Bill Garrett Davidson County
Batch# 18503 AFFIDAVITH
10/26/2017 01:26:56 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20171026-0110007

This instrument was prepared by:
Ophia L. McClay [name]
3203 Buchanan Street [street or postal address]
Nashville, TN 37208 [city, state, zip code]

GRANTEE(S): Hal Robinson, Jr. [names]

SEND TAX NOTICES TO: 3052 Buenaview Boulevard, Nashville, TN 37218
[postal address, city, state, zip code]

MAP PARCEL NUMBER: 059050126

AFFIDAVIT OF HEIRSHIP

Tennessee Code Annotated § 30-2-712.

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The undersigned, being duly sworn, deposes and says:

1. My full name is Hal Robinson, Jr. . I will refer to myself in this Affidavit as the Affiant.

2. I reside at 3052 Buenaview Boulevard . [*street address, city, state, zip code*] Nashville, TN 37218

3. I have personal knowledge of the matters stated in this Affidavit.

4. On May 19, 2018 [*date of death*], Sylvia S Simmons Robinson [*full name of decedent*] died at Boldeaux Hospital [*place of death*]. I will refer to this person as the Decedent.

5. The real property to which this Affidavit applies is located at 3052 Buenaview Blvd., Nashville, TN 37218 [*address*] in DAVIDSON County, Tennessee, more fully described as: [*complete legal description*] BEING LOT NO. 131 ON THE PLAN OF Buena Vista Estates

For prior title, see Book 4300 [*number*], Page 81 [*number*] in the Register's Office of DAVIDSON County, Tennessee.

6. At the time of the Decedent's death, the Decedent resided at 3052 Buenaview Blvd Nashville, TN 37218 [*street address, city, state, zip code*]

7. The estate of the Decedent ..... [*select one*]
   - ☑ Was not administered in a proceeding supervised by a court.
   - ☐ Was administered in a proceeding supervised by a court in _____ [*county and state*] in the _____ [*court*] in case no. _____.

8. Facts concerning my relationship to the Decedent are: Spouse

9. Additional facts pertinent to determine who is legally entitled to the estate of the Decedent at the time of the Decedent's death are: Hal Robinson, Jr.

Hal Robinson Jr.
Affiant

Sworn to and subscribed before me this 26th day of April, 2017.

My Commission expires: 7-03-17

Notary Public

EDWARD S. HATCH
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON

STATE OF TENNESSEE
Office of Vital Records

1003147

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2010 023838

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1 DECEDENT'S NAME (First, Middle, Last): Sylvia Robinson
2 SEX: Female
3 DATE OF DEATH (Month, Day, Year): May 19, 2010
4 SOCIAL SECURITY NUMBER: 403-68-2017
5a AGE LAST BIRTHDAY (Years): 70
5b UNDER 1 YEAR: Months / Days
5c UNDER 1 DAY: Hours / Minutes
6 DATE OF BIRTH (Month, Day, Year): Oct 23 1939
7 BIRTHPLACE (City and State or Foreign Country): Nashville Tennessee
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): Bordeaux Long Term Care 4900
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): Hal Robinson
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Laboratory Technician
12b KIND OF BUSINESS/INDUSTRY: Medical
13a RESIDENCE STATE: TN
13b COUNTY: Davidson
13c CITY, TOWN OR LOCATION: Nashville
13d STREET AND NUMBER OR RURAL LOCATION: 3052 Bueanview Blvd
CENSUS TRACT
13e INSIDE CITY LIMITS? 1 X Yes 2 No
13f ZIP CODE: 37218
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No; if Yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes 0 X No
15 RACE (American Indian, Black, White, etc. (Specify)): Black
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): George Westmoreland
18 MOTHER'S NAME (First, Middle, Maiden Surname): Lorene Northoton

INFORMANT

19a INFORMANT'S NAME (Type/Print): Hal Robinson
19b RELATIONSHIP TO DECEASED: Husband
19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3052 Buenaview Blvd, Nashville, TN 37218

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): Middle TN Veterans State Cemetery
20c LOCATION (City or Town, State): Nashville, TN
21a SIGNATURE OF FUNERAL DIRECTOR: Edward C Hatch
21b LICENSE NUMBER OF FUNERAL DIRECTOR: 4300
21c SIGNATURE OF EMBALMER: Patrick L Tucker
21d LICENSE NUMBER OF EMBALMER: 5072
22a NAME AND ADDRESS OF FUNERAL HOME: Henry Louis Smith Funeral Directors, 1503 Buchanan St, Nashville TN 37208
22b LICENSE NUMBER OF FUNERAL HOME: 1206

REGISTRAR

23 REGISTRAR'S SIGNATURE: Linda R Boulware DR
24 DATE FILED (Month, Day, Year): June 02, 2010

CERTIFIER

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
X SIGNATURE AND TITLE OF PHYSICIAN: Hal Woodpecker Hall MD
25b LICENSE NUMBER: TN-38700
25c DATE SIGNED (Month, Day, Year): 5-24-10
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

27 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Faiza Rehman, MD 1414 County Hospital Rd, Nashville, TN 37218

08998071

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.

Lori B. Ferranti, PhD, MSN, MBA, RN
State Registrar/Asst. Commissioner

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

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Date Issued: Jan 27 2017

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
Office of Vital Records

CERTIFICATE OF MARRIAGE

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
DIVISION OF VITAL STATISTICS

19 — 73-020498

COUNTY DAVIDSON — NUMBER: 85176

IS BECOMES A LEGAL CORD WHEN PROPERLY ECUTED AND FILED.

UNTY COURT CLERK RE- ONSIBLE FOR COMPLETION ITEMS 1-14 AND ITEMS 25.

NT RESPONSIBLE FOR EMS 15 & 16.

GROOM

E OR PRINT IN PERMA- NT BLUE OR BLACK INK.

SIGNATURES MUST BE PERMANENT BLUE OR CK INK.

BRIDE

CASHIER'S STAMP

GROOM & BRIDE SIGN →

MUST SIGN IN OF THE CLERK LICENSE.

OFFICIANT

PERFORMING CERE- NY MUST RETURN CER- ICATE TO CLERK ISSUING ENSE WITHIN 3 DAYS TER CEREMONY.

GROOM

1. NAME: Hal — Robinson Jr.
2a. RESIDENCE — STATE: Tenn. 19 — 2b. COUNTY: Davidson
2c. CITY, TOWN, OR LOCATION: Nashville — 2d. INSIDE CITY LIMITS (CIRCLE YES OR NO): Yes
2e. STREET AND NUMBER: 3321 Felicia Ave.
3. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Ohio — 4. DATE OF BIRTH (MONTH, DAY, YEAR): 5-2-46
5a. FATHER — NAME: Harold Robinson Jr. — 5b. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Ark.
6. MOTHER — MAIDEN NAME: Betty Williams — 6a. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Ohio

BRIDE

7. NAME: Sylvia — Simmons — 7a. MAIDEN NAME (IF APPLICABLE): Westmoreland
8a. RESIDENCE — STATE: Tenn. 19 — 8b. COUNTY: Davidson
8c. CITY, TOWN, OR LOCATION: Nashville — 8d. INSIDE CITY LIMITS (CIRCLE YES OR NO): Yes
8e. STREET AND NUMBER: 3321 Felicia Ave.
9. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Tenn. — 10. DATE OF BIRTH (MONTH, DAY, YEAR): 10-23-39
11a. FATHER — NAME: D. West Moulens — 11b. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Tenn.
12a. MOTHER — MAIDEN NAME: Lozene Rotherton — 12b. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Tenn.

13a. SIGNATURE OF GROOM: X Hal Robinson Jr. — 13b. SIGNATURE OF BRIDE: Sylvia Simmons — 13c. DATE SIGNED (MONTH, DAY, YEAR): 6-8-73
14. MAILING ADDRESS — STREET AND NUMBER: 3321 Felicia Ave. — CITY: Nashville — STATE: Tenn. — ZIP: 37209

I HEREBY CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED BY ME, IN THE STATE OF TENNESSEE, ON: MONTH 6 — DAY 8 — YEAR 73
15a. PLACE OF MARRIAGE — COUNTY: Davidson — 15b. CEREMONY — RELIGIOUS OR CIVIL (SPECIFY): Religious
15c. OFFICIANT — SIGNATURE: Rev. D. L. Williams Jr. — 15d. ADDRESS: 3805 Cornell Dr. — 15e. DATE SIGNED (MONTH, DAY, YEAR): 6-8-73
16a. WITNESS — SIGNATURE: Portia C. Williams — 16b. ADDRESS: 3805 Cornell Drive
17a. COUNTY COURT CLERK — SIGNATURE: [illegible] — DATE FILED (MONTH, DAY, YEAR): 6/12/73

08998072

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.

Lori B. Ferranti, PhD, MSN, MBA, RN
State Registrar/Asst. Commissioner

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

0 8 9 9 8 0 7 2
Date Issued

CERTIFICATION OF VITAL RECORD