Karen Y Johnson Davidson County
Batch# 137173 AFFIDAVITH
09/05/2018 11:23:30 AM 7 pgs
Fees: $37.00 Taxes: $0.00
20180905-0087739

AFFIDAVIT OF HEIRSHIP

New Owner	Send Tax Bills To:	Map/par No.
Linda D. Loudermilk	**Linda D. Loudermilk**	**119-6**
Anita K. Bobbitt	**822 Stonebrook Blvd**	**119**
Larry E. Oldfield	**Nolensville, Tennessee 37135**	

Instrument Prepared by: Dan R. Alexander, 2016 8th Avenue South, Nashville, TN 37204

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

Being real property in Davidson County, Tennessee being more fully described as

Lot No. 197 on the Plan of Sterling Heights, Section 5, as of record in book 1835, page 37, Register's Office for said County.

Said lot No. 197 fronts 75 feet on the southerly side of Valeria Street and runs back between parallel lines 160 feet to a dead line.

Being the same property conveyed to Andrew Clayton Rader and wife, Roman Hazel Rader, by deed from Leroy Bell and wife, of record in book 3761, page 513, said Register's Office.

Being the same property conveyed to Oscar E. Oldfield and wife, Lois Oldfield by Warranty Deed on June 2, 1971 of record in Deed Book 4509, Page 674 Register's Office for Davidson County, Tennessee.

Being the same property that is the subject of a Release of a Trust Deed of record in Book 9964, Page 175 Register's Office of Davidson County, Tennessee filed on June 2, 1971 releasing a Warranty Deed o5 record in Book 4509, Page 675 as Instrument 190713.

This is improved property known as 53 Valeria Street, Nashville, Davidson County, Tennessee 37210.

Comes now, Michelle Leigh Michie of 1334 Old Highway 99, Chapel Hill, Tennessee 37030 and after first being duly sworn according to law, attests and states as follows:

1. I am the granddaughter of the late Oscar Eugene Oldfield and Lois Katherine Oldfield. I have read the Affidavit of Linda D. Oldfield Loudermilk, dated August 17,

2018 of record as Instrument No. 20170816 – 0084216 in the Register of Deeds Office , Davidson County, Tennessee. I am an adult fifty (50) years of age and have no interest in the above described real property.

2. The above described real property was purchased by Oscar Eugene Oldfield and Wife, Lois Katherine Oldfield, on June 2, 1971 by Warranty Deed as tenants by the entireties and recorded in the Office of the Register of Deeds of Davidson County Tennessee in Deed Book 4509, Page 675 Register's Office for Davidson County, Tennessee. The real was owned by Oscar Eugene Oldfield and his lawfully wedded wife, Lois Katherine Oldfield as tenants by the entireties and they remained lawfully married until the death of Oscar Eugene Oldfield on December 12, 1985.

3. Oscar Eugene Oldfield died on December 12, 1985 while a citizen and resident of of Davidson County, Tennessee. His death is recorded in the attached Certificate of Death, State of Tennessee, Department of Vital Statistics No. 8505917. (Exhibit No. 1).

4. Lois Katherine Oldfield died on November 24, 2008 while a citizen and resident of Davidson County, Tennessee. Her death is recorded in the attached Certificate of Death. Tennessee Office of Vital Records as Certificate No. 2747695. (Exhibit No. 2)

5. At time of the death of Oscar Eugene Oldfield was lawfully married to Lois Katherine Oldfield who survived him.

6. Oscar Eugene Oldfield and wife Lois Katherine Oldfield remained lawfully married until his death on December 12, 1985.Oscar Eugue Oldfield died intestate.

7. At the time of his death, Oscar Eugene Oldfield was survived by his Wife, Lois

Katherine Oldfield. The real property described above vested entirely to Lois K. Oldfield as tenants by the entirety upon death of Oscar Eugene Oldfield.

8. Lois Katherine Oldfield died on November 24, 2008. Her death is recorded in the attached Certificate of Death, State of Tennessee, Department of Vital Statistics No. 0806822. (Exhibit 2).

9. Lois Katherine Oldfield died intestate on November 24, 2008. At the time of her death, Lois Katherine Oldfield was survived by three adult children, namely; Linda D. Loudermilk, 822 Stonebrook Blvd, Nolensville, TN. 37135, Anita K. Bobbitt, 2951 Owl Hollow Road, Franklin, TN. 37064, and a son, Larry E. Oldfield, 8024 Greenbrier Road, Joelton, TN. 37080. Lois Katherine Oldfield was not married at the time of her death and had only three children born of her body; namely Linda D. Oldfield Loudermilk; Anita K. Oldfield Bobbitt; Larry Eugene Oldfield.

