Bill Garrett Davidson County
Batch# 72681 AFFIDAVITH
03/23/2018 12:45:02 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20180323-0027581

AFFIDAVIT OF HEIRSHIP

New Owner	Send Tax Bills to:	Map and Parcel
Angela R. Hicks	Same	072 13 0 117.00
900 McClurkan Ave		
Nashville, TN 37206		

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

Land in Davidson County, Tennessee, being the westerly parts of Lot Nos. 59 and 60 on the map of Springdale Subdivision, of record in Book 974, page 18, Register's Office for Davidson County, Tennessee, described according to a survey prepared by J.R. Wauford and Company, Engineers, May 11, 1959, as follows: Beginning at an iron pin in the southwest corner of the Intersection of Inga Street and McClurkan Avenue; thence with the southerly margin of McClurkan Avenue, South 79 degrees 02' East 73.5 feet to an iron pin; thence leaving McClurkan Avenue, South 11 degrees 40' West 106.4 feet to an iron pin in the southerly line of Lot No. 59, thence with the southerly line of Lot No. 59, North 65 degrees 48' West 96.4 feet to an iron pin in the westerly margin of Inga Street; thence along the margin of said street, North 25 degrees 15' East 87 feet to the beginning.

Being the same property conveyed to Charles Hicks the husband of Laura Z. Hicks, by Warranty Deed from Freddie W. Franklin and wife Debra M. Franklin, dated January 26, 1995, and filed for record on January 30, 1995, in Deed Book 9580, page 845, said Register's Office.

Charles Hicks having predeceased his wife on September 17, 1999, leaving his wife, Laura Zella McGill Hicks and only child Angela R. Hicks, as only surviving heirs at law.

This is improved property known as 900 McClurkan Ave, Nashville, Davidson County, Tennessee 37206.

COMES NOW, Angela R. Hicks, daughter of the late Laura Zella McGill Hicks after first being duly sworn according to law, attests and states as follows:

1. Affiant is the daughter of Laura Zella McGill Hicks, and has maintained close and personal contact with her mother the said Laura Zella McGill Hicks for her life time.

2. Laura Zella McGill Hicks died in-testate in Nashville, Davidson County, Tennessee on September 1, 2009.

3. See attached Exhibit "A" and Exhibit "B" Death Certificate.

4. At the time of Laura Zella McGill Hicks death, she, was survived by the following person: Angela R. Hicks, and no other person. The deceased had not married or re-married and remained as the widow of Charles Hicks the rest of her natural life. She and her husband had only one child, the said Angela R. Hicks. No adopted or deceased children.

5. The only lawful heir to the Estate of the late Laura Zella McGill Hicks is Angela R. Hicks.

6. The above-described real property passed to Angela R. Hicks upon the death of Laura Zella McGill Hicks on September 1, 2009.

7. All interest in the real property above described vested in Angela R. Hicks, fee simple.

8. **FURTHER AFFIANT SAITH NOT.**

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.

I, Angela R. Hicks**, do hereby swear and affirm the above to be true and correct to the best of my knowledge.**

IN WITNESS WHEREOF, I have executed this instrument on the 16th **day of March, 2018.**

Angela R. Hicks

State of TENNESSEE
County of Davidson

Personally appeared before me, the undersigned with authority, a Notary Public in and for the within named Angela R. Hicks, 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 16th day of March, 2018.

Notary Public at Large.

My Commission Expires 2-25-19

JAMES C SMITH
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

State of Tennessee)
County of Davidson)

Sworn to and subscribed before me this 16 day of March, 2018

Notary Public at Large.

My Commission Expires 2-25-19

JAMES C SMITH
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

Angela R. Hicks

This Instrument Prepared By:

