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:
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:

Gregory Wayne Carter
3128 Margie Drive
Joelton, TN 37080

Map & Parcel No:
02900022200

SEND TAX NOTICE TO:

Gregory Wayne Carter
3128 Margie Drive
Joelton, TN 37080

Karen Y Johnson Davidson County
Batch# 138383 **AFFIDAVITH**
09/10/2018 01:09:13 PM 5 pgs
Fees: $27.00 Taxes: $0.00
20180910-0089519

# AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE )
)
COUNTY OF DAVIDSON )

Comes the Affiant, Bobby L. White, 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 his own free will and based upon his personal knowledge and familiarity:

1. I was a neighbor of Eddie Wayne Carter and Monte Claire Carter.

2. As evidenced by a Certificate of Death attached hereto as Exhibit "A", Eddie Wayne Carter A/K/A E. W. Carter died intestate on 28 June 2011.

3. The decedent died without a surviving spouse. The decedent was married once during his lifetime to Monte Claire Carter, who died 31 May 2010, evidenced by Certificate of Death attached hereto as Exhibit "B".

4. The decedent died leaving one biological child: Gregory Wayne Carter. The decedent never gave birth or adopted any other child or children.

5. At the time of his death, the decedent owned unimproved land described as follows to wit:

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

Being the same land conveyed to Eddie W. Carter and Gregory W. Carter as tenants in common, by deed from Howard A. Hempel, Jr. and wife, Kimberly Diane Hempel of record in Book 8821, Page 650. Gregory W. Carter having conveyed his ½ undivided interest to Eddie W. Carter and Monte C. Carter by deed recorded in Instrument Number 20080219-0015815, Register's Office for Davidson County, Tennessee.

6. This Affidavit will confirm the vesting of title to the real property located at 5568 Clarksville Pike, Joelton, Davidson County, Tennessee, after the death of Eddie Wayne Carter, deceased, in his only child, Gregory Wayne Carter, in fee.

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 30th day of August, 2018.

Bobby L. White, Affiant

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared Bobby L. White, 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 he executed the foregoing instrument for the purposes therein contained as his 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 30th day of August, 2018.

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

TENNESSEE DEPARTMENT OF HEALTH
## CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last): Eddie Wayne Carter
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): June 28, 2011
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]
5a. AGE - LAST BIRTHDAY (Years): 75
5b. UNDER 1 YEAR MOS. / DAYS
5c. UNDER 1 DAY HOURS / MINS.
6. DATE OF BIRTH (Month, Day, Year): Dec 31, 1935
7. BIRTHPLACE (City and State or Foreign Country): Old Hickory, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [X] Inpatient 2 ER/Outpatient 3 DOA; OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): NorthCrest Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Springfield
9d. COUNTY OF DEATH: Robertson
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): 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.): Contractor
12b. KIND OF BUSINESS/INDUSTRY: Home Building
13a. RESIDENCE - STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Joelton
13d. STREET AND NUMBER OR RURAL LOCATION: 3131 Milliken Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 No
13f. ZIP CODE: 37080
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): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):
MAIDEN NAME OF DECEDENT (For females, if applicable)
17. FATHER'S NAME (First, Middle, Last): John Wayne Carter
18. MOTHER'S NAME (First, Middle, Maiden Surname): Ruby Davenport
19a. INFORMANT'S NAME (Type/Print): Greg Carter
19b. RELATIONSHIP TO DECEASED: son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3128 Margie Drive Joelton, TN 37080
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): Joelton Hills Memory Gardens
20c. LOCATION - City or Town, State: Joelton, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: John T. Crockett
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2645
21c. SIGNATURE OF EMBALMER: Jim Brewer
21d. LICENSE NUMBER OF EMBALMER: 2969
22a. NAME AND ADDRESS OF FUNERAL HOME: Anderson & Garrett Funeral Home, P.O. Box 68, 3501 Old Clarksville Pike, Joelton, TN 37080
22b. LICENSE NUMBER OF FUNERAL HOME: 193
23. REGISTRAR'S SIGNATURE: Kimberly R Brown, OR
24. DATE FILED (Month, Day, Year): June 6, 2011
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.
1 SIGNATURE AND TITLE OF PHYSICIAN: Kenneth W Sullivan MD
25b. LICENSE NUMBER: 27509
25c. DATE SIGNED (Month, Day, Year): 6-30-11
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 DIRECTED CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Kenneth W. Sullivan, 3511 Old Clarksville Pike, Joelton, TN 37080
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 and Death
SEE INSTRUCTIONS ON OTHER SIDE
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. CHOLANGIOCARCINOMA
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
b. LIVER METASTASIS
DUE TO (OR AS A CONSEQUENCE OF):
c. CARDIAC ARREST
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? 1 Yes 2 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 [X] No
30. MANNER OF DEATH: 1 [X] Natural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation 6 Could not be Determined
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY
31c. INJURY AT WORK? 1 Yes 2 No
31d. DESCRIBE HOW INJURY OCCURRED
31e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

4700179

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.

