Karen Johnson Davidson County
Batch# 349202 AFFIDAVITH
01/27/2020 04:07:17 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20200127-0009804

**MAP-PARCEL NUMBERS**
**Map 74-04**
**Parcel 92**

# AFFIDAVIT OF HEIRSHIP

**STATE OF TENNESSEE )**
**COUNTY OF DAVIDSON )**

Comes the Affiant, Christina Peach, being first duly sworn according to law, and being of lawful age and a resident of the State of Tennessee for the past 50 years, pursuant to Tennessee Code Annotated § 30-2-712, hereby swears to the following of her own free will and based upon her personal knowledge and familiarity:

1. Gladys E. Gibson died on January 3, 2020. A copy of her Death Certificate is attached to this Affidavit.

2. At the time of her death, Gladys E. Gibson owned property with her husband, Arnold Gibson, Jr., located at 905 Ridge West, Hermitage, Tennessee 37076, as tenants by the entirety.

3. The Decedent, Gladys E. Gibson, left a surviving spouse, Arnold Gibson, Jr.

4. This Affidavit will confirm the vesting of the ownership interest of Gladys E. Gibson in Arnold Gibson, Jr. in the real property located at 905 Ridge West, Hermitage, Tennessee and more particularly described as follows:

**Land in Davidson County, Tennessee, being Lot No. 43 on the Plat of Hermitage Hills, Section 12, as of record in Book 4675, Page 125, said Register's Office, to which plan reference is hereby made for a more complete description.**

**BEING the same property conveyed to Arnold Gibson and Gladys E. Gibson, by Warranty Deed from Eldora L. Rising, dated September 12, 2000, and of record in Instrument Number 20009122-0090294. Register's Office for Davidson County, Tennessee**

**This conveyance is made subject to the following:**
**1) 2000 taxes and subsequent years.**

**2) Property is subject to all matters affecting said premises as contained in Plat Book 4675, Page 125, Register's Office for Davidson County, Tennessee, including but not limited to a 30 foot minimum building setback line along the front of said lot, a 10 foot easement for utilities and drainage purposes along the rear of said lot, and a utility anchor easement over the northwest 1 ½' x 25' of said lot.**
**3) Property is subject to Restrictive Covenants contained in Book 4820, Page 611, and amended in Book 4960, Page 506, and Book 4969, Page 667, Register's Office for Davidson County, Tennessee.**
**4) Any and all restrictions, conditions, and easements of record.**

**This is improved property known as: 905 Ridge West, Hermitage, TN 37076**

**FURTHER AFFIANT SAYETH NAUGHT.**

**AFFIANT**

Sworn to and subscribed before me this 20th day of January, 2020

**NOTARY PUBLIC**

ANNA M. WHALEY
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 11-8-2022

My commission expires:
november 8, 2022

**PREPARED BY:**

**PAULA OGLE BLAIR, #15862**
Attorney at Law
211 Donelson Pike, Suite 214
Nashville, TN 37214
(615) 882-0190
Pblairlaw@comcast.net

# STATE OF TENNESSEE
## Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
**CERTIFICATE OF DEATH**
STATE FILE NUMBER 2020 000360

| | | | |
|---|---|---|---|
| 1. Decedent's Legal Name: GLADYS ELIZABETH GIBSON | | 2. Sex: FEMALE | 3. Date of Death: 01/03/2020 |
| 4. Time of Death (Approx.): 02:42 PM | 5a. Age: 87 | 6. Date of Birth: 02/21/1932 | 7. Birthplace: SPRINGFIELD, TN |
| 8a. Place of Death: HOSPICE FACILITY | | | |
| 8b. Facility Name: ALIVE HOSPICE | 8c. City or Town: NASHVILLE | | 8d. County of Death: DAVIDSON |
| 9. Marital Status: MARRIED | 10. Surviving Spouse (name prior to first marriage): ARNOLD GIBSON JR | 11a. Decedent's Usual Occupation: CHEF | 11b. Kind of Business/Industry: FOOD SERVICE |
| 12. Social Security Number: 395 | 13a. Residence-State or Foreign Country: TENNESSEE | 13b. County: DAVIDSON | 13c. City or Town: HERMITAGE |
| 13d. Street and Number: 906 RIDGEWEST | 13e. Inside City Limits?: NO | 13f. Zip Code: 37076 | 14. Was Decedent ever in US Armed Forces?: NO |
| 15. Decedent's Education: 8TH GRADE OR LESS | 16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO | 17. Decedent's Race: WHITE | |
| 18. Father's Name: LUSTER MELVIN LEDBETTER | | 19. Mother's Name Prior to First Marriage: KATIE REYNOLDS | |
| 20a. Informant's Name: KENNY HEAD | 20b. Relationship to Decedent: SON | 20c. Mailing Address: 4571 MATTHEWS ROAD, CEDAR HILL, TN 37032 | |
| 21a. Method of Disposition: BURIAL | 21b. Place of Disposition: SPRINGFIELD MEMORIAL GARDENS | 21c. Location: SPRINGFIELD, TN | |
| 22a. Signature of Funeral Director: /s/ TIMOTHY K HARRIS | 22b. License Number: 4423 | 22c. Signature of Embalmer: /s/ Dustin Ray Thomas | 22d. License Number: 6105 |
| 23a. Name and Address of Funeral Home: ROBERTSON COUNTY FUNERAL HOME, INC., 2201 MEMORIAL BLVD, SPRINGFIELD, TN 37172-3917 | | | 23b. License Number: 754 |
| 24. Registrar's Signature: /s/ EDWARD G BISHOP III | | 25. Date Filed: 01/07/2020 | |

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.

| | | |
|---|---|---|
| 27a. Certifier: /s/ LAURA THARPE | 27b. License Number: 048448 | 27c. Date Signed: 01/06/2020 |
| 27d. Name and Address: LAURA THARPE 1718 PATTERSON STREET, 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 |
|---|---|---|
| a. IMMEDIATE CAUSE (Final disease or condition resulting in death) | ATHEROSCLEROTIC CARDIOVASCULAR DISEASE | |
| b. 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 | | |
| c. | | |
| d. | | |

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I

29a. Was an Autopsy Performed?: NO
29b. Were Autopsy Findings Available to Complete the Cause-of-Death?:

| | | | |
|---|---|---|---|
| 30. Manner of Death: NATURAL | 31. Did Tobacco Use Contribute to Death?: UNKNOWN | 32. If Female: NOT PREGNANT WITHIN PAST YEAR | |
| 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 |

FH-1650 (Rev. 8/2017) RDA 10112

1720716

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

1 1 2 7 2 0 7 1 6

Edward G. Bishop III, State Registrar — Lisa Piercey, MD, MBA, FAAP, Commissioner — Date Issued: Jan-08-2020

## CERTIFICATION OF VITAL RECORD