This instrument was prepared by:
Howard M. Skipworth #012469
Attorney at Law
6408 Clarksville Pike
P.O. Box 489
Joelton, Tennessee 37080-0489
Telephone: (615) 876-2550
Email: hmskiplaw@comcast.net
From paperwork provided by clients –
No Title examination requested.

NOTICE TO REGISTER:
Upon recording, please return
the recorded instrument to
Howard M. Skipworth
Attorney at Law
P. O. Box 489
Joelton, TN 37080

NEW OWNERS:

Janice M. Gibson
7827 Ridgewood Road
Goodlettsville, TN 37072

Map & Parcel No:
01600001001

Bill Garrett Davidson County
Batch# 8192 **AFFIDAVITH**
10/04/2017 10:05:14 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20171004-0101694

SEND TAX NOTICE TO:

Janice M. Gibson
7827 Ridgewood Road
Goodlettsville, TN 37072

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Comes the Affiant, Vallie Mae Edwards, being first duly sworn according to law, and being of lawful age and residing for the past 60 or more years in Davidson County, State of Tennessee, and pursuant to Section 30-2-72 of the Tennessee Code Annotated hereby swear to the following of her own free will and based upon her personal knowledge and familiarity:

1. I am a sibling of Carrie Belle Gibson A/K/A Carrie Krantz Gibson.

2. As evidenced by a Certificate of Death attached hereto as Exhibit "A", Carrie Belle Gibson died intestate on 04 August 2013.

3. The decedent died without a surviving spouse. The decedent was married once during her lifetime to Thomas Lurton Gibson, who died 16 March 1968.

4. The decedent died leaving one biological child: Janice M. Gibson. The decedent never gave birth or adopted any other child or children.

5. At the time of her death, the decedent owned a lot described as follows to wit:

SEE EXHIBIT "B"
ATTACHED HERETO
FOR COMPLETE DESCRITION
OF PROPERTY

Being the same land conveyed to Carrie Krantz Gibson, by Warranty Deed from Hubert Krantz, a single man, of record in Book 3800, Page 570, Register's Office for Davidson County, Tennessee.

6. This Affidavit will confirm the vesting of title to the real property located at 0 Union Hill Road, Goodlettsville, Davidson County, Tennessee, after the death of Carrie Krantz Gibson, deceased, in Janice M Gibson, a single person, in fee simple.

T.C.A. § 67-4-409(a)(3)(D) exempts this instrument from tax and T.C.A. § 67-4-409(a)(5) further provides the valuation oath is unnecessary, the affidavit being used to evidence transfer of title to the property to the sole heir.

Further, Affiant saith not.

Dated this 2nd day of October, 2017.

Vallie Mae Edwards
Vallie Mae Edwards, Affiant

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared Vallie Mae Edwards, the within named affiant, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person described in the foregoing, who signed, sealed and delivered the foregoing instrument in my presence, and who, upon oath, acknowledged that she executed the foregoing instrument for the purposes therein contained as her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said County, on this 2nd day of October, 2017.

Howard M. Skipworth
Notary Public
My commission expires: _____

HOWARD M. SKIPWORTH
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 11-5-2019

STATE OF TENNESSEE
Office of Vital Records

1365051

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER

[redacted]

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Carrie Belle Gibson
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): August 4, 2013
4. TIME OF DEATH (Approx.): 05:10 AM
5a. AGE-Last Birthday (Years): 91
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): January 15, 1922
7. BIRTHPLACE (City and State or Foreign Country): Goodlettsville, TN

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: ☐ 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): 7827 Ridgewood Road
8c. CITY OR TOWN: Goodlettsville
8d. COUNTY OF DEATH: Davidson

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

3 (For use by Physician or Institution)

12. SOCIAL SECURITY NUMBER: 410-24-8930
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TN
13b. COUNTY: Davidson
13c. CITY OR TOWN: Goodlettsville
13d. STREET AND NUMBER: 7827 Ridgewood Road
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37072
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

NAME OF DECEDENT

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
☒ High school graduate or GED completed
☐ Some college credit but no degree
☐ Associates 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.)
☒ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino
(Specify) _____
☐ Unknown

20. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
☒ 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

[redacted]

18. FATHER'S NAME (First, Middle, Last): Hubert Krantz
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Lena Utley

20a. INFORMANT'S NAME: Janice Gibson
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 7827 Ridgewood Road, Goodlettsville, TN 37072

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Forest Grove Cemetery
21c. Location - City or Town and State: Joelton, TN

22a. SIGNATURE OF FUNERAL DIRECTOR: John T Crockett
22b. LICENSE NUMBER: 2645
22c. SIGNATURE OF EMBALMER: Jim Brewer
22d. LICENSE NUMBER: 2969
23a. NAME AND ADDRESS OF FUNERAL HOME: Anderson & Garrett Funeral Home, P.O. Box 68, 3501 Old Clarksville Pike, Joelton, TN 37080
23b. LICENSE NUMBER OF FUNERAL HOME: 193

[redacted]

24. REGISTRAR'S SIGNATURE: DeWish Rhodes JR
25. DATE FILED (Month, Day, Year): August 14, 2013

[redacted]

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. ☐ 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: J Bryant M.D.
27b. LICENSE NUMBER: MD15633
27c. DATE SIGNED (Month, Day, Year): August 9, 2013
27d. NAME AND ADDRESS: James D. Bryant, M.D., Heritage Medical 222 22nd Ave.N.,Suite 100,Nashville,TN 37203

[redacted]

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. DO NOT ABBREVIATE. Enter only one cause on each line.
Approximate Interval: Onset to death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. DEMENTIA — Due to (or as a consequence of): _____ — One year

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.
Type 2 diabetes mellitus; high blood pressure

29a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
29b. 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)

RDA 1389

PH-1659 (Rev. 9/2011)

6157015

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.

6157015

AUG 20 2013

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date [redacted]

CERTIFICATION OF VITAL RECORD

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

EXHIBIT "B"

Land situated in the 10th Civil District of Davidson County, beginning at a point in the center of Union Hill Road, said point being 387.2 feet northeastwardly from the intersection of Union Hill Road and Ivy Point Road; thence north 3° 27′ East 666 feet; thence south 86° 38′ east 260 feet to a wire fence; thence with the said fence south 3° west 511 feet to a point in the center of Union Hill Road; thence with the center of same south 62° 56′ west 305.8 feet to the point of beginning, containing 31/2 acres, according to a survey by John M. Sullivan, Surveyor, dated March 9, 1964.