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ADDRESS NEW OWNER:	SEND TAX BILL TO:	Map-Parcel No.
Paul J. Spicer		Map 147-01
344 Binkley Drive	Same	Parcel 124
Nashville, TN 37211		

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Karen Johnson Davidson County
Batch# 201736 AFFIDAVITH
03/04/2019 02:28:21 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20190304-0019655

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

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Comes the Affiant, Sherrie Hicks, 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 her own free will and based upon her personal knowledge and familiarity:

1. Paul J. Spicer, who is also known as Paul J. Spicer, Sr., is the sole owner of the property located at 344 Binkley, Nashville, Tennessee 37211.

2. Paul J. Spicer died on November 6, 2018. A copy of the Death Certificate is attached to this Affidavit.

3. The Decedent was unmarried at the time of his death.

4. The Decedent had one child, Paul Jefferson Spicer, Jr. Decedent had no other children.

4. At the time of his death, Paul J. Spicer owned property located at 344 Binkley, Nashville, Tennessee 37211 in, and more particularly described as follows:

Being Lot No. 384 on the Plan of Caldwell Hall, Section II, as of record in Book 2900, page 96, Register's Office for said County.

Said lot fronts 80 feet on the northerly side of Binkley Drive and runs back between parallel lines, 170 feet to a dead line.

Being the same property conveyed to Paul J. Spicer by Affidavit of Heirship dated February 15, 2019 and recorded on February 22, 2019 as of record in Document Number 20190222-0016366, Register's Office for Davidson County, Tennessee.

Conveyance subject to restrictions as of record in Book 1788, page 108, and in Book 3097, page 407, Register's Office for said County.

5. This Affidavit will confirm the vesting of sole ownership in the real property described herein solely in Paul Jefferson Spicer, Jr. after the death of Paul J. Spicer a/k/a Paul J. Spicer, Sr.

FURTHER AFFIANTS SAYETH NAUGHT.

Sherrie Hicks
AFFIANT

Sworn to and subscribed before me this 27 day of February, 2019

NOTARY PUBLIC

ASHLEY JIRIK
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY

My commission expires: 03/19/2019

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 062306

DECEDENT

TYPE/PRINT IN PERMANENT BLACK INK

NAME OF DECEDENT (For use by Funeral Home)

1. DECEDENT'S LEGAL NAME	2. SEX	3. DATE OF DEATH
PAUL JEFFERSON SPICER SR	MALE	11/06/2018

4. TIME OF DEATH (Approx.)	5a. AGE	5b. UNDER 1 YEAR Months	Days	5c. UNDER 1 DAY Hours	Minutes	6. DATE OF BIRTH	7. BIRTHPLACE
05:50 PM	96					08/03/1922	DICKSON, TN

8a. PLACE OF DEATH: NURSING HOME/LONG TERM CARE

8b. FACILITY NAME	8c. CITY OR TOWN	8d. COUNTY OF DEATH
BETHANY HEALTH AND REHAB CENTER	NASHVILLE	DAVIDSON

9. MARITAL STATUS	10. SURVIVING SPOUSE (name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION	11b. KIND OF BUSINESS/INDUSTRY
WIDOWED		OWNER/OPERATOR	SPICER TRUCK SERVICE

12. SOCIAL SECURITY NUMBER	13a. RESIDENCE-STATE OR FOREIGN COUNTRY	13b. COUNTY	13c. CITY OR TOWN
-7783	TENNESSEE	DAVIDSON	NASHVILLE

13d. STREET AND NUMBER	13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT EVER IN US ARMED FORCES?
344 BINKLEY DRIVE	YES	37211	YES

15. DECEDENT'S EDUCATION	16. DECEDENT OF HISPANIC ORIGIN?	17. DECEDENT'S RACE
HIGH SCHOOL GRADUATE OR GED COMPLETED	NO, NOT SPANISH/HISPANIC/LATINO	WHITE

PARENTS

18. FATHER'S NAME	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE
A D SPICER	LASSIE BLEDSOE

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS
PAUL J SPICER JR	SON	407 LYNN DRIVE, NASHVILLE, TN 37211

DISPOSITION

21a. METHOD OF DISPOSITION	21b. PLACE OF DISPOSITION	21c. LOCATION
BURIAL	WOODLAWN MEMORIAL PARK	NASHVILLE, TN

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
▶ /e/ WENDELL L. BYRD	2556	▶ /e/ J. David Dial	5170

23a. NAME AND ADDRESS OF FUNERAL HOME	23b. LICENSE NUMBER
WOODBINE FUNERAL HOME, INC. - HICKORY CHAPEL, 5852 NOLENSVILLE ROAD, NASHVILLE, TN 37211	760

REGISTRAR

24. REGISTRAR'S SIGNATURE	25. DATE FILED
▶ /e/ EDWARD G. BISHOP III	11/12/2018

CERTIFIER

26. 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.

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

27a. CERTIFIER	27b. LICENSE NUMBER	27c. DATE SIGNED
▶ /e/ RALF CHRISTIAN HABERMANN	027476	11/09/2018

27d. NAME AND ADDRESS: RALF CHRISTIAN HABERMANN 7TH FLOOR MEDICAL CENTER EAST 1211 MEDICAL CENTER DRIVE, NASHVILLE, TN 37232

MEDICAL CERTIFICATION

28. PART I. ENTER THE CHAIN OF EVENTS (DISEASES, INJURIES, OR COMPLICATIONS) THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. ENTER ONLY ONE CAUSE ON A LINE.

		APPROXIMATE INTERVAL: ONSET TO DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	a. CARDIAC ARRHYTHMIA	
	DUE TO (OR A CONSEQUENCE OF)	
	b. CORONARY ARTERY DISEASE	
	DUE TO (OR A CONSEQUENCE OF)	
	c. HYPERTENSION	
	DUE TO (OR A CONSEQUENCE OF)	
	d.	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: ATRIAL FIBRILLATION, CEREBROVASCULAR DISEASE

29a. WAS AN AUTOPSY PERFORMED? NO

29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?

30. MANNER OF DEATH	31. DID TOBACCO USE CONTRIBUTE TO DEATH?	32. IF FEMALE:
NATURAL	NO	N/A

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

PH-1659 (Rev. 8/2017) RDA 10112

10492222

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

1 0 4 9 2 2 2 2

Date Issued NOV 29 2018

CERTIFICATION OF VITAL RECORD