AFFIDAVIT OF HEIRSHIP

Tennessee Code Annotated § 30-2-712.

Karen Johnson Davidson County
Batch# 302464 AFFIDAVITH
10/17/2019 02:36:19 PM 7 pgs
Fees: $37.00 Taxes: $0.00
20191017-0106647

STATE OF TENNESSEE

COUNTY OF DAVIDSON

The undersigned, being duly sworn, deposes and says:

1. My full name is Sandra Trotter Lee. I will refer to myself in this Affidavit as the Affiant.

2. I reside at 1703 Eastland Avenue, Nashville, TN 37206.

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

4. On July 29, 2007, John Julius Woodroof died in Hermitage, Tennessee. I will refer to this person as the Decedent.

5. The real property to which this Affidavit applies is located at 2008 Bakers Grove Lane (Parcel ID 13700005400) in Davidson County, Tennessee, more fully described as the 0.59 acre single family lot located on the S. SIDE BAKERS GROVE LN E OF HOBSON PK.

6. Facts concerning my relationship to the Decedent are that I am a friend of the Woodroof-Brown family.

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

Katherine and John J. Woodroof acquired the property at 2008 Bakers Grove Lane (Parcel ID 13700005400) on October 21, 1958. Katherine and John J Woodroof resided here until their respective deaths. Katherine and John J. Woodroof had two children, John Robert Woodroof and Katherine Woodroof Brown.

Katherine. Pugh Woodroof died on August 1, 1989, with her estate going to her husband, John J. Woodroof. John J. Woodroof died on July 29, 2007 and, in the Last Will and Testament dated August 8, 1989 (copy attached hereto) devised his estate (including the property at 2008 Bakers Grove Road) in equal shares to his two surviving children, John Robert Woodroof and Katherine Woodroof Brown.

John Robert Woodroof and Katherine Woodroof Brown are the rightful owners of the property located at 2008 Bakers Grove Lane.

8. Attached are death records of Katherine Pugh Woodroof and John Julius Woodroof, and the last Will and Testament of John Julius Woodroof, which support the statements made in this affidavit.

Sandra Trotter Lee
Affiant

Sworn to and subscribed before me this 17 day of October, 2019.

My Commission expires: 7/2/2022

Notary Public

VANESSA TROTTER
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 7-2-22

Prepared by
Austin Brown
4225 Harding Pike #307
Nashville, TN 37205
615-517-7929

Metropolitan Government of Nashville and Davidson County

Bill Boner, Mayor

FREDIA S. WADLEY, M.D.
LOCAL REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY, TN

AUG 10 1989

Fredia S. Wadley, M.D.

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER: 8903644

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Katherine J. Woodroof
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): 8-1-89
4. SOCIAL SECURITY NUMBER (of Decedent): -0511
5a. AGE – LAST BIRTHDAY (Years): 56
5b. UNDER 1 YEAR (Months / Days / Hours / Min.)
6. DATE OF BIRTH (Month, Day, Year): 11-8-32
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tn.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
8a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [X] 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): Donelson
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): John Woodroof
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Sales Clerk
12b. KIND OF BUSINESS/INDUSTRY: Western Auto
13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Hermitage
13d. STREET AND NUMBER OR RURAL LOCATION: 2008 Granny Wright Lane
CENSUS TRACT: 6
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37076
14. WAS DECEDENT OF HISPANIC ORIGIN (Specify Yes or No – If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No — Specify, if yes:
15. RACE – American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): High School; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Joseph Pugh
18. MOTHER'S NAME (First, Middle, Maiden Surname): Ora Neal

INFORMANT

19a. INFORMANT'S NAME (Type/Print): John Woodroof
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2008 Granny Wright Lane Hermitage Tn. 37076

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Mapleview
20c. LOCATION – City or Town, State: Smyrna, Tn.
21a. SIGNATURE OF FUNERAL DIRECTOR: Clyde Ellis
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 1343
21c. SIGNATURE OF EMBALMER: J. Brewer
21d. LICENSE NUMBER OF EMBALMER: 2969
22a. NAME AND ADDRESS OF FUNERAL HOME: Ellis Funeral Home 2627 Nolensville Road Nashville, Tennessee 37211
22b. LICENSE NUMBER OF FUNERAL HOME: 775

REGISTRAR

23. REGISTRAR'S SIGNATURE: Marsha H. Jones
24. DATE FILED (Month, Day, Year): August 10, 1989

CERTIFIER

25a. PHYSICIAN – To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 [X] SIGNATURE AND TITLE OF PHYSICIAN: F. M. Minch M.D.
25b. LICENSE NUMBER: MD010470
25c. DATE SIGNED (Month, Day, Year): 8/7/89
26a. MEDICAL EXAMINER – On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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)

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): F. M. Minch, M.D.

CAUSE OF DEATH

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Stroke — 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. Complications of metastatic Lung Cancer — DUE TO (OR AS A CONSEQUENCE OF):
c. — DUE TO (OR AS A CONSEQUENCE OF):
d.

Approximate Interval Between Onset and Death: 2 wk / 6 mo

SEE INSTRUCTIONS ON OTHER SIDE

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: M
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)

BIRTH NO: _____

202-06-002

PH-1659
REV 1/89

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: 0701279

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last)	2. SEX	3. DATE OF DEATH (Month, Day, Year)
JOHN JULIUS WOODROOF	MALE	July 29, 2007

4. SOCIAL SECURITY NUMBER	5a. AGE-LAST BIRTHDAY (Years)	5b. UNDER 1 YEAR (Months / Days)	5c. UNDER 24 HOURS (Hours / Min.)	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)
9091	79			JUN 03, 1928	NASHVILLE, TN

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No

9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [X] 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
2008 Bakers Grove Ln.	Hermitage	Davidson

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)	12b. KIND OF BUSINESS/INDUSTRY
WIDOWED		PRINTER	GENESCO

13a. RESIDENCE-STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER OR RURAL LOCATION
TN	DAVIDSON	HERMITAGE	2008 BAKERS GROVE LN.

