasterly direction 40 feet to a point in the margin of Allendale Drive; Thence with same westerly 89.2 feet to the beginning.

Being a part of the same property conveyed to Remert B. Woodroof and Wife, Margarette D. Woodroof, by Deed from John Parry Sheftall, *et ux*, of record in Book 1945, Page 207, Register's Office Davidson County, Tennessee.

Being the same property conveyed to Jack R. Simmons and Wife, Elizabeth A. Simmons by Warranty Deed on July 24, 1957 of record in Book 2544, Page 105 Register's Office of Davidson County, Tennessee.

Jack Ross Simmons, one and the same as Jack R. Simmons, died on September 8, 1992 and his Wife, Elizabeth Shivley Simmons, one and the same Elizabeth S. Simmons, died on May 30, 2010.

This is improved property known as 100 Allendale Dirve, Nashville, Davidson County, Tenn. 37205.

1. Affiant, Jacqueline Elizabeth Watkins, is the daughter of the late Elizabeth A. Simmons and Jack Ross Simmons.

2. Elizabeth A. Simmons died on May 30, 2010 in Nashville, Davidson County, Tennessee and her death certificate is attached hereto as Exhibit No. 1.

3. Jack Ross Simmons died on September 8, 1992 in Nashville, Davidson County, Tennessee and his Certificate of Death is attached hereto as Exhibit No. 2.

4. Jack Ross Simmons and Elizabeth A. Simmons were lawfully married prior to the date on which they acquired the above property and remained married until the death of Jack Ross Simmons on September 8, 1992.

5. Affiant, Jacqueline Elizabeth Watkins and her brother, Wayne Ross Simmons were born of the bodies of Jack Ross Simmons and Elizabeth A. Simmons and were the only children born of the bodies of either Jack Ross Simmons or Elizabeth A. Simmons and no child was lawfully adopted by either Jack Ross Simmons or Elizabeth A. Simmons.

6. Jack Ross Simmons died intestate and was survived at the time his death by his wife, Elizabeth A. Simmons, and Jacqueline Elizabeth Watkins and her brother, Wayne Ross Simmons.

7. Elizabeth A. Simmons left a Last Will and Testament dated September 26, 2001 and that Last Will and Testament will be attached to a Small Estate Affidavit in the Clerk of the Probate Court of Davidson County, Tennessee with a copy attached hereto as Exhibit No. 3.

8. All rights, title and interests in the real property above described vested in the above two children, Jacqueline Elizabeth Watkins and her brother, Wayne Ross Simmons, as the only lawful heirs of Elizabeth A. Simmons and each has an undivided interest as tenants in common.

8. **FURTHER AFFIANT SAITH NOT.**

Jacqueline Elizabeth Watkins

State of Tennessee)
County of Davidson)

Personally appeared before me, the undersigned authority, a Notary Public in and for the within named Jacquline Elizabeth Watkins, 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 1st day of September 2010.

My Commission Expires: 8-22-2011

Notary Public

JANICE BOONE
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY

STATE OF TENNESSEE
Office of Vital Records

1003189

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last)	2. SEX	3. DATE OF DEATH (Month, Day, Year)
Elizabeth Shively Simmons	Female	05/30/2010

4. SOCIAL SECURITY NUMBER (of Deceased)	5a. AGE-LAST BIRTHDAY (Years)	5b. UNDER 1 YEAR MOS. / DAYS	5c. UNDER 1 DAY HOURS / MIN.	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)
414-22-6021	84			04/02/1926	Nashville, Tn

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No

9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [X] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
West Meade Place	Nashville	Davidson

10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	12b. KIND OF BUSINESS/INDUSTRY
Widowed		Supervisor	Bellsouth

13a. RESIDENCE-STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER OR RURAL LOCATION
Tennessee	Davidson	Nashville	109 Claytie S

CENSUS TRACT

13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.)	15. RACE-American Indian, Black, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed)	
1 [X] Yes 2 [ ] No	37221	[ ] Yes [X] No	White	Elementary/Secondary (0-12): 10	College (1-4 or 5+):

17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden Surname)
John Alvin Shively	Lillie Mae Sullivan

19a. INFORMANT'S NAME (Type/Print)	19b. RELATIONSHIP TO DECEASED	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
Jackie Watkins	Daughter	109 Claytie S., Nashville, TN, 37221

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION-City or Town, State
1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)	Harpeth Hills Memory Gardens	Nashville, TN

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER OF FUNERAL DIRECTOR	21c. SIGNATURE OF EMBALMER	21d. LICENSE NUMBER OF EMBALMER
▶ Justin Marshall	6268	▶ Justin Marshall	6269

22a. NAME AND ADDRESS OF FUNERAL HOME	22b. LICENSE NUMBER OF FUNERAL HOME
Harpeth Hills Funeral Home 9090 Hwy 100 - PO Box 210242, Nashville, TN 37221	849

23. REGISTRAR'S SIGNATURE	24. DATE FILED (Month, Day, Year)
▶ Linda L. Bowers	June 3, 2010

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 [ ] SIGNATURE AND TITLE OF PHYSICIAN	25b. LICENSE NUMBER	25c. DATE SIGNED (Month, Day, Year)
▶	MD013402	6/5/10

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 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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Respiratory Failure 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. Pneumonia DUE TO (OR AS A CONSEQUENCE OF):	
	c. COPD DUE TO (OR AS A CONSEQUENCE OF):	
	d.	

