BILL GARRETT, Davidson County
Trans:T20130080505 AFFIDAVIT
Recvd: 09/17/13 13:44 5 pgs
Fees:27.00 Taxes:0.00
20130917-0097923

Prepared by
Patricia Utley
3208 LaGrange
Nashville, TN 37218

# AFFIDAVIT OF HEIRSHIP

As to Frances H. Lee
(Name of Deceased)

Do not complete this form if the decedent left a will that was probated in court or if there has been a court administration of decedent's estate.

I, Patricia I. Utley (affiant) being of lawful age, being first duly sworn, upon oath deposes and says:

That I was personally well acquainted with the above named decedent, during his/her lifetime, having known him (or her) for 63 years, and that affiant bears the following relationship to said decedent, to-wit: Child

1. Decedent died on: 7-13-2010.

Decedent's place of death: Nashville (CITY) TN (STATE) Davidson (COUNTY)

At the time of decedent's death, decedent's residence was: Nashville (CITY) TN (STATE) Davidson (COUNTY)

2. Provide the following information for the decedent's marital history:
*(If never married, please state that below.)*

| NAME OF SPOUSE | DATE OF MARRIAGE | DATE OF DIVORCE | DATE OF SPOUSE'S DEATH |
|---|---|---|---|
| Molton Lee | 1954 | — | 1959 |
| | | | |
| | | | |

3. Did Decedent leave a will? Yes / (No)
If yes, was Decedent's will probated? Yes / No
If yes, what County & State _____

4. Provide the following information for the deceased's natural born and adopted children:
*(If there are none, please state "none" below. If additional space is needed, please provide information as an attachment.*

| NAME OF CHILD/ CURRENT ADDRESS | DATE OF BIRTH | NAME OF CHILD'S OTHER PARENT | DATE OF CHILD'S DEATH |
|---|---|---|---|
| Name of Child: None<br>Address: | | | |
| Name of Child:<br>Address: | | | |
| Name of Child:<br>Address: | | | |
| Name of Child:<br>Address: | | | |
| Name of Child:<br>Address: | | | |
| Name of Child:<br>Address: | | | |
| Name of Child:<br>Address: | | | |

# AFFIDAVIT OF HEIRSHIP

5. Provide the following information for all deceased children of decedent (if any):

Name of deceased child: _____

Did he/she leave a will? Yes / No Was will probated? Yes / No If yes, what County & State _____

Name and address of deceased child's surviving spouse: _____

| Name & Address of Child(ren) of Deceased Child | Living? | Date of Birth | Date of Death | Name and Address of Surviving Spouse of Deceased Child |
|---|---|---|---|---|
| *Name:* None<br>*Address:* | | | | |
| *Name:*<br>*Address:* | | | | |
| *Name:*<br>*Address:* | | | | |

Name of deceased child: _____

Did he/she leave a will? Yes / No Was will probated? Yes / No If yes, what County & State _____

Name and address of deceased child's surviving spouse: _____

| Name & Address of Child(ren) of Deceased Child | Living? | Date of Birth | Date of Death | Name and Address of Surviving Spouse of Deceased Child |
|---|---|---|---|---|
| *Name:*<br>*Address:* | | | | |
| *Name:*<br>*Address:* | | | | |
| *Name:*<br>*Address:* | | | | |

Name of deceased child: _____

Did he/she leave a will? Yes / No Was will probated? Yes / No If yes, what County & State _____

Name and address of deceased child's surviving spouse: _____

| Name & Address of Child(ren) of Deceased Child | Living? | Date of Birth | Date of Death | Name and Address of Surviving Spouse of Deceased Child |
|---|---|---|---|---|
| *Name:*<br>*Address:* | | | | |
| *Name:*<br>*Address:* | | | | |
| *Name:*<br>*Address:* | | | | |

# AFFIDAVIT OF HEIRSHIP

6. If the decedent never married and did not have any children, provide the following information for the decedent's parents:
*(IF DECEDENT LEFT SURVIVING CHILDREN, QUESTIONS 6, 7 & 8 NEED NOT BE ANSWERED.)*

| DECEASED'S PARENTS | PARENT'S NAME/ CURRENT ADDRESS | PARENT'S DATE OF DEATH |
|---|---|---|
| MOTHER | Name: ~~~<br>Address: | |
| FATHER | Name:<br>Address: | |

7. Provide the following information for the decedent's brothers and/or sisters:
*(If there are none, please state "none" below.)*
*(IF DECEDENT LEFT SURVIVING CHILDREN, QUESTIONS 6, 7 & 8 NEED NOT BE ANSWERED.)*

| Name of Brother/Sister | Current Address | Date of Birth | Brother's or Sister's Date of Death |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

8. Provide the following information for the decedent's nieces and/or nephews born only to the deceased brothers/sisters listed in item 6 above:
*(If there are none, please state "none" below. If additional space is needed, please provide information as an attachment.)*
*(IF DECEDENT LEFT SURVIVING CHILDREN, QUESTIONS 6, 7 & 8 NEED NOT BE ANSWERED.)*

| Name of Niece or Nephew | Current Address | Date of Birth | Name of Niece or Nephew's Deceased Parent |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**********

Signed this 22 day of July, 2013

Patricia D. Utley
(SIGNATURE OF AFFIANT)

## AFFIDAVIT OF HEIRSHIP

SUBSCRIBED AND SWORN to before me on this the 22 day of July, 2013

Ruby D. Baker
Notary Public

My commission expires: Jan 9, 2016

RUBY D. BAKER
Notary Seal
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

MY COMMISSION EXPIRES:
January 9, 2016

STATE OF Tennessee

COUNTY OF Davidson

BEFORE ME, the undersigned authority, on this day personally appeared Patricia I. Utley, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE on this the 22 day of July, 2013

Ruby D. Baker
Notary Public

My commission expires: Jan 9, 2016

RUBY D. BAKER
Notary Seal
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

MY COMMISSION EXPIRES:
January 9, 2016

## AFFIDAVIT OF HEIRSHIP

### CORROBORATING AFFIDAVIT

STATE OF Tennessee
COUNTY OF Davidson

GAY NELL DANIEL, of lawful age, being first duly sworn, upon his oath states: That the information given in the above and foregoing affidavit is true, and accurate, to the personal knowledge of this affiant.

Gay Nell Daniel
Signature of Corroborating Affiant

SUBSCRIBED AND SWORN to before me on this the 22 day of July, 2013

RUBY D. BAKER
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY
Notary Seal

MY COMMISSION EXPIRES:
January 9, 2016

Ruby D. Baker
Notary Public

My commission expires: Jan 9, 2016

**NOTE:** This form may be signed by a member of the family, as long as they are not an heir to the deceased, but the Corroborating Affidavit MUST be signed by a person that is not a member of the family.

This form must be notarized and recorded in county/parish records where lands are located and a recorded copy furnished to the company so requesting it.