Karen Johnson Davidson County
Batch# 281227 AFFIDAVITH
09/05/2019 12:00:03 PM 8 pgs
Fees: $42.00 Taxes: $0.00
20190905-0089753

This instrument was prepared by:
JOHN I. HARRIS, III
SCHULMAN, LEROY & BENNETT, P.C.
P.O. BOX 190676
NASHVILLE, TENNESSEE 37219

GRANTEE(S): **JULIA C. GIFFORD**
6128 EATONS CREEK ROAD
JOELTON, TENNESSEE 37080

YVONNE A. BURKHARDT
9805 ORANGEWOOD TRAIL
DENTON, TEXAS 76207

SEND TAX NOTICES TO: **6128 EATONS CREEK ROAD, JOELTON, TENNESSEE 37080**
MAP PARCEL NUMBER: **43-16-120**

AFFIDAVIT OF HEIRSHIP

Tennessee Code Annotated § 30-2-712

STATE OF TENNESSEE

COUNTY OF DAVIDSON

The undersigned, being duly sworn, deposes and says:

1. My full name is **Julia C. Gifford**.

2. I reside at **6128 Eatons Creek Road, Joelton, Tennessee 37080**.

3. I have personal knowledge of the matters stated in this Affidavit.

4. On **February 27, 2012, Leroy Watson** died at **VA Tennessee Valley Healthcare System in Nashville, Tennessee**. I will refer to this person as the Decedent (see attached Exhibit "A" Leroy Watson's Death Certificate). He was an unmarried single person at the time of his death.

5. The real property to which this Affidavit applies is located at **114 Sandhurst Drive, Madison, Tennessee 37115** in Davidson County, Tennessee, more fully described as:

> **Lot No. 108 in the Kingsway Green Subdivision in a plat of which is of record in Book 3842, page 227, Register's Office of Davidson County, Tennessee, and being a part of the same land conveyed to Kingsway Greens of America, Inc. by deed of record in Book 4212, page 838 and 839, in the Register's Office, Davidson County, Tennessee.**
>
> **This conveyance is subject to all restrictions, easements and covenants of record in Book 4280, page 68, Register's Office of Davidson County, Tennessee and all zoning ordinances or laws of any Governmental authority.**

This conveyance is subject to the terms and conditions as set out in Item 1, part "A", Marital Dissolution Agreement recorded in Book 9172, page 472, Register's Office for Davidson County, Tennessee.

Being part of the same property as conveyed to Leroy Watson et ux, Dorothy B. Watson (formerly husband and wife, Dorothy B. Watson and Dorothy A. Watson being one and the same person), by Installment Deed from Kingsway Greens of America, Inc., by Installment Deed of record in Book 4410, page 122, Register's Office for Davidson County, Tennessee. Further being the same property conveyed to Leroy Watson, unmarried, by Warranty Deed from Dorothy A. Watson, unmarried, of record in Book 5029, Page 983, Register's Office for Davidson County, Tennessee.

6. At the time of the Decedent's death, the Decedent resided at **200 E. Webster Street, Apt. 1113, Madison, Tennessee 37115**.

7. The estate of the Decedent ..... [*select one*]
   ■ Was not administered in a proceeding supervised by a court.
   ☐ Was administered in a proceeding supervised by a court in _____ [*county and state*] in the _____ [*court*] in case no. _____.

8. Facts concerning my relationship to the Decedent are: **Julia C. Gifford and Yvonne A. Burkhardt are Decedent's only children. Their dates of birth are both March 18, 1951 and, they are both sixty-eight (68) years old. They are his sole heirs at law. They are also the individuals who would have inherited the real property interest that is the subject of this Affidavit under the Decedent's Will.**

9. Additional facts pertinent to determine who is legally entitled to the estate of the Decedent at the time of the Decedent's death are:

Decedent's daughters did locate a copy of Leroy Watson's Will (see attached Exhibit "B" copy of Leroy Watson Will). They made a thorough search for the original Will or Codicils signed by Decedent other than the Will, but have found no such other or later document. In Article III of the copy of Decedent's Will, Disposition of Estate, Decedent bequeathed all of his tangible property to his two daughters, Julia Cassandra Watson Gifford and Yvonne Amanda Watson Burkhardt. The Will does not reference the real property holdings of the Decedent.

