Karen Johnson Davidson County
Batch# 355964 AFFIDAVITH
02/10/2020 11:06:37 AM 3 pgs
Fees: $17.00 Taxes: $0.00
20200210-0015008

This instrument was prepared by:
Alexander S. Fasching
Russ Cook & Associates, P.C.
5141 Virginia Way, Suite 220
Brentwood, TN 37027

NEW OWNER(S): KRISTIN CLARK
1436 COLEMAN RD.
FRANKLIN, TN 37064

SHANNON MARLIN
26304 CLOCKTOWER DR.
FRANKLIN, TN 37067

SEND TAX NOTICES TO: KRISTIN CLARK
1436 COLEMAN RD.
FRANKLIN, TN 37064

PARCEL ID: **096 14 0 086.00**

AFFIDAVIT OF HEIRSHIP

Tennessee Code Annotated § 30-2-712

STATE OF TENNESSEE
COUNTY OF WILSON

The undersigned, being duly sworn, makes oath as follows:

1. My full name is Scott Young ("Affiant").

2. I reside at 3287 Whitus Rd., Murfreesboro, TN 37128.

3. I have personal knowledge of the matters stated in this Affidavit; I am a brother-in-law of Thomas W. Moody, Jr.

4. Thomas W. Moody, Jr died intestate in Nashville, Davidson County, Tennessee on December 6, 2019. A Death Certificate for Thomas W. Moody, Jr is attached as Exhibit A.

5. At the time of the Decedent's death, the Decedent resided at 2847 Twin Lawn Dr., Nashville, TN 37214.

6. The estate of the Decedent was not administered in a proceeding supervised by a court.

7. Decedent was survived by two adult daughters, namely Kristin Clark and Shannon Marlin.

8. The real property to which this Affidavit applies is located in Davidson County, Tennessee, at 2847 Twin Lawn Dr., Nashville, TN 37214, legally described as:

   Land in Davidson County, Tennessee, being 139, on the Plan of Twin Lawn as of record in Book 2331, Page 9, Register's Office for Davidson County, Tennessee, to which plan reference is hereby made for a more complete description.

   Being the same property conveyed to Thomas W. Moody, Jr. and Joni L. Frensley, by deed from Virgil W. Wise and wife, Margaret Wise, dated April 28, 1986, recorded at Book 6848, Page 14, Register's Office for Davidson County, Tennessee.

9. Affiant has executed this *Affidavit of Heirship* in order to evidence the transfer of Decedent's interest in the real property to his heirs-at-law.

10. Facts pertinent to determine who is legally entitled to the estate of the Decedent at the time of the Decedent's death are:

    a. Thomas W. Moody, Jr was not married at the time of his death, his wife and joint owner of the property, Joni L. Frensley, having predeceased him in 2017.

    b. The Decedent's daughters, Kristin Clark and Shannon Marlin, now own this property in its entirety, equally as tenants in common.

Signed this 27th day of January, 2020, by:

Scott Young, Affiant

Sworn to and subscribed before me by **Scott Young**, this 27th day of January, 2020.

Notary Public

My Commission expires: 11-26-22

TONYA JERNIGAN
STATE OF TENNESSEE
NOTARY PUBLIC
WILSON COUNTY
My Commission Expires 11-26-22

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 068542

DECEDENT

TYPE/PRINT IN PERMANENT BLACK INK

NAME OF DECEDENT (DO NOT ABBREVIATE OR ALIAS)

1. DECEDENT'S LEGAL NAME: THOMAS WILLIAM MOODY JR					2. SEX: MALE	3. DATE OF DEATH: 12/08/2019
4. TIME OF DEATH (Appox.): 12:37 PM	5a. AGE: 72	5b. UNDER 1 YEAR: Months / Days	5c. UNDER 1 DAY: Hours / Minutes	6. DATE OF BIRTH: 02/02/1947	7. BIRTHPLACE: NASHVILLE, TN	
8a. PLACE OF DEATH: DECEDENT'S HOME						
8b. FACILITY NAME: 2847 TWINLAWN DRIVE		8c. CITY OR TOWN: NASHVILLE			8d. COUNTY OF DEATH: DAVIDSON	
9. MARITAL STATUS: WIDOWED	10. SURVIVING SPOUSE (name prior to first marriage)		11a. DECEDENT'S USUAL OCCUPATION: PRESSMAN		11b. KIND OF BUSINESS/INDUSTRY: PRINTING	
12. SOCIAL SECURITY NUMBER: 3002	13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE		13b. COUNTY: DAVIDSON		13c. CITY OR TOWN: NASHVILLE	
13d. STREET AND NUMBER: 2847 TWINLAWN DRIVE		13e. INSIDE CITY LIMITS? YES	13f. ZIP CODE: 37214		14. WAS DECEDENT EVER IN US ARMED FORCES? YES	
15. DECEDENT'S EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED	16. DECEDENT OF HISPANIC ORIGIN? NO, NOT SPANISH/HISPANIC/LATINO		17. DECEDENT'S RACE: WHITE			

PARENTS

18. FATHER'S NAME: THOMAS WILLIAM MOODY SR	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: MAE JEAN FYKE

20a. INFORMANT'S NAME: KRISTEN RENEE CLARK	20b. RELATIONSHIP TO DECEDENT: DAUGHTER	20c. MAILING ADDRESS: 1436 COLEMAN ROAD, FRANKLIN, TN 37064

DISPOSITION

21a. METHOD OF DISPOSITION: BURIAL	21b. PLACE OF DISPOSITION: SPRING HILL CEMETERY	21c. LOCATION: NASHVILLE, TN

22a. SIGNATURE OF FUNERAL DIRECTOR: /s/ ALEX BENJAMIN SCHMITT	22b. LICENSE NUMBER: 20270	22c. SIGNATURE OF EMBALMER: /s/ JASON QUESENBERRY	22d. LICENSE NUMBER: 20120
23a. NAME AND ADDRESS OF FUNERAL HOME: SPRING HILL FUNERAL HOME AND CEMETERY, 5110 GALLATIN PIKE, NASHVILLE, TN 37216			23b. LICENSE NUMBER: 1046

REGISTRAR

24. REGISTRAR'S SIGNATURE: /s/ EDWARD G BISHOP III	25. DATE FILED: 12/10/2019

CERTIFIER

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.

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

27a. CERTIFIER: /s/ WILLIAM G. MCKEAN	27b. LICENSE NUMBER: 42887	27c. DATE SIGNED: 12/09/2019
27d. NAME AND ADDRESS: WILLIAM G. MCKEAN HERITAGE MEDICAL ASSOCIATES 5653 FRIST BLVD. STE. 630, HERMITAGE, TN 37076		

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. HEART DISEASE	
	DUE TO (OR A CONSEQUENCE OF)	
	b. HYPERLIPIDEMIA	
	DUE TO (OR A CONSEQUENCE OF)	
	c. ATRIAL FIBRILLATION	
	DUE TO (OR A CONSEQUENCE OF)	
	d.	

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

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: N/A		
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	

(TH-1059 (Rev. 8/2017)) RDA 10112

11671095

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

Edward G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

1 1 6 7 1 0 9 5

Date Issued: Dec 10 2019

THIS CERTIFICATION OF VITAL RECORD