Prepared by Margaret Whitson
2317 Modena Dr
Nashville, TN. 37214

ADDRESS NEW OWNER(S): SEND TAX BILLS TO:MAP & PARCEL NUMBER:

Margaret Whitson	2317 Modena Dr	Book:9338
Kit C. Young	Nashville, TN 37214	Page: 386

AFFIDAVIT OF HEIRSHIP

Karen Johnson Davidson County
Batch# 375210 **AFFIDAVITH**
03/20/2020 09:26:20 AM 4 pgs
Fees: $22.00 Taxes: $0.00

20200320-0030741

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

I, Bobbie L. Jones being duly sworn according to law, deposes