Pursuant to Final Decree of Divorce between Leroy Watson, Plaintiff, and Betty Lucille Watson, Defendant, Davidson County, Tennessee Circuit Court Case No. 90D2006, of record in Book 9172, Page 472, Register's Office for Davidson County, Tennessee, Marital Dissolution Agreement, Item 1, Part "a", "If and when said real property is sold, or upon Husband's death, the Wife shall receive one-half of the net proceeds from the sale of said real

property." To the best of Affiant's knowledge, in her lifetime, Betty Lucille Watson never made a request to sell the subject property to obtain her one-half interest of the net proceeds nor claimed any ownership in said property after Decedent's death. The said, Betty Lucille Watson, having since died on November, 1, 2013. To the best of the Affiant's knowledge, neither Betty Lucille Watson nor any person claiming through her filed any claim under the Probate laws of Tennessee or any other jurisdiction seeking to enforce any contractual or other claim against the Estate of the Decedent.

10. Affiant files this affidavit under Tennessee Code Annotated § 30-2-712 for the purpose of establishing the real estate vested immediately upon death pursuant Tennessee Code Annotated § 30-2-712 in the Decedent's daughters, Julia C. Gifford and Yvonne A. Burkhardt, as tenants in common.

Julia C. Gifford
Affiant

Sworn to and subscribed before me this 5TH day of September 2019.

Christy Wilson
Notary Public
My Commission expires: March 3, 2020

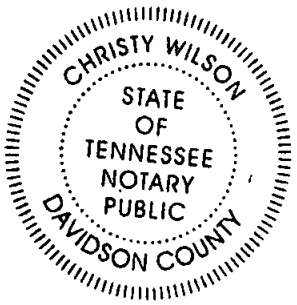


Exhibit "A"

STATE OF TENNESSEE
Office of Vital Records

120112

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): LEROY WATSON
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): February 27, 2012
4. TIME OF DEATH (Hours): 12:09 pm
5a. AGE-Last Birthday (Years): 84
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): April 3, 1927
7. BIRTHPLACE (City and State or Foreign Country): NASHVILLE, TN

TYPE/PRINT IN PERMANENT BLACK INK

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): VA TN VALLEY HEALTHCARE SYSTEM
8c. CITY OR TOWN: NASHVILLE
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: [ ] Married [ ] Married, but separated [ ] Widowed [X] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: PRINTER
11b. KIND OF BUSINESS/INDUSTRY: Methodist Plublishing
12. SOCIAL SECURITY NUMBER: ___-__-____
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY OR TOWN: MADISON
13d. STREET AND NUMBER: 200 E. Webster St. Apt # 1113
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37115
14. WAS DECEDENT EVER IN US ARMED FORCES? [X] Yes [ ] No

NAME OF DECEDENT (For use by Physician or Institution)

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

PARENTS

18. FATHER'S NAME (First, Middle, Last): ROY WILLIAM WATSON
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): RUTH AMANDA KNIGHT

DISPOSITION

20a. INFORMANT'S NAME: VA TN Valley Healthcare System
20b. RELATIONSHIP TO DECEDENT: VA FILE
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1310 24th Ave. South, Nashville, TN 37212
21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): SPRING HILL CEMETERY
21c. LOCATION - City or Town and State: NASHVILLE, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ NATHANIEL HOLMAN
22b. LICENSE NUMBER: 5974
22c. SIGNATURE OF EMBALMER: ▶ NATHANIEL HOLMAN
22d. LICENSE NUMBER: 5975
23a. NAME AND ADDRESS OF FUNERAL HOME: Spring Hill Funeral Home, 5110 Gallatin Rd., Nashville, TN 37216
23b. LICENSE NUMBER OF FUNERAL HOME: 1046