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

STATE OF TENNESSEE
Office of Vital Records

095328

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1999 040267

1. DECEDENT'S NAME (First, Middle, Last): Charles Hicks
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): September 17, 1999
4. SOCIAL SECURITY NUMBER: [redacted]-8094
5a. AGE-LAST BIRTHDAY (Years): 61
5b. UNDER 1 YEAR (Months): 5c. UNDER 1 DAY (Hours): 5d. UNDER 24 HOURS (Minutes)
6. DATE OF BIRTH (Month, Day, Year): 4/28/1938
7. BIRTHPLACE (City and State or Foreign Country): Lake City, Florida
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? No
9. MARITAL STATUS: Married
10. SURVIVING SPOUSE (If wife, give maiden name): Laura McGill
11. DECEDENT'S USUAL OCCUPATION: Coloring Fabrics
12. KIND OF BUSINESS/INDUSTRY: Quimet Corporation
13a. RESIDENCE-STATE: Tn
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 900 McClurken Ave
13e. WITHIN CITY LIMITS?: Yes
13f. ZIP CODE: 37206
14. WAS DECEDENT OF HISPANIC ORIGIN?: No
15. RACE-American Indian, Black, White, etc: Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 9; College (1-4 or 5+):
17. FATHER'S NAME (First, Middle, Last): Nathaniel Hicks
18. MOTHER'S NAME (First, Middle, Maiden Surname): Annie Lee Lacy
19a. INFORMANT'S NAME (Type/Print): Laura Hicks
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route, Number, City or Town, State, Zip Code): 900 McClurken Ave Nashville, TN 37206
20a. METHOD OF DISPOSITION: Burial
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Greenwood Cemetery
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Henry L. Smith
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3167
21c. SIGNATURE OF EMBALMER: Arthur Jackson
21d. LICENSE NUMBER OF EMBALMER: 4967
22a. NAME AND ADDRESS OF FUNERAL HOME: Smith Brothers Funeral Directors, Inc 706 Monroe St. Nashville, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 809
23a. REGISTRAR'S SIGNATURE: [signature]
23b. DATE FILED (Month, Day, Year): 9/20/1999
24a. CERTIFIER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
1. SIGNATURE AND TITLE OF PERSON: [signature]
24b. LICENSE NUMBER: MD 20860
24c. DATE SIGNED (Month, Day, Year): 10/4/99
2. SIGNATURE AND TITLE OF MEDICAL EXAMINER:
25b. LICENSE NUMBER:
25c. DATE SIGNED (Month, Day, Year):
MED. EXAM. SIGN AND ADD.
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): HOWARD A. BURRIS III, 250 25th AVE NORTH, SUITE 412, NASHVILLE TN 37203
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.
Approximate Interval Between Onset

09959368

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

Edward G. Bishop III
State Registrar

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

0 9 9 5 9 3 6 8
Date Issued: MAR 15 2010

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: [redacted] 2009 040167

1. DECEDENT'S NAME (First, Middle, Last): Laura Lella McGill Hicks
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): September 1, 2009
4. SOCIAL SECURITY NUMBER: [redacted] 0964
5. AGE (Last Birthday): 62
6. DATE OF BIRTH (Month, Day, Year): Jan 1, 1947
7. BIRTHPLACE (City and State or Foreign Country): Centerville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES?: No
9. MARITAL STATUS: Widowed
10. SURVIVING SPOUSE: (If wife, give maiden name)
11. DECEDENT'S USUAL OCCUPATION: Claims Adjuster
12. KIND OF BUSINESS/INDUSTRY: Carroon & Black Ins. Co.
13. RESIDENCE STATE: Tennessee
14. COUNTY: Davidson
15. CITY, TOWN, OR LOCATION: Nashville
16. STREET AND NUMBER OR RURAL LOCATION: 900 McClurkan Avenue
17. RESIDENCE INSIDE CITY LIMITS?: Yes
18. ZIP CODE: 37206
19. WAS DECEDENT OF HISPANIC ORIGIN?: No
20. RACE: Black
21. DECEDENT'S EDUCATION: 11th
22. FATHER'S NAME (First, Middle, Last): George Henry McGill
23. MOTHER'S MAIDEN NAME (First, Middle, Maiden Surname): Lessie Knox
24a. INFORMANT'S NAME: Angela R. Hicks
24b. RELATIONSHIP TO DECEASED: daughter
24c. MAILING ADDRESS: 900 McClurkan Avenue Nashville, Tennessee 37206
25a. METHOD OF DISPOSITION: Burial
25b. PLACE OF DISPOSITION: Greenwood Cemetery, West
25c. LOCATION: Nashville, Tennessee
26a. SIGNATURE OF FUNERAL DIRECTOR: Melvin J. Smith
26b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4502
26c. SIGNATURE OF EMBALMER: Reid VanNess
26d. LICENSE NUMBER OF EMBALMER: 4275
27a. NAME AND ADDRESS OF FUNERAL HOME: Smith Brothers Funeral Directors, Inc. 706 Monroe Street, Nashville, Tennessee 37208
27b. LICENSE NUMBER OF FUNERAL HOME: 809
28. REGISTRAR'S SIGNATURE: Linda L Bourgeois RR
29. DATE FILED (Month, Day, Year): September 17, 2009
30. PHYSICIAN: To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.
30a. SIGNATURE AND TITLE OF PHYSICIAN: MD
30b. LICENSE NUMBER: 17390
30c. DATE SIGNED (Month, Day, Year): 9-16-2009
30d. 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.
30e. SIGNATURE AND TITLE OF MEDICAL EXAMINER:
30f. LICENSE NUMBER:
30g. DATE SIGNED (Month, Day, Year):
31. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print):
32. PART I: Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory

09959367

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.

Edward G. Bishop III
State Registrar

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

0 9 9 5 9 3 6 7

Date Issued MAR 15 2010

CERTIFICATION OF VITAL RECORD