BILL GARRETT, Davidson County
Trans:T20160080895 AFFIDAVITH
Recvd: 09/15/16 11:48 4 pgs
Fees:22.00 Taxes:0.00
20160915-0097059

AFFIDAVIT OF HEIRSHIP

New Owner	Send Tax Bills To:	Map/par No.
TERESA LEIGH WOODRUFF **1703 Riverwood** **Nashville, Tennessee 37216**	**Same**	**62-13 Parcel 101**

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

Land in the 11th Civil District of Davidson County, Tennessee, being lot No. 2, Section 1 on the Map of Moss Rose Heights Subdivision, a part of the W.J. Tune land, and described according to a survey made by Blanthard and Parrish, Engineers, September 2, 1940, as follows:

Beginning at a point in the easterly margin of Maxey Lane 41.7 feet southwest of a concrete monument set in the easterly margin of Mazey Lane, the beginning of a curve in Claypool Avenue, the common corner of lots Nos 1 and 2 of said Subdivision; thence southwesterly with the easterly margin of Maxey Lane 60 feet to a point, the common corner of lots Nos. 2 and 3 of said Subdivision; thence northeasterly 60 feet; thence westerly with the dividing line between lots No. 1 and 2 of said Subdivision 170 feet to the point of beginning.

Being the same property conveyed to Roy H. Olney and wife, Harriette Plumlee Olney, from Weakley J. Tune and wife Annie V. Tune, recorded in Book 1225, page 323, Register's Office of Davidson

Being the same property conveyed to Harriet Plumlee Olney by Roy E. Olney of record in Book 1785, Page 305 Register's of Deed's Office of Davidson County, Tennessee.

Being the same property vested in Roy H. Olney by the death of Harriette Plumlee of record in WB 00006886 Pg 0000679 Registers Office of Davidson County, Tennessee

Being the same property vested in Pauline R. Hightower by the death of Roy H. Olney and recordation of his Last Will and Testament by the Estate of Roy H. Olney in WB 00000192, Pg 505, Office of the Register of Deeds of Davidson County, Tennessee. Pauline R. Hightower having since died and her Estate recorded in the Probate Court, Seventh Circuit Court of Davidson County, Tennessee in Docket No. 05P-31 and closed on June 7, 2006.

Being the same property that is the subject of an Affidavit of Heirship dated April 30, 2008 and of record as Instrument 20080430-0043972 recorded on April 30, 2008 in the Register of Deeds Office of Davidson County, Tennessee.

This is improved property known as 1703 Riverwood Drive, Nashville, Tennessee Davidson County, Tennessee 37216.

Comes now, Michelle Lee Ann Smith Moya, granddaughter of the late Nathaniel Thomas Smith and daughter of Teresa Leigh Woodruff and after first t being duly sworn

according to law, attests and states as follows:

1. Affiant is the daughter of Teresa Leigh Woodruff and granddaughter of Nathaniel Thomas Smith.

2. The above described real property was owned by Pauline Russell Smith until her death on October 15, 2004. A copy of the Certificate of Death of Nathaniel Thomas Smith is attached hereto as **Exhibit No. 1.**

3. Pauline Hightower Smith is one and the same as Paulene Hightower Smith and her name was sometimes spelled as "Paulene" and sometimes correctly as "Pauline." They were one and the same person.

4. At the time of the death of Pauline Hightower Smith she had two sons born of her body, namely: Nathanial Thomas Smith and James Richard Smith. Nathanial Thomas Smith and James Richard Smith were both over 21 years of age and both were living at the time of the death of Pauline Hightower Smith.

5. Pauline Hightower Smith died intestate leaving no Last Will and Testament.

6. The only surviving heirs of Pauline Hightower Smith at the time of her death was her two biological sons: Nathanial Thomas Smith and James Richard Smith and both sons lived on the property until their respective deaths.

7. James Richard Smith died on April 22, 2008 and Nathaniel Thomas Smith died on February 29, 2012. (See Tennessee Office of Vital Records Death Certificate No. 5085413)

8. Nathaniel died intestate on February 29, 2012. With the death of Nathaniel Thomas

Smith on February 29, 2012 all right, title and interest of Nathaniel Thomas Smith in the above described real property vested in his only child, Teresa Leigh Woodruff.