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ [signature]
25. DATE FILED (Month, Day, Year): February 29, 2012

CERTIFIER

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

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.
27a. SIGNATURE OF CERTIFIER: ▶ [signature]
27b. LICENSE NUMBER: TN 28182
27c. DATE SIGNED (Month, Day, Year): 02/29/12
27d. NAME AND ADDRESS: James Gainer III, M.D. 1310 24th Ave. South, Nashville, TN 37212

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. PNEUMONIA, ASPIRATION	1 WEEK
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.
ATRIAL FIBRILLATION

29a. WAS AN AUTOPSY PERFORMED? [ ] Yes [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [X] 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 [ ] 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 – (e.g., 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

5086410

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

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

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Forman, Local Registrar
Davidson County, Tennessee

3/8/2012
Date Issued

CERTIFICATION OF VITAL RECORD

Exhibit "B"

WILL OF LEROY WATSON

ARTICLE I

Declarations

1. Leroy Watson, a resident of Davidson County, Tennessee declare this to be my Will. I revoke all prior Wills and codicils made by me.

2. I am divorced. I have two children, a daughter Julia Cassandra Watson Gifford, and a daughter Yvonne Amanda Watson Burkhardt.

ARTICLE II

1. Funeral and Administration Expenses. I have a pre-paid funeral at Mt. Olivet Cemetery. I do not have a burial plot with Mt. Olivet Cemetery. My Executors shall pay any additional funeral expenses and the expenses of administering my estate as soon as practical after my death.

2. Burial Plot. I wish to be buried in the National Cemetery in Nashville (Madison), Tennessee in the burial plot provided by the United States Government for my service during World War II in the Navy.

ARTICLE III

Disposition of Estate

1. Tangible Personal Property. I give all my tangible personal property to my two daughters, Julia Cassandra Watson Gifford and Yvonne Amanda Watson Burkhardt.

2. In the event my two daughters do not survive me, the properties shall be divided equally between my four grandchildren, Tracy, Scott, Heather and Mathew.

3. I am depending upon the good judgment of my children to select fairly from these properties for distribution among themselves.

ARTICLE IV

Appointment of Executors

1. I appoint as my Executors of my Will my two daughters, Julia Cassandra Watson Gifford and Yvonne Amanda Watson Burkhardt

2. Bond. I direct that no bond be required of the above nominated Executors or Successors.

3. Power. My Executors shall have all the powers enumerated in Tennessee Codes Annotated.

ARTICLE V

Witnesses

Whereof I have signed this Will, consisting of two (2) pages, each of which I have initialed at the bottom for the purposes of identification.

The foregoing Will, consisting of two (2) pages, was signed and declared by Leroy Watson, being of sound mind and free from any compulsion or constraints, to be my last Will.

IN WITNESS THEREOF, I the said Leroy Watson have hereunto set my hand and seal this 8 day of September A.D., 2005.

x Leroy Watson

SIGNED, SEALED, PUBLISHED AND DECLARED by the above named testator, Leroy Watson as and for his last Will and Testament who have at his request and in the presence of each other hereunto subscribed our names as witnesses hereto. We declare that the testator willingly signed and executed this instrument as the testator's last will. To the best of our knowledge, the testator is of the age of majority or otherwise legally empowered to make a will, is mentally competent and under no constraint or undue influence.

In the presence of the testator, we sign this will as witnesses to the testator's signing.

We declare under penalty of perjury that the foregoing is true and correct, this 8th day of September, 2005.

Denise C. Welborn — 184 Curtis Cross Road, Hendersonville, TN
Witness — Address

Star Quarton — 1148 Winding Way, White House, TN 37188
Witness — Address

Subscribed, sworn, to an acknowledged before me by Leroy Watson the declarant, and subscribed and sworn to before me by Denise C. Welborn and Star Quarton witnesses, this ____ day of _____, 20__.

Kristie S. Taylor
Notary Public

My commission expires: 07-[illegible]-06

KRISTIE S. TAYLOR NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TENNESSEE