Karen Johnson Davidson County
Batch# 354081 AFFIDAVITH
02/05/2020 01:54:07 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20200205-0013551

AFFIDAVIT OF HEIRSHIP

New Owner	Send Tax Bills To:	Map/par No.
Gregory R. Shivers **313 Griffin Place** **Hermitage, TN 37076**	**M&T Bank** **PO Box 62182** **Baltimore, Md 21264-2182**	**Map 064-16-O-E** **Parcel 112.00 CO**

THIS INSTRUMENT WAS PREPARED BY
Erin White, Attorney at Law, 15065 Lebanon Road, Suite 204, Old Hickory, TN 37138

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

Land in Davidson County, Tennessee being all of Unit No. 112, in Building 30, as shown on the Site Layout, Exhibit Plat for the Townhomes of Truxton Village, attached as Exhibit A-1, to the Declaration of Covenants, Conditions and Restrictions filed for record in Instrument No. 200610250132473, and amended in Instrument No. 200611060137656, and as amended in Instrument No: 200711050130490, Register's Office for said county, to which Plan reference is hereby made for a more complete description.

Being the same property conveyed to Gregory R. Shivers and wife, Kim E. Shivers by warranty deed from Phillips Builders, LLC, a Tennessee limited liability company, of record in book and page number: 20080731-0078404, Register's Office for Davidson County, Tennessee.

This is improved property known as 313 Griffin Place, Hermitage, Tennessee 37076.

Comes now, Gregory R. Shivers, and after first being duly sworn according to law, attests and states as follows:

1. The above described real property was conveyed to me, Gregory R. Shivers, and my wife, Kim E. Shivers, by warranty deed dated July 25th, 2008, recorded in Deed Book/Page number 20080731-0078404, of the Register's Office, Davidson County, Tennessee.

2. Kim Elizabeth Shivers, died on October 22, 2019, as recorded by the State of Tennessee Office of Vital Records certificate number 11625009 dated the 30th of October, 2019. (Attached as Exhibit 1.)

3. My late wife, Kim Elizabeth Shivers, and I owned the property described above as 313 Griffin Place, Hermitage, Tennessee 37076 as tenants by the entirety.

4. All right, title and interest in the above described real property vested solely in me, Gregory R. Shivers, after her death on October 22, 2019.

5. **FURTHER AFFIANT SAITH NOT.**

Gregory R. Shivers

Gregory R. Shivers

State of Tennessee)
County of Wilson)

Personally appeared before me, the undersigned authority, a Notary Public in and for the within named Gregory R. Shivers, the bargainer(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 3rd day of February 2020.



Erin White
Notary Public

My Commission Expires: 9/6/20

STATE OF TENNESSEE
Office of Vital Records

EXHIBIT 1

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 060290

DECEDENT

1. DECEDENT'S LEGAL NAME: KIM ELIZABETH SHIVERS
2. SEX: FEMALE
3. DATE OF DEATH: 10/22/2019
4. TIME OF DEATH (24-hr): 13:20
5a. AGE: 63
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH: 01/29/1956
7. BIRTHPLACE: MONTGOMERY, AL

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH: INPATIENT
8b. FACILITY NAME: TRISTAR SUMMIT MEDICAL CENTER - HERMITAGE
8c. CITY OR TOWN: HERMITAGE
8d. COUNTY OF DEATH: DAVIDSON
9. MARITAL STATUS: MARRIED
10. SURVIVING SPOUSE (name prior to first marriage): GREG R SHIVERS
11a. DECEDENT'S USUAL OCCUPATION: MANAGER
11b. KIND OF BUSINESS/INDUSTRY: OFFICE
12. SOCIAL SECURITY NUMBER: [redacted]
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY OR TOWN: HERMITAGE
13d. STREET AND NUMBER: 313 GRIFFIN PLACE
13e. INSIDE CITY LIMITS?: YES
13f. ZIP CODE: 37076
14. WAS DECEDENT EVER IN US ARMED FORCES?: NO
15. DECEDENT'S EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
16. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO
17. DECEDENT'S RACE: WHITE

PARENTS

18. FATHER'S NAME: THEODORE PALMER
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: RACHEL L WHITMAN

20a. INFORMANT'S NAME: GREG R SHIVERS
20b. RELATIONSHIP TO DECEDENT: HUSBAND
20c. MAILING ADDRESS: 313 GRIFFIN PLACE, HERMITAGE, TN 37076

DISPOSITION

21a. METHOD OF DISPOSITION: CREMATION
21b. PLACE OF DISPOSITION: NASHVILLE CREMATION SERVICE
21c. LOCATION: NASHVILLE, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: /s/ ASHLEY ANN LUER
22b. LICENSE NUMBER: 16204
22c. SIGNATURE OF EMBALMER:
22d. LICENSE NUMBER:
23a. NAME AND ADDRESS OF FUNERAL HOME: HERMITAGE FUNERAL HOME AND MEMORIAL GARDENS, 535 SHUTE LANE, OLD HICKORY, TN 37138
23b. LICENSE NUMBER: 540

REGISTRAR

24. REGISTRAR'S SIGNATURE: /s/ EDWARD G BISHOP III
25. DATE FILED: 10/30/2019

CERTIFIER

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

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: 10/30/2019
27d. NAME AND ADDRESS: LAURA THARPE 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. METASTATIC LUNG CANCER, UNKNOWN HISTOLOGY	
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	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

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?: NO
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

TN-1050 (Rev. 8/2017) RDA 10112

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

11625009

Edward G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

1162500 9
Date Issued: Oct-30-2019

CERTIFICATION OF VITAL RECORD