9. James Richard Smith died intestate and unmarried on April 22, 2008 leaving three (3) children born of his body, namely: James Ryan Smith; Robert Todd Smith; and Michelle Smith Hunter.

FURTHER AFFIANT SAITH NOT

Witness my hand and seal this 14th day of September 2016 in Nashville, Davidson County, Tennessee.

Michelle Lee Ann Smith Moya

State of Tennessee)
County of Davidson)

Personally appeared before me, the undersigned authority, a Notary Public in and for the within named Michelle Lee Ann Smith Moya, 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 14th day of September 2016.

My Commission Expires: 9-25-2019

Notary Public

This Instrument prepared by:
Dan R. Alexander, Attorney at Law
2016 8th Avenue South
Nashville, Tennessee 37204

JANICE BOONE
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY

STATE OF TENNESSEE
Office of Vital Records

120112

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Nathaniel Thomas Smith
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): February 28, 2012
4. TIME OF DEATH (Approx.): 3:15 AM
5a. AGE-Last Birthday (Years): 72
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): September 29, 1939
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN

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): Skyline Medical Center
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: [ ] Married [ ] Married, but separated [ ] Widowed [ ] Divorced [X] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: Tradesman
11b. KIND OF BUSINESS/INDUSTRY: Furniture

12. SOCIAL SECURITY NUMBER: [redacted]313
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: DAvidson
13c. CITY OR TOWN: Nashville

13d. STREET AND NUMBER: 1703 Riverwood Dr
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37216
14. WAS DECEDENT EVER IN US ARMED FORCES? [ ] Yes [X] No

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

NAME OF DECEDENT (For use by Physician or Institution): Smith, Nathaniel

PARENTS

18. FATHER'S NAME (First, Middle, Last): Shirley Smith
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Pauline Ella Hightower

DISPOSITION

20a. INFORMANT'S NAME: Michelle Smith
20b. RELATIONSHIP TO DECEDENT: Granddaughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1703 Riverwood Dr, Nashville, TN 37216

21a. METHOD OF DISPOSITION: [ ] Burial [X] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): FH & Cremation
21c. LOCATION - City or Town and State: Cole & Garrett Services Hendersonville, TN

22a. SIGNATURE OF FUNERAL DIRECTOR: John H. Smith II
22b. LICENSE NUMBER: 6422
22c. SIGNATURE OF EMBALMER
22d. LICENSE NUMBER

23a. NAME AND ADDRESS OF FUNERAL HOME: Mount Olivet Funeral Home, 1101 Lebanon Rd, Nashville TN 37210
23b. LICENSE NUMBER OF FUNERAL HOME: 970

REGISTRAR

24. REGISTRAR'S SIGNATURE: Linda K Boulware
25. DATE FILED (Month, Day, Year): February 29, 2012

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

26. CERTIFIER (Check only one):
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. [X] 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.

27a. SIGNATURE OF CERTIFIER
27b. LICENSE NUMBER: 34173
27c. DATE SIGNED (Month, Day, Year): February 28, 2012
27d. NAME AND ADDRESS: Feng Li, M.D., J.D., Ph.D.; 850 R.S. Gass Boulevard, Nashville, TN 37216; MEC12-0467

MEDICAL CERTIFICATION

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. Complications of left hip fracture	
	Due to (or as a consequence of)	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the 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 contributing to death but not resulting in the underlying cause given in PART I.

29a. WAS AN AUTOPSY PERFORMED? [ ] Yes [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [ ] No

30. MANNER OF DEATH: [ ] Natural [ ] Homicide [X] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [ ] No [X] 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): February 21, 2012
34b. TIME OF INJURY: UNK
34c. INJURY AT WORK? [ ] Yes [ ] No
34d. PLACE OF INJURY - at home, farm, street, factory, office, building, etc. (Specify): Residence
34e. DESCRIBE HOW INJURY OCCURRED: Fall
34f. LOCATION OF INJURY (Street and Number, City or Town, State): 1703 Riverwood Drive, Nashville, TN

RDA 1399

PH-1659 (Rev. 9/2011)

5085413

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

Tonya Y. Forman

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Forman, Local Registrar
Davidson County, Tennessee

FEB 29 2012
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