SEE INSTRUCTIONS ON OTHER SIDE

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

Severe Alzheimer's dementia
Heart (complete heart block - family refused pacemaker)

28a. WAS AN AUTOPSY PERFORMED?	29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
1 [ ] Yes 2 [ ] No	1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH	31a. DATE OF INJURY (Month, Day, Year)	31b. TIME OF INJURY	31c. INJURY AT WORK?	31d. DESCRIBE HOW INJURY OCCURRED
1 [X] Natural 5 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide			1 [ ] Yes 2 [ ] No	

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)

ANTI-FRAUD PROTECTION FEATURE: SEE BACK

4-1659 (REV. 5/98)

BIRTH NO.

4381487

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

Tonya Y. Foreman
Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

JUN 03 2010
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
DEPARTMENT OF HEALTH AND ENVIRONMENT
CORDELL HULL BUILDING
NASHVILLE, TENNESSEE 37219-5402

I hereby certify the below to be a true and correct copy of the official document on file in this department. Valid ONLY when embossed seal of the Tennessee Department of Health and Environment and red imprinted signature of the State Registrar are affixed.

Paula Taylor

Paula Taylor
State Registrar

9204254

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
CERTIFICATE OF DEATH

STATE FILE NUMBER 92 030579

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT. For use by physician or institution

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Jack Ross Simmons
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): September 8, 1992
4. SOCIAL SECURITY NUMBER (of Deceased): 410-22-4885
5a. AGE – LAST BIRTHDAY (Years): 71
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): Sept. 26, 1920
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 [X] 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): St. Thomas 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): Elizabeth Shively
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Metro Parks/Greens Keeper
12b. KIND OF BUSINESS/INDUSTRY: Metro Government
13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 100 Allendale Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37205
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No
Specify, if yes:
15. RACE—American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS
17. FATHER'S NAME (First, Middle, Last): Harry Simmons
18. MOTHER'S NAME (First, Middle, Maiden Surname): Nell Howell

INFORMANT
19a. INFORMANT'S NAME (Type/Print): Elizabeth Simmons
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 100 Allendale Drive, Nashville, Tennessee 37205

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): Harpeth Hills Memory Gardens
20c. LOCATION—City or Town, State: Nashville, Tennessee 37221
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Robert R. Bacon
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: # 3544
21c. SIGNATURE OF EMBALMER: ▶ Robert R Bacon
21d. LICENSE NUMBER OF EMBALMER: # 3808
22a. NAME AND ADDRESS OF FUNERAL HOME: Harpeth Hills Funeral Home, 9090 Highway 100, Nashville, Tennessee 37221
22b. LICENSE NUMBER OF FUNERAL HOME: 849

REGISTRAR
23. REGISTRAR'S SIGNATURE: ▶ Mary C. Pettecost
24. DATE FILED (Month, Day, Year): September 15, 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 [X] SIGNATURE AND TITLE OF PHYSICIAN: ▶
25b. LICENSE NUMBER: #11149
25c. DATE SIGNED (Month, Day, Year): 9-15-92
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):
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Dr. Clyde Heflin Jr., St. Thomas Med. Plaza, Nashville, Tennessee

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

SEE INSTRUCTIONS ON OTHER SIDE

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. Chronic Obstructive Pulmonary Disease - End Stage
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. DUE TO (OR AS A CONSEQUENCE OF):
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 [ ] 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.

LAST WILL AND TESTAMENT

OF

ELIZABETH A. SIMMONS

I, Elizabeth A. Simmons, a resident and citizen of Nashville, Davidson County, Tennessee residing at 100 Allendale Drive, Nashville, Davidson County, Tennessee, and being of sound mind and disposing memory, declare this to be my last Will and Testament and I revoke any and all wills and codicils previously made by me.

I.

Executor: I hereby name, constitute and appoint my two children, Wayne Ross Simmons and Jacqueline Elizabeth Watkins, as Co-Executors of this my Last Will and Testament and I direct that they serve without posting any bond or making any accounting. I grant my Executors full authority to sell and transfer real property in addition to any other authority the Executors may have. I direct that the Executors pay all my just debts and expenses, including the costs of my last illness, prior to making any disbursements.

II.

I hereby give devise and bequeath to my daughter, Jacqueline Elizabeth Watkins, my desert-rose dishes and my jewelry.

I hereby give, devise and bequeath to my son, Wayne Ross Simmons, my sterling flatware.

III.

After the special bequests listed in item II above have been given and excluding only the special bequests given above, I hereby give, devise and bequeath to my two children, Jacqueline Elizabeth Watkins and Wayne Ross

Elizabeth A Simmons

Simmons all of my estate, real, personal and mixed property, however constituted and wheresoever located, including my home and real property at 100 Allendale Drive, Nashville, Davidson County, Tennessee 37205 and all furnishings therein included.

IN WITNESS WHEREOF, I have hereunto set my hand to this my Will, consisting of two (2) pages, each of which bears my initials or signature, at Nashville, Davidson County, Tennessee, this 26 day of September 2001.

Elizabeth A. Simmons
ELIZABETH A. SIMMONS
Testatrix

Signed, published, and declared by Elizabeth A. Simmons as and for her Last Will and Testament, in the presence of us, the undersigned, who, at her request and in her sight and presence and in the sight and presence of each other at the same time, have hereunto set out our names as attesting witnesses on the day and date and at the place above written. We each attest that at the time of the execution of the above Last Will and Testament the testatrix was of sound and disposing mind and memory and she and both witnesses were over 18 years of age.

Dan R Alexander
WITNESS

Address 704 Juliet Drive
Mt Juliet TN 37122
Apt 2C, 2nd

Janice Boone
Janice Boone
WITNESS

Address 109 Edgewater Pl
Henderson 4a
37075