Teresa S. Hendricks
STATE REGISTRAR

Donna McEwing, LR
Donna McEwing, Local Registrar
Robertson County

Date Issued: July 6, 201[redacted]

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

DEPARTMENT OF HE[redacted]

CERTIFICATION OF VITAL RECORD

# STATE OF TENNESSEE
## Office of Vital Records

1013968

TENNESSEE DEPARTMENT OF HEALTH
## CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

**DECEDENT**

1. DECEDENT'S NAME (First, Middle, Last): Monte Claire Carter
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): May 31, 2010
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]
5a. AGE-LAST BIRTHDAY (Years): 70
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): July 26, 1939
7. BIRTHPLACE (City and State or Foreign Country): Davidson County, TN
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 Nursing Home 5 [X] Residence 6 Other (Specify)
9b. FACILITY NAME (If not Institution, give street and number): 3131 Milliken Drive
9c. CITY, TOWN, OR LOCATION OF DEATH: Joelton
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Eddie W. Carter
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Retail sales
12b. KIND OF BUSINESS/INDUSTRY: Grocery
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Joelton
13d. STREET AND NUMBER OR RURAL LOCATION: 3131 Milliken Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37080
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Specify, if yes: [ ] Yes [X] No
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 11th; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or institution

**PARENTS**

17. FATHER'S NAME (First, Middle, Last): Clifton S. Cherry
18. MOTHER'S NAME (First, Middle, Maiden Surname): Edith E. Spain

**INFORMANT**

19a. INFORMANT'S NAME (Type/Print): Eddie W. Carter
19b. RELATIONSHIP TO DECEASED: Husbnad
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3131 Milliken Drive, Joelton, TN 37080

**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): JOelton Hills Memory Gardens
20c. LOCATION-City or Town, State: Joelton, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Kenneth T. Anderon
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3215
21c. SIGNATURE OF EMBALMER: Jim Brewer
21d. LICENSE NUMBER OF EMBALMER: 2969
22a. NAME AND ADDRESS OF FUNERAL HOME: Anderon & Garrett Funeral Home; 3501 Old Clarksville Pike, P O Box 68, Joelton, TN 37080
22b. LICENSE NUMBER OF FUNERAL HOME: 193

**REGISTRAR**

23. REGISTRAR'S SIGNATURE: [signature]
24. DATE FILED (Month, Day, Year): June 11, 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.
1 [ ] SIGNATURE AND TITLE OF PHYSICIAN: Kenneth W. Sullivan MD
25b. LICENSE NUMBER: 27509
25c. DATE SIGNED (Month, Day, Year): 6/8/2010
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 WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Kenneth W. Sullivan, M.D., 3511 Old Clarksville Hwy., Joelton, TN 37080

SEE INSTRUCTIONS ON OTHER SIDE

**CAUSE OF DEATH**

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 and Death |
|---|---|---|
| IMMEDIATE CAUSE (Final disease or condition resulting in death) → | a. Metastatic Liver Adenocarcinoma | |
| | DUE TO (OR AS A CONSEQUENCE OF): | |
| Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | b. Cardio Respiratory Arrest | |
| | 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? 1 [ ] Yes 2 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [X] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
31a. DATE OF INJURY (Month, Day, Year): N/A
31b. TIME OF INJURY: M
31c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No
31d. DESCRIBE HOW INJURY OCCURRED
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

PH-1659 (REV. 6/99)

BIRTH NO.

RDA 1389

4375252

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

JUN 11 2010

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

Date Issued

CERTIFICATION OF VITAL RECORD

EXHIBIT "C"

Land in the 14th Civil District of Davidson County, Tennessee, and being described according to a survey of Melvin W. Smith, Registered Land Surveyor, Tennessee No. 290, Bennett & Sons Surveyors, 205 Church Street, Dickson, Tennessee, dated 11 November1987, and shown as Exhibit A in Book 8286, page 237, Register's Office for Davidson County, Tennessee, as follows, to wit:

BEGINNING at a point in the center line of State Highway 112, the same being Grady Proctor's Northwest corner; thence with the center line of said Highway, North 39 degrees 53 minutes 46 seconds West 56.59 feet; North 38 degrees 16 minutes 43 seconds West, 112.01 feet; North 33 degrees 45 minutes 40 seconds West 111.12 feet; North 32 degrees 59 minutes 16 seconds West 80.06 feet; North 29 degrees 18 minutes 54 seconds West 77.59 feet to a point in the center line of said Highway; thence, leaving the center line of said Highway, North 75 degrees 21 minutes 32 seconds East, 29.27 feet to an iron pin; thence continuing North 75 degrees 32 minutes 32 seconds East, 352.08 feet to an iron pin; thence South 06 degrees 12 minutes 0 seconds East 463.58 feet to an iron pin; thence with Proctor's North line, North 88 degrees West 123.09 feet to an iron pin; thence continuing North 88 degrees West 47.02 feet to a point in the center line of State Highway 122, and containing 2.76 acres, more or less.