****

ADDRESS NEW OWNER:
Jacqueline D. Smith
906 Spanish Oak Circle
LaVergne, TN 37086

SEND TAX BILL TO:
Same

Map-Parcel No.
73-7 34

****

This Instrument Prepared By:
PAULA OGLE BLAIR, ATTORNEY AT LAW
211 Donelson Pike, Suite 214, Nashville, Tennessee 37214
FROM INFORMATION BY OTHERS

Karen Y Johnson Davidson County
Batch# 140876 **AFFIDAVITH**
09/14/2018 12:46:46 PM 3 pgs
Fees: $17.00 Taxes: $0.00



20180914-0091474

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Comes the Affiant, Roger McCormick, being of lawful age being first duly sworn according to the law, and, pursuant to Tennessee Code Annotated § 30-2-712, hereby swear to the following of his own free will and based upon their personal knowledge and familiarity:

1. Tommie S. Hipsher, is the sole owner of the property located at 2213 Cabin Hill Road Nashville, Tennessee 37214.

2. Tommie S. Hipsher died intestate on July 12, 2018. A Death Certificate is attached to this Affidavit.

3. The Decedent was unmarried at the time of her death. Tommie S. Hipsher has one heir-at-law, a daughter, Jacqueline D. Smith.

4. At the time of her death, Tommie S. Hipsher was the sole owner of the real property located at 2213 Cabin Hill Road, Nashville, Tennessee and more particularly described as follows:

> **Land in Davidson County, Tennessee, being Lot No. 477 on the Plan of Sunset View, Section 7, as of record in Book 2900 at Page 109, Register's Office for said County. Said Lot No. 477 fronts 90 feet on the westerly**

side of Cabin Hill Road and extends back between parallel lines 225 feet to a dead line.

Being the same real property conveyed to Tommie S. Hipsher, by Affidavit of Heirship after the death of Henry H. Hipsher in Instrument Number 20180831-0086696 filed on August 31, 2018 in the Register's Office for Davidson County, Tennessee.

5. This Affidavit will confirm the vesting of the ownership interest of Tommie S. Hipsher in the real property described herein solely in Jacqueline D. Smith after the death of Tommie S. Hipsher.

FURTHER AFFIANTS SAYETH NAUGHT.

KRISTINA CADOVEC
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 12-7-2020

Jacqueline McDaniel
AFFIANT

Sworn to and subscribed before me this 11 day of September, 2018.

Kristina Cadovec
NOTARY PUBLIC

My commission expires: 12/7/2020

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER: 201809885

DECEDENT

1. DECEDENT'S LEGAL NAME (INCLUDE AKA'S IF ANY) (First, Middle, Last, Suffix): JUANITE SMITH PRISHER
2. SEX: FEMALE
3. DATE OF DEATH: 07/12/2018
4. TIME OF DEATH: 2:25 PM
5a. AGE-Last Birthday: 88
5b. If Under 1 Year: Months / Days
5c. If Under 1 Day: Hours / Minutes
6. DATE OF BIRTH: 06/25/1929
7. BIRTHPLACE (State or Foreign Country): BELLEVUE, TN
8. PLACE OF DEATH (e.g., Hospital, Nursing Home, Home, etc.): HOSPICE FACILITY
8a. FACILITY NAME: ALIVE HOSPICE AT SKYLINE MADISON CAMPUS
8b. CITY OR TOWN: MADISON
8d. COUNTY OF DEATH: DAVIDSON
9. MARITAL STATUS: WIDOWED
10. SURVIVING SPOUSE (If wife, give name prior to first marriage):
11a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOSTESS
11b. KIND OF BUSINESS/INDUSTRY: OWSO
12. SOCIAL SECURITY NUMBER: 411-36-9024
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY OR TOWN: NASHVILLE
13d. STREET AND NUMBER: 2213 CABIN HILL ROAD
13e. INSIDE CITY LIMITS?: YES
13f. ZIP CODE: 37214
14. WAS DECEDENT EVER IN US ARMED FORCES?: NO
15. DECEDENT'S EDUCATION (Specify only highest grade completed): SOME COLLEGE CREDIT, BUT NO DEGREE
16. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO
17. DECEDENT'S RACE: WHITE

PARENTS

18. FATHER'S NAME (First, Middle, Last, Suffix): HUGH BOYD SMITH
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix): GRACE MAE DILLS

INFORMANT

20a. INFORMANT'S NAME (First, Middle, Last, Suffix): JACQUELINE D. SMITH
20b. RELATIONSHIP TO DECEDENT: DAUGHTER
20c. MAILING ADDRESS (Street or R.F.D., City or Town, State, Zip Code): 906 SPANISH OAK CIRCLE, LA VERGNE, TN 37086

DISPOSITION

21a. METHOD OF DISPOSITION: BURIAL
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): HERMITAGE MEMORIAL GARDENS
21c. LOCATION (City or Town, State): OLD HICKORY, TN
22a. SIGNATURE OF FUNERAL DIRECTOR OR AGENT: /s/ COURTNEY HISE REED
22b. LICENSE NUMBER: 6897
22c. SIGNATURE OF EMBALMER: /s/ MELINDA CRAWFORD
22d. LICENSE NUMBER: 5230
23a. NAME AND ADDRESS OF FUNERAL HOME: HIBBETT AND HALEY FUNERAL HOME, 429 DONELSON PIKE, NASHVILLE, TN 37214-3556
23b. LICENSE NUMBER: 942

REGISTRAR

24. REGISTRAR'S SIGNATURE: /s/ EDWARD G. BISHOP III
25. DATE FILED: 07/16/2018

CERTIFIER

26a. PHYSICIAN - TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, 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, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.

PERSON PRONOUNCING DEATH, IF ANY, SIGNS HERE (Only if applicable)

27a. CERTIFIER: /s/ ROBERT J BERKOMPAS
27b. LICENSE NUMBER: 017891
27c. DATE SIGNED: 07/16/2018
27d. NAME AND ADDRESS: ROBERT J BERKOMPAS 1718 PATTERSON STREET, NASHVILLE, TN 37203

MEDICAL (EXAMINER/CORONER)

28. PART I. ENTER THE CHAIN OF EVENTS (DISEASES, INJURIES, OR COMPLICATIONS) THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS (E.G. CARDIAC ARREST, RESPIRATORY ARREST) OR MECHANISM OF DEATH (E.G. HEMORRHAGE, ASPHYXIA). ENTER ONLY ONE CAUSE ON A LINE.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. CONGESTIVE HEART FAILURE
DUE TO (OR AS A CONSEQUENCE OF):
UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST: b. ATHEROSCLEROTIC CARDIOVASCULAR DISEASE
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.
APPROXIMATE INTERVAL: ONSET TO DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: C. DIFFICILE COLITIS
29a. WAS AN AUTOPSY PERFORMED?: NO
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?:
30. MANNER OF DEATH: NATURAL
31. DID TOBACCO USE CONTRIBUTE TO DEATH?: UNKNOWN
32. IF FEMALE: NOT PREGNANT WITHIN PAST YEAR
33. IF TRANSPORTATION INJURY, SPECIFY:
34a. DATE OF INJURY
34b. TIME OF INJURY
34c. INJURY AT WORK?
34d. PLACE OF INJURY
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY

TR-1050 (Rev. 6/2017) RDA 10112

10190922

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

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Edward G. Bishop III
State Registrar

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued: JUL 18 2018

CERTIFICATION OF VITAL RECORD