CENSUS TRACT

13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.)	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+)
1 [ ] Yes 2 [X] No	37076	Specify, if yes: Yes 0 [X] No	WHITE	12

PARENTS

17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden Surname)
FRANK P. WOODROOF	NANNIE MAYCHE

INFORMANT

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)
JOHN R. WOODROOF	SON	1264 YOUNG RD LEBANON TN 37090

DISPOSITION

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other; city, state)	20c. LOCATION-City or Town, State
1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)	MAPLEVIEW CEMETERY	SMYRNA, TN

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER OF FUNERAL DIRECTOR	21c. SIGNATURE OF EMBALMER	21d. LICENSE NUMBER OF EMBALMER
▶JUDD SELLARS	5266	▶JUDD SELLARS	5267

22a. NAME AND ADDRESS OF FUNERAL HOME	22b. LICENSE NUMBER OF FUNERAL HOME
SELLARS FUNERAL HOME 313 W. BADDOUR PKWY, LEBANON TN 37087	1128

REGISTRAR

23. REGISTRAR'S SIGNATURE	24. DATE FILED (Month, Day, Year)
▶Robert J. Rhodes Jr. D.R.	August 03, 2007

CERTIFIER

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)

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 [X] SIGNATURE AND TITLE OF MEDICAL EXAMINER ▶

26b. LICENSE NUMBER	26c. DATE SIGNED (Month, Day, Year)
31292	07/30/2007

PHYSICIAN OR MEDICAL EXAMINER CERTIFYING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)
Amy R. McMaster, M.D.; 850 R.S. Gass Blvd., Nashville, TN 37216; MEC07-2472

CAUSE OF DEATH

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.	Atherosclerotic cardiovascular disease	
DUE TO (OR AS A CONSEQUENCE OF): b.		
DUE TO (OR AS A CONSEQUENCE OF): c.		
DUE TO (OR AS A CONSEQUENCE OF): d.		

SEE INSTRUCTIONS ON OTHER SIDE

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

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

29a. WAS AN AUTOPSY PERFORMED?	29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
1 [ ] Yes 2 [X] No	1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH	31a. DATE OF INJURY (Month, Day, Year)	31b. TIME OF INJURY	31c. INJURY AT WORK?	31d. DESCRIBE HOW INJURY OCCURRED
1 [X] Natural 5 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide			1 [ ] Yes 2 [ ] No	

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)

PH-1659 (REV. 6/99)

BIRTH NO. _____

RDA 1390

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 Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

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

[redacted]

Tonya Y Foreman
Tonya Y Foreman
Local Registrar

Date Issued AUG 03 2007

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

CERTIFICATION OF VITAL RECORD

Last Will and Testament

OF

JOHN JULIUS WOODROOF

I, JOHN JULIUS WOODROOF, of Nashville, Davidson County, Tennessee, being of sound mind and disposing memory, do hereby make, publish and declare this to be my Last Will and Testament, revoking all prior wills and codicils to wills heretofore made by me.

FIRST

I direct that all of my just debts, including my funeral expenses and the costs of administration of my Last Will and Testament be paid out of my estate as soon as practicable after my death.

SECOND

I hereby nominate and appoint my daughter, Kathy Lynn Brown of Nashville, Davidson County, Tennessee, as Executrix of this my Last Will and Testament and direct that no bond or other security be required of my said Executrix for the faithful performance of her duties as such.

THIRD

I, hereby give, devise and bequeath all of my property, real, personal and mixed, of every kind and nature as follows: One half (½) to my son, John Robert Woodroof and one half (½) to my daughter Kathy Lynn Brown. In the event either of my children predecease me then that child's share shall be divided equally among his/her children living at the time of my death.

IN TESTIMONY WHEREOF, I, John Julius Woodroof have hereunto set my hand on this page, at Nashville, Tennessee, on this the 9 day of August, 1989.

John Julius Woodroof
JOHN JULIUS WOODROOF

Page One of My Will: (J.J.W.)

We, the undersigned attesting witnesses to this Will are personally acquainted with the testator. We are of the opinion that he is of sound mind and in full possession of his faculties, and we subscribe our names hereto as witnesses to this Will at his request, in his presence and in the presence of each other, this 9th day of August, 1989.

Knox D Talley residing at 36 Millwood Dr
Nashville, TN 37217

Linda K Clark residing at 141 Reese Dr
Nashville Tn 37211

AFFIDAVIT

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Knox D. Talley, Jr and Dinah L. Clack

being severally duly sworn, depose and say that:

We are acquainted with John Julius Woodroof, who executed the annexed Last Will and Testament, consisting of two typewritten pages, dated August 9, 1989, on that date at Nashville, Tennessee, by subscribing his name at the end thereof in the presence of each of us.

At the time of subscribing said Will, John Julius Woodroof declared the instrument so subscribed by him to be his Last Will and Testament and we thereupon signed our names as witnesses at the end of said instrument at his request and in his presence and sight and in the presence and sight of each other.

At the time of executing said Last Will and Testament, John Julius Woodroof was over the age of eighteen years and in our opinion was of sound mind, memory and understanding and not under any restraint or in any respect incompetent to make a Last Will and Testament and that each of said witnesses was then at least eighteen years of age.

The annexed Last Will and Testament was examined by the undersigned witnesses at the time this affidavit was made.

Knox D Talley JJ

Dinah L Clack

SWORN to and subscribed before me this 9th day of August, 1989.

Teresa Hutton
NOTARY PUBLIC

My commission expires: 11-12-90