10. The only lawful heirs to the above described real property are the three adult children of the late Oscar Eugene Oldfield and wife, Lois Katherine Oldfield: Linda D. Oldfield Loudermilk, 822 Stonebrook Blvd, Nolensville, TN. 37135, Anita K.Oldfield Bobbitt, 2951 Owl Hollow Road, Franklin, TN. 37064, and Larry E. Oldfield, 8024 Greenbrier Road, Joelton, TN. 37080.

11.

11. All interest in the real property above described real property is vested in Linda D. Loudermilk, Anita K. Bobbitt, and Larry E. Oldfield.

12. **FURTHER AFFIANT SAITH NOT.**

Witness my hand and seal to his Affidavit of Heirship in Nashville, Davidson County

Tennessee on this 27 day of August 2018.

Michelle Leigh Michie

State of Tennessee)
County of Williamson)

Personally appeared before me, the undersigned authority, a Notary Public in and for the within named Michelle Leigh Michie, 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 27 day of August 2018.

My Commission Expires: 8.4.19

Notary Public



Metropolitan Government of Nashville and Davidson County

Richard H. Fulton, Mayor

J. M. BISTOWISH, M.D., REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY

DEC 30 1985

J. M. Bistowish M.D

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

8505917
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DISPOSITION

CERTIFIER

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CAUSE

659
9/81 CR C

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

BIRTH NO. _____ STATE FILE NO. _____

DECEASED—NAME (1. FIRST: OSCAR; MIDDLE: EUGENE; LAST: OLDFIELD) — 2. DATE OF DEATH (MONTH, DAY, YEAR): Dec. 12, 1985

3a. AGE—LAST BIRTHDAY (YEARS): 63 (3b. UNDER 1 YEAR: MOS. / DAYS; 3c. UNDER 1 DAY: HOURS / MIN.)
4. DATE OF BIRTH (MONTH, DAY, YEAR): Sept. 10, 1922
5a. RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY): White
5b. ORIGIN OR DESCENT—ITALIAN, MEXICAN, GERMAN, ETC. (SPECIFY): English
6. SEX: Male

7a. COUNTY OF DEATH: Davidson
7b. CITY, TOWN OR LOCATION: Nashville
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.): Southern Hills Hospital
7e. IF HOSP. OR INST., INDICATE DOA, OP/Emer. Rm., Inpatient (Specify): Inpatient

8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Tenn.
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Lois Little

12a. SOCIAL SECURITY NUMBER (IF NONE, SPECIFY): [redacted]7077
12b. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE): WW II
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Mechanic
13b. KIND OF BUSINESS OR INDUSTRY: Avis Truck Rental

14a. RESIDENCE—STATE: Tenn.
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: Nashville
14d. STREET AND NUMBER: 53 Valeria St.
14e. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
14f. CENSUS TRACT NO.:

15. FATHER—NAME: John C. Oldfield
16. MOTHER—MAIDEN NAME: Ethel Sipsy
17. INFORMANT—NAME: Wife — MAILING ADDRESS: Same

18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial
18b. DATE (MONTH, DAY, YEAR): 12-14-85
18c. CEMETERY OR CREMATORY—NAME: Woodlawn
18d. LOCATION (CITY OR TOWN, STATE): Nashville, Tenn.

19a. FUNERAL DIRECTOR (SIGNATURE): William R. Ogleton
19b. LICENSE NO.: 2700
19c. EMBALMER (SIGNATURE): William R Ogleton
19d. LICENSE NO.: 3310

20. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Woodbine Funeral Home Nashville, Tenn
REGISTRAR—SIGNATURE: Esther D. Grom
DATE RECEIVED BY LOCAL REGISTRAR: 12-30-85

21. PHYSICIAN—CERTIFY THAT SHE DIED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED.
22a. SIGNATURE: Paul A Latour — DEGREE: MD
22b. DATE SIGNED (MONTH, DAY, YEAR): 12-23-85

23a. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. — TITLE
23b. DATE SIGNED (MONTH, DAY, YEAR)

24a. CERTIFIER—NAME (TYPE OR PRINT): Paul A. Latour, M.D.
24b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

25. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) CARDIAC ARREST — Ø
DUE TO, OR AS A CONSEQUENCE OF: (b) CORONARY ATHEROSCLEROSIS AND — YEARS
DUE TO, OR AS A CONSEQUENCE OF: (c) ISCHEMIC (ATHEROSCLEROTIC) BOWEL DISEASE — 2 WKS

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a): CHRONIC RENAL INSUFFICIENCY, BACTERIAL PERITONITIS — AUTOPSY (YES OR NO):

26. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):
27a. INJURY AT WORK (SPECIFY YES OR NO):
27b. DATE OF INJURY (MONTH, DAY, YEAR):
27c. HOUR:
27d. DESCRIBE HOW INJURY OCCURRED:
27e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (SPECIFY):
27f. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE):

202-06-002

EXHIBIT 1

201809050087739

STATE OF TENNESSEE
Office of Vital Records

0806822

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Lois Katherine Oldfield
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): November 24, 2008
4. SOCIAL SECURITY NUMBER: [redacted]2924
5a. AGE-Last Birthday (Years): 86
5b. If Under 1 Year (Months / Days)
5c. If Under 24 Hours (Hours / Min.)
6. DATE OF BIRTH (Month, Day, Year): Apr 6, 1922
7. BIRTHPLACE (City and State or Foreign Country): Lewisburg, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? No
9a. PLACE OF DEATH (Check only one): Assisted Living
9b. FACILITY NAME (If not institution, give street and number): Sycamores Terrace
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name)
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life, Do not use retired): Seamstress
12b. KIND OF BUSINESS/INDUSTRY: TN Towel & Uniform
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1427 Lebanon Road Apt. 335
13e. Inside City Limits? Yes
13f. ZIP CODE: 37210
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.): No
15. RACE (American Indian, Black, White, etc.): White
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): Tommy Pittle
18. MOTHER'S NAME (First, Middle, Maiden Surname): Kitty Allen

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Linda Loudermilk
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 822 Stonebrook Blvd., Nolensville, Tennessee 37135

DISPOSITION

20a. METHOD OF DISPOSITION: Burial
20b. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or Other Place): Woodlawn Memorial Park
20c. LOCATION (City or Town, State): Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Wendell T. Byrd
21b. LICENSE NUMBER OF EMBALMER: 2556
21c. SIGNATURE OF EMBALMER: Richard Norman
21d. LICENSE NUMBER OF EMBALMER: 3137
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Inc. 3620 Nolensville Rd., Nashville, Tennessee 37211-
22b. LICENSE NUMBER OF FUNERAL HOME: 396

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda L. Loudermilk DR
24. DATE FILED (Month, Day, Year): November 26, 2008

CERTIFIER

25. CERTIFICATION: To the best of my knowledge, death occurred at the time and place and due to the cause(s) and manner as stated.
1. SIGNATURE AND TITLE OF CERTIFIER: [signature]
25a. LICENSE NUMBER: MD019669
25b. DATE SIGNED (Month, Day, Year): 11-26-08
2. SIGNATURE AND TITLE OF MEDICAL EXAMINER
25a. LICENSE NUMBER
25b. DATE SIGNED (Month, Day, Year)
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER): Robert Bishop, M.D. 397 Wallace Road C-100, Nashville, TN 37211

CAUSE OF DEATH

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: Onset and Death
a. IMMEDIATE CAUSE (Final disease or condition resulting in death): Cardiac Arrest — 10 min
DUE TO (OR AS A CONSEQUENCE OF):
b. metastatic SCC of unknown primary — 12 months
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? No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? No
30. MANNER OF DEATH: Natural
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY
31c. INJURY AT WORK? No
31d. DESCRIBE HOW INJURY OCCURRED
31e. PLACE OF INJURY (Home, farm, street, factory, office building, etc.)
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

2747695

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.

Sharon M. Leinbach
STATE REGISTRAR

Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

NOV 26 2008

EXHIBIT 2

CERTIFICATION OF VITAL RECORD

201809050087739

True Copy Certification

I, Anita Lester, 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.

Signature

State of TENNESSEE

County of DAVIDSON

Personally appeared before me, Patricia Nicholls, a notary public for this county and state, Anita Lester who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Notary's Signature

My Commission Expires: 5/5/20
Notary' Seal (if on paper)

PATRICIA NICHOLLS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.