****

ADDRESS NEW OWNER:	**SEND TAX BILL TO:**	**Map-Parcel No.**
Newel Ray Westveer	SAME	Map 18-7
512 Mathes Court		Parcel 68
Goodlettsville, TN 37072		GO-12440

****

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

Karen Johnson Davidson County
Batch# 223718 **AFFIDAVITH**
04/30/2019 09:54:57 AM 3 pgs
Fees: $17.00 Taxes: $0.00



20190430-0039744

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

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

1. Newell Westveer and Joanne Westveer were married and owned real property 512 Mathes Court, Goodlettsville, Tennessee 37072 as tenants by the entirety with right of survivorship.
2. Joanne Westveer died on January 29, 2017. A Death Certificate is attached to this Affidavit.
3. At the time of Joanne Westveer's death, she and her husband Newel Ray Westveer had a marital interest in real property located at 512 Mathes Court, Goodlettsville, Tennessee 37072 and more particularly described as follows:

Being Lot No. 9 on the Plan of Connell Estates, Section 4, as of record in Book 3842, page 239, Register's Office for said County, to which plan reference is here made for a more complete and accurate description of the metes and bounds of said lot.
Being the same property conveyed to Newel Ray Westveer and wife, Joanne K. Westveer, by Warranty Deed from Christopher K. Levering and wife, Emily D. Levering, as of record in Book 6073, page 706, Register's Office, Davidson County, Tennessee on June 13, 1983.

5. This Affidavit will confirm the vesting of a sole ownership interest in Newel Ray Westveer of the real property described herein, after the death of Joanne Westveer on January 29, 2017.

FURTHER AFFIANTS SAYETH NAUGHT.

Brady L Myatt, Sr
AFFIANT

Sworn to and subscribed before me this 26 day of April, 2019

Tracy Beard
NOTARY PUBLIC

My commission expires: March 7, 2023

TRACY BEARD
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires MAR 7, 2023

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER [redacted] 2017 003273

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Joanne King Westveer		2. SEX: Female	3. DATE OF DEATH (Month, Day, Year): January 29, 2017
4. TIME OF DEATH (Approx.)	4a. AGE-Last Birthday (Years): 74	5b. UNDER 1 YEAR: Months / Days	5c. UNDER 1 DAY: Hours / Minutes	6. DATE OF BIRTH (Month, Day, Year): January 15, 1943	7. BIRTHPLACE (City and State or Foreign Country): Rockwood, Tennessee

8a. PLACE OF DEATH (Check only one)

IF DEATH OCCURRED IN A HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: [ ] Hospice facility [ ] Nursing home/Long term care facility [ ] Decedent's home [ ] Other residence [ ] Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): Centennial Medical Center 083	8c. CITY OR TOWN: Nashville		8d. COUNTY OF DEATH: Davidson
9. MARITAL STATUS: [X] Married [ ] Married, but separated [ ] Widowed [ ] Divorced [ ] Never married [ ] Unknown	10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Newel R. Westveer	11a. DECEDENT'S USUAL OCCUPATION: Clerk	11b. KIND OF BUSINESS/INDUSTRY: Medical
12. SOCIAL SECURITY NUMBER: 5311	13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee	13b. COUNTY: Davidson	13c. CITY OR TOWN: Goodlettsville
13d. STREET AND NUMBER: 512 Mathes Court	13e. INSIDE CITY LIMITS: [X] Yes [ ] No	13f. ZIP CODE: 37072	14. WAS DECEDENT EVER IN U.S. ARMED FORCES? [ ] Yes [X] No

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
[ ] 8th grade or less
[ ] 9th – 12th grade; no diploma
[ ] High school graduate or GED completed
[ ] Some college credit, but no degree
[X] Associate degree (e.g., AA, AS)
[ ] Bachelor's degree (e.g., BA, AB, BS)
[ ] Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
[ ] Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
[ ] Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
[X] No, not Spanish/Hispanic/Latino
[ ] Yes, Mexican, Mexican American, Chicano
[ ] Yes, Puerto Rican
[ ] Yes, Cuban
[ ] Yes, other Spanish/Hispanic/Latino (Specify) _____
[ ] Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
[X] White
[ ] Black or African American
[ ] American Indian or Alaska Native (Name of the enrolled or principal tribe) _____
[ ] Asian Indian
[ ] Chinese
[ ] Filipino
[ ] Japanese
[ ] Korean
[ ] Vietnamese
[ ] Other Asian (Specify) _____
[ ] Native Hawaiian
[ ] Guamanian or Chamorro
[ ] Samoan
[ ] Other Pacific Islander (Specify) _____
[ ] Other (Specify) _____
[ ] Unknown

18. FATHER'S NAME (First, Middle, Last): Paul King, Sr.	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Mary Susie Troxel		
20a. INFORMANT'S NAME: Newel R. Westveer	20b. RELATIONSHIP TO DECEDENT: Husband	20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 512 Mathes Ct., Goodlettsville, Tennessee 37072	
21a. METHOD OF DISPOSITION: [ ] Burial [X] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify) _____	21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Nashville Cremation Service	21c. LOCATION - City or Town and State: Nashville, Tennessee	
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Delbrita L. Greene	22b. LICENSE NUMBER: 6763	22c. SIGNATURE OF EMBALMER: ▶ N/A	22d. LICENSE NUMBER: N/A
23a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn Roesch-Patton Funeral Home, 660 Thompson Ln., Nashville, TN 37204			23b. LICENSE NUMBER OF FUNERAL HOME: 933
24. REGISTRAR'S SIGNATURE: ▶ [signature] DR		25. DATE FILED (Month, Day, Year): 2/2/2017	

26. CERTIFIER (Check only one)
26a. [X] PHYSICIAN - To the best of my knowledge, death occurred at the date 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, 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. SIGNATURE OF CERTIFIER: ▶ [signature]	27b. LICENSE NUMBER: 53461	27c. DATE SIGNED (Month, Day, Year): 2/1/17
	27d. NAME AND ADDRESS: Ursula Nonnig 730 Professional St Nashville TN 37203	

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) →	a. SEPTIC SHOCK	
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	Due to (or as a consequence of): b. THROMBOCYTOPENIA	
	Due to (or as a consequence of): c. RECURRENT NON-HODGKIN LYMPHOMA	
	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.

28a. WAS AN AUTOPSY PERFORMED? [ ] Yes [X] No
28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [ ] No

30. MANNER OF DEATH: [X] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined	31. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [ ] No [X] Unknown	32. IF FEMALE: [ ] Not pregnant within past year [ ] Pregnant at time of death [ ] Not pregnant, but pregnant within 42 days of death [ ] Not pregnant, but pregnant 43 days to 1 year before death [X] Unknown if pregnant within the past year	
33. IF TRANSPORTATION INJURY, SPECIFY: [ ] Driver/Operator [ ] Passenger [ ] Pedestrian [ ] Other (Specify) _____	34a. DATE OF INJURY (Month, Day, Year) / 34b. TIME OF INJURY / 34c. INJURY AT WORK? [ ] Yes [ ] No / 34d. PLACE OF INJURY – at home, farm, street, factory, office, building, etc. (Specify)		
	34e. DESCRIBE HOW INJURY OCCURRED	34f. LOCATION OF INJURY (Street and Number, City or Town, State)	

PH-1950 (Rev. 10/2011) RDA 1358

10610608

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 6 1 0 6 0 8
Date Issued
JAN 11 2018

CERTIFICATION OF VITAL RECORD