****

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

Karen Johnson Davidson County
Batch# 234172 AFFIDAVITH
05/23/2019 12:47:12 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20190523-0049036

****

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

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. Newel Ray Westveer solely owned real property located at 512 Mathes Court, Goodlettsville, Tennessee 37072.

2. Newel Ray Westveer died on January 4, 2019. A copy of the Death Certificate is attached to this Affidavit.

3. At the time of his death Newel Ray Westveer solely owned the 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 by Affidavit of Heirship, as of record in Document Number 20190430-0039744, Register's Office, Davidson County, Tennessee on April 30, 2019.

4. At the time of Newel Ray Westveer's death, he was unmarried.

5. Newel Ray Westveer had two children, Ray Westveer and Michael Westveer. There are no other children.

6. This Affidavit will confirm the vesting of an ownership interest in Ray Westveer and Michael Westveer as tenants in common.

FURTHER AFFIANTS SAYETH NAUGHT.

AFFIANT

Sworn to and subscribed before me this 21 day of May, 2019

NOTARY PUBLIC

My commission expires: 3/7/2023

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: 2019 002140

DECEDENT

TYPE/PRINT IN PERMANENT BLACK INK

NAME OF DECEDENT (If not born in hospital, give street and number)

1. DECEDENT'S LEGAL NAME	2. SEX	3. DATE OF DEATH
NEWEL RAY WESTVEER	MALE	01/04/2019

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
04:00 PM	83					02/21/1935	PONTIAC, MI

8a. PLACE OF DEATH: DECEDENT'S HOME

8b. FACILITY NAME	8c. CITY OR TOWN	8d. COUNTY OF DEATH
512 MATHES COURT	GOODLETTSVILLE	DAVIDSON

9. MARITAL STATUS	10. SURVIVING SPOUSE (name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION	11b. KIND OF BUSINESS/INDUSTRY
WIDOWED		ARCHITECT	CHURCH AND RESIDENTIAL

12. SOCIAL SECURITY NUMBER	13a. RESIDENCE-STATE OR FOREIGN COUNTRY	13b. COUNTY	13c. CITY OR TOWN
7409	TENNESSEE	DAVIDSON	GOODLETTSVILLE

13d. STREET AND NUMBER	13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT EVER IN US ARMED FORCES?
512 MATHES COURT	YES	37072	YES

15. DECEDENT'S EDUCATION	16. DECEDENT OF HISPANIC ORIGIN?	17. DECEDENT'S RACE
BACHELOR'S DEGREE	NO, NOT SPANISH/HISPANIC/LATINO	WHITE

PARENTS

18. FATHER'S NAME	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE
GILBERT NORMAN WESTVEER	ALICE ETHLYN SCHOONMAKER

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS
MICHAEL KING WESTVEER	SON	3079 OXFORD DRIVE, MT JULIET, TN 37122

DISPOSITION

21a. METHOD OF DISPOSITION	21b. PLACE OF DISPOSITION	21c. LOCATION
CREMATION	NASHVILLE CREMATION SERVICE	NASHVILLE, TN

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
▶ /e/ ASHLEY ANN LUER	16204	▶	

23a. NAME AND ADDRESS OF FUNERAL HOME	23b. LICENSE NUMBER
WOODLAWN-ROESCH-PATTON FUNERAL HOME AND MEMORIAL, 660 THOMPSON LANE, NASHVILLE, TN 37204-0407	933

REGISTRAR

24. REGISTRAR'S SIGNATURE	25. DATE FILED
▶ /e/ EDWARD G. BISHOP III	01/17/2019

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/ LOUIS C JOHNSON	023577	01/17/2019

27d. NAME AND ADDRESS: LOUIS C JOHNSON 2400 PATTERSON SUITE 400, NASHVILLE, TN 37203

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. MYOCARDIAL INFARCTION	SECONDS
	DUE TO (OR A CONSEQUENCE OF)	
	b.	
	DUE TO (OR A CONSEQUENCE OF)	
	c.	
	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: HYPERTENSION, ATRIAL FIBRILLATION, CHRONIC KIDNEY DISEASE STAGE 3, HYPERLIPIDEMIA

29a. WAS AN AUTOPSY PERFORMED?	29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
NO	

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

10612015

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 18 2019

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

1 0 6 1 2 0 1 5

Edward G. Bishop III
State Registrar

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD