Karen Johnson Davidson County
Batch# 276545 AFFIDAVITH
08/26/2019 02:33:06 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20190826-0085818

AFFIDAVIT OF HEIRSHIP

This Instrument was prepared by: Attorney, Dan R. Alexander, 15065 Lebanon Road, Suite 204 Old Hickory, Tennessee 37138 Tel. 615-297-0097.

New Owner	Send Tax Bills To:	Map/par No.
Kent Redgrave **122 Thomas Court** **Greenbrier, Tennessee 37073**	**same**	**44-11104**

In Re: a certain tract or parcel of land in Davidson County, Tennessee, described as follows:

Land in Davidson County, Tennessee, being Lot No. 117, Section "A", Village of Old Hickory, as shown on the plan recorded July 16, 1948, Book 1424, Page 68, in the Register's Office for Davidson County, Tennessee, fronting 53.0 feet on Hadley Avenue, containing 0.13 acres, more or less.

Being the same property conveyed to Lorene S. Welch by deed from Carl Wayne Edwards and Cindy Beth Hildreth, of record in Book 6890. Page 442 in the Register' Office of Davidson County, Tennessee.

Being the same property that was secured by a Deed of Trust or record in Book 6946, Page 519 and a Deed of Trust Release of record in Book 11164, Page 516 Register's Office for Davidson County, Tennessee.

This is improved property known as, 603 Hadley Avenue, Old Hickory, Davidson County, Tenn. 37138.

Comes now, Kent Redgrave, biological son of the late Lorene S. Welch.

and files this Affidavit of Heirship as it pertains to the above described real property, and

states as follows:

1. Lorene S. Welch died on April 11, 2014. She died intestate and unmarried. Lorene S. Welch is one and the same as Dorthy Lorene Spurgeon Welch and her death certificate is attached hereto as (Exhibit No. 1.)

2. Affiant is the biological son and only child of Lorene S. Welch.

3. The above described real property passed to Affiant by operation of law upon the death of Lorene S. Welch on April 11, 2014.

4. No last will and testament of Lorene S. Welch has been probated and no estate has been entered for probate.

5. The only lawful heir to the Estate of the late Lorene S. Welch is the Affiant, Kent Redgrave, the only child of the late Lorene S. Welch.

6. All interest in the real property above described vested in Kent Redgrave with the death of Lorene S. Welch.

7. **FURTHER AFFIANT SAITH NOT.**

x Kent Redgrave
Kent Redgrave

State of Tennessee)
County of Davidson)

Personally appeared before me, the undersigned authority, a Notary Public in and for the within named Kent Redgrave, the bargainor(s) with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at office this 22 day of August 2019.

My Commission Expires: 9/6/22

Erin White
Notary Public

ERIN WHITE
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires SEPT. 6, 2022

STATE OF TENNESSEE
Office of Vital Records

140220 0

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Dorothy Lorene Spurgeon Welch
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): April 11, 2014
4. TIME OF DEATH (Approx.): 2:40 AM
5a. AGE-Last Birthday (Years): 91
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): March 25, 1923
7. BIRTHPLACE (City and State or Foreign Country): Dalton, Georgia

TYPE/PRINT IN PERMANENT BLACK INK

6a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: ☐ 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)

6b. FACILITY NAME (If not institution, give street and number): 603 Hadley Ave.
6c. CITY OR TOWN: Old Hickory
6d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS: ☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: Clerical
11b. KIND OF BUSINESS/INDUSTRY: Medical
12. SOCIAL SECURITY NUMBER: 7893
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Old Hickory
13d. STREET AND NUMBER: 603 Hadley Ave
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13i. ZIP CODE: 37138
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ 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
☐ 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)
☒ 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)
☒ 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

3+1pt

PARENTS

18. FATHER'S NAME (First, Middle, Last): John A. Spurgeon
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Lille Ewton

DISPOSITION

20a. INFORMANT'S NAME: Kent Redgrave
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 122 Thomas Court Greenbrier, TN 37073
21a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Affiliated Crematory
21c. LOCATION – City or Town and State: Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ [signature]
22b. LICENSE NUMBER: 4935
22c. SIGNATURE OF EMBALMER: ▶
22d. LICENSE NUMBER
23a. NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Funeral Home - Hadley Chapel, 1700 Hadley Avenue, Old Hickory, Tennessee 37138
23b. LICENSE NUMBER OF FUNERAL HOME: 1002

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ [signature]
25. DATE FILED (Month, Day, Year): April 14, 2014

CERTIFIER

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

26. CERTIFIER (Check only one)
26a. ☒ 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.
27a. SIGNATURE OF CERTIFIER: ▶ [signature] MD
27b. LICENSE NUMBER: 6465
27c. DATE SIGNED (Month, Day, Year): 4/14/14
27d. NAME AND ADDRESS: John B. Bassel, M.D. 1718 Patterson Street, 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) a.	Carcinoma of the bile duct	4 mo
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 b.	Due to (or as a consequence of):	
c.	Due to (or as a consequence of):	
d.	Due to (or as a consequence of):	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

29a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

30. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ 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 ☐ 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-1659 (Rev. 10/2011) RDA 1399

6438637

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

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

6438637
Date Issued APR 14 2014

CERTIFICATION OF VITAL RECORD

EXHIBIT #1