Davidson County AFFIDAVITH
Recvd: 07/16/14 10:03 4 pgs
Fees:22.00 Taxes:0.00
20140716-0062725

This Instrument Prepared By:
Athens Title & Escrow LLC
Michael J Mills, Attorney at Law
5115 Maryland Way
Brentwood, Tennessee 37027
Tel. 615-377-0736

AFFIDAVIT OF HEIRSHIP

New Owner	Send Tax Bills to:	Map and Parcel
Scott Judkins	Same	119 05 0 086.00
108 Jay St		
Nashville, TN 37210		

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

Land in Davidson County, Tennessee, being Lot No. 114 on the Map of the Subdivision of Lots Nos. 3 and 4 and part of Lots Nos. 5 and 6 in Cumberland Nurseries, as of record in Book 332, page 148, Register's Office for said County.

Being the same property conveyed to James Judkins by deed from Sara Elizabeth Tate Hudgins, of record in Deed Book 6191, page 870, Register's Office for said County.

James Riley Judkins Sr. died in Lebanon, Wilson County, Tennessee on June 4, 2014 and his death is evidenced by the attached Certification of Death bearing number 6673109.

This is improved property known as 108 Jay Street, Nashville, Davidson County, Tennessee 37210.

COMES NOW, **Larry S. Overton**, close friend and acquaintance of the late **James Riley Judkins, Sr.**, who being of legal age, after first being duly sworn according to law, attests and states as follows:

1. Affiant is the friend and former neighbor of James Riley Judkins, Sr., and has maintained close and personal contact with said James Riley Judkins, Sr. for more or greater than thirty years and has personal knowledge of the family of Decedent, by reason of the stated circumstances.

2. That Affiant knew that at date of death said Decedent held an interest or ownership in the real estate in Davidson County, Tennessee, described above.

3. That James Riley Judkins, Sr. died in Lebanon, Wilson County, Tennessee on June 4, 2014.

4. That James Riley Judkins, Sr. died intestate.

5. Affiant states that James Riley Judkins, Sr., was not married, and lived unmarried, which he had continued until the his death and is **not** survived by a spouse.

6. At the time of his death, intestate, he was survived by the following person: four natural children, all being of legal age.

7. That James Riley Judkins, Sr. had no other children either born to or adopted by decedent during his lifetime and constituted all of decedents heirs at law:

8. The children of James Riley Judkins, Sr., being:

   A. James Riley Judkins Jr., who predeceased his father on October 27, 2010
   B. Clint Lee Judkins, who predeceased his father on August 2, 2004
   C. Scott Judkins, survived
   D. Felicia Judkins Milner, survived
   No others: LO

9. James Riley Judkins, Jr., who predeceased his father never married and has no children.

10. Clint Lee Judkins, was survived by his wife, Cynthia Marie Judkins.

11. The only lawful heirs to the intestate Estate of the decedent is his children

12. The above-described real property passed to:
    A. Scott Judkins
    B. Felicia Judkins Milner
    C. Cynthia Marie Judkins
    all legal age, and only children, or heirs at law of James Riley Judkins, Sr. upon his death on June 4, 2014.

13. **FURTHER AFFIANT SAITH NOT**

14. See attached Exhibit "A"

15. All interest in the real property above described vested in:

    Scott Judkins and Felicia Judkins Milner, Cynthia Marie Judkins, as tenants in common, fee simple.

The affiant is further advised under TCA 30 2 712 that whomever shall willfully, corruptly and falsely swear to any statement in an affidavit of heirship known by him/her to be false, or about which he/she does not have sufficient knowledge to justify his/her making such a sworn statement on conviction shall be imprisoned in the penitentiary for not less than one, nor more.

Larry Overton

Affiant:
Larry S. Overton
112 Jay Street
Nashville, Tennessee 37210
615-331-5024

State of TENNESSEE
County of WILLIAMSON

Personally appeared before me, the undersigned with authority, a Notary Public in and for the within named **Larry S. Overton**, the affiant with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at office this 15th day of July, 2014.

Notary Public at Large.
My Commission Expires 3-3-15

JAMES C. SMITH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER:

Exh. 6.1 "A"

Exh. 6. "A"

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): JAMES RILEY JUDKINS, SR
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): June 4, 2014
4. TIME OF DEATH (Enter): 1:50am
5a. AGE-Last Birthday (Years): 74
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): January 1, 1940
7. BIRTHPLACE (City and State or Foreign Country): NASHVILLE, TENNESSEE

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: [X] 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): UNIVERSITY MEDICAL CENTER
8c. CITY OR TOWN: LEBANON
8d. COUNTY OF DEATH: Wilson

9. MARITAL STATUS: [ ] Married [ ] Married, but separated [ ] Widowed [X] 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: PAINTER

12. SOCIAL SECURITY NUMBER: [redacted]3160
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY OR TOWN: NASHVILLE
13d. STREET AND NUMBER: 108 JAY STREET
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37210
14. WAS DECEDENT EVER IN US ARMED FORCES? [ ] Yes [X] No

NAME OF DECEDENT (For use by Physician or Medical Examiner)

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
[X] 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

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)
[X] 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)
[X] 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): RILEY LEE JUDKINS
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): MABLE CHRISTINE SHACKLETT JUDKINS

INFORMANT

20a. INFORMANT'S NAME: SCOTT EDWARD JUDKINS
20b. RELATIONSHIP TO DECEDENT: SON
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 2713 HOLLOWAY ROAD LEBANON, TN 37090

DISPOSITION

21a. METHOD OF DISPOSITION: [ ] Burial [X] Cremation [X] Donation [X] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): SELLARS CREMETORY SERVICES
21c. LOCATION – City or Town and State: LEBANON, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Stevie Saddler
22b. LICENSE NUMBER: 4806
23a. SIGNATURE OF EMBALMER: ▶
23d. LICENSE NUMBER:
23e. NAME AND ADDRESS OF FUNERAL HOME: SADDLER FUNERAL HOME 130 Trousdale Ferry Pike, Lebanon, Tennessee 37087
23f. LICENSE NUMBER OF FUNERAL HOME: 1125

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Cassandra Dooley DR
25. DATE FILED (Month, Day, Year): June 4, 2014

CERTIFIER

26. CERTIFIER (Check only one)
[X] 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: ▶ Roger E. M[illegible] MD
27b. LICENSE NUMBER: MD021314
27c. DATE SIGNED (Month, Day, Year): 6.4.14
27d. NAME AND ADDRESS:

CAUSE OF DEATH

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. Respiratory Failure Due to (or as a consequence of):	
Sequentially list conditions, if any, leading to the cause stated on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b. Chronic Obstructive Lung Disease Due to (or as a consequence of):	
	c. Congestive heart failure Due to (or as a consequence of):	
	d.	

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

28a. WAS AN AUTOPSY PERFORMED? [ ] Yes [ ] No
28b. 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

6673109

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.

6673109

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued: 6.5.14

CERTIFICATION OF VITAL RECORD

CERTIFIED FOR REMOTE FILING:

I, Michael J. Mills, do hereby make oath that I am a licensed attorney and/or the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law.

Michael J. Mills, attorney at law

State of Tennessee:
County of Davidson

Before me, the undersigned, a Notary Public of the State and County aforesaid, personally appeared Michael J. Mills, with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence) and who, upon oath, acknowledged himself/herself to be the named person, and that he/she executed the foregoing instrument for the purposes therein contained.

Notary Public James C. Smith
My Commission Expires: March 3, 2015

