Karen Johnson Davidson County
Batch# 205499 AFFIDAVITH
03/13/2019 12:31:30 PM 5 pgs
Fees: $27.00 Taxes: $0.00
20190313-0023133

Affidavit of Heirship

Date: January 30, 2019 6524027-484061S

Affiant: Georgia Hightower

Property:

See attached Exhibit "A"

Tax Id Number(s): 060 02 0 168.00

Commonly known as: 3020 Creekwood Dr, Nashville, TN 37207

Date of Acquisition: June 17, 1987

Name of Decedent: Ruth Benjamin

Date of Death: November 12, 1999

Affiant on oath swears that the following statements are true and are within the personal knowledge of Affiant:

I, **Georgia Hightower** residing at 3184 Lakewood Dr, Nashville, TN 37207 being of legal age, and am otherwise competent to make this Affidavit of Heirship.

That **Ruth Benjamin**, hereinafter referred to as "Decedent", died on November 12, 1999 resided at 3020 Creekwood Dr, Nashville, TN 37207 at the time of death, as evidenced by a certified copy of the Certificate of Death, attached hereto;

That the following are heirs at law, in order of kinship:

1. Name: _____
   Address: _____
   Date of Birth: _____
   Relationship to Decedent: ~~Daughter~~
2. Name: Mary Chavers
   Address: 3020 Creekwood Dr, Nashville, TN 37207
   Date of Birth: February 8, 1933
   Relationship to Decedent: Daughter
3. Name: _____
   Address: _____
   Date of Birth: _____
   Relationship to Decedent: _____

That the decedent did not leave a will and no proceeding is being or has been conducted for administration of the decedent's estate;

That all debts and liens relating to the Real Property have been, or will be, paid at closing.

Georgia E Hightower
Georgia Hightower

STATE OF **TENNESSEE** §
COUNTY OF Davidson §

On this day of 30 of January, 2019, before me personally appeared **Georgia Hightower** to me known to be the person (or persons) described in and who executed in my presence the foregoing instrument and acknowledged that such person (or persons) executed the same as such person's (or persons') free act and deed.

Signature of Notary Public

Christopher Manner
Printed Name of Notary Public

My Commission Expires: 1/3/22

(NOTARY SEAL OR STAMP)

CHRISTOPHER MANNER
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON

□ Personally Known OR
☒ Produced Identification [Type of Identification Produced]: TNID 066993213

This Instrument Prepared By:

Scott L Luna

Scott Luna, 97133
Robertson Anschutz Vetters
500 N. Central Expressway, Suite 175
Plano, TX 75074

AFTER RECORDING RETURN TO:

Amrock Inc.,
662 Woodward Avenue
Detroit, MI 48226

STATE OF TENNESSEE
Office of Vital Records

936188
Amended 12/21/99

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

[redacted] 1999 047331

1. DECEDENT'S NAME (First, Middle, Last)		2. SEX	3. DATE OF DEATH (Month, Day, Year)
RUTH	BENJAMIN	Female	NOVEMBER 12, 1999

4. SOCIAL SECURITY NUMBER	5a. AGE (Last Birthday)	5b. UNDER 1 YEAR MOS.	5b. UNDER 1 YEAR DAYS	5c. UNDER 1 DAY HOURS	5c. UNDER 1 DAY MIN.	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)
	82					3-12-1917	Wilson County, Tennessee

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ Yes 2 ☒ No

8a. PLACE OF DEATH (Check only one): HOSPITAL 1 ☐ 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)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
RESIDENCE/3020 Creekwood Drive 910	Nashville 094	Davidson 19

10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify)	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)	12c. KIND OF BUSINESS/INDUSTRY
Widowed	N/A	TN. School For The Blind	Dinning Room Services

13a. RESIDENCE-STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER OR RURAL LOCATION
Tenn.	Davidson	Nashville	3020 Creekwood Drive

13e. INSIDE CITY LIMITS? 1 ☒ Yes 2 ☐ No	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes ☒ No	15. RACE-American Indian, Black, White, etc (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5+)
	37207	Specify, if yes	Black	9th	

17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden Surname)
Arch Winston	Wade Betty

19a. INFORMANT'S NAME (Type/Print)	19b. RELATIONSHIP TO DECEASED	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
Mary L. Chavers	Daughter ~~Sister~~	3020 Creekwood Drive Nashville, Tennessee 37207

20a. METHOD OF DISPOSITION 1 ☒ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION-City or Town, State
	Greenwood Cemetery	Nashville, Tennessee

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER OF FUNERAL DIRECTOR	21c. SIGNATURE OF EMBALMER	21d. LICENSE NUMBER OF EMBALMER
▶ George Baker, Jr.	4695	▶ George Baker, Jr.	4556

22a. NAME AND ADDRESS OF FUNERAL HOME	22b. LICENSE NUMBER OF FUNERAL HOME
PATTON BROTHERS FUNERAL HOME 1306 South Street/Nashville, Tennessee 37212	185

23. REGISTRAR'S SIGNATURE	24. DATE FILED (Month, Day, Year)
▶ Robert W. Rhodia Sr	November 18, 1999

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	25b. LICENSE NUMBER	25c. DATE SIGNED (Month, Day, Year)
▶ Jan Rogers MD	MD 18887	11/16/99

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)
▶		

MED. EXAMINER AND 48

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)

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. Pancreatic cancer 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 Failure 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 ☐ No	29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ☐ Yes 2 ☐ No

30. MANNER OF DEATH 1 ☑ 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)

10611320

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.

JAN 15 2019

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

10611320
Date Issued

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

EXHIBIT A - LEGAL DESCRIPTION

Tax Id Number(s): 060 02 0 168.00

Land situated in the County of Davidson in the State of TN

LAND IN DAVIDSON COUNTY, TENNESSEE, BEING LOT NO. 154 ON THE PLAN OF PARKWOOD ESTATES, SECTION I OF RECORD IN BOOK 2900, PAGES 119 AND 120, REGISTER'S OFFICE FOR SAID COUNTY.

SAID LOT NO. 154 FRONTS 71.0 FEET ON THE SOUTHWESTERLY SIDE OF CREEK-WOOD DRIVE AND EXTENDS BACK 149.5 FEET ON THE NORTHWESTERLY LINE AND 144.7 FEET ON THE SOUTHWESTERLY LINE TO A BROKEN LINE IN THE REAR MEASURING 95.45 FEET THEREON.

Commonly known as: 3020 Creekwood Dr, Nashville, TN 37207

True Copy Certification

I, Betsy Lanzotti, 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 Michigan

County of Wayne

Personally appeared before me, Jessica N Johnson, a notary public for this county and state, Betsy Lanzotti who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Notary Signature

Jessica N Johnson

My Commission Expires: April 25, 2022
Notary' Seal (if on paper)

JESSICA N. JOHNSON
Notary Public, State of Michigan
County of Wayne
My Commission Expires Apr. 25, 2022
Acting in the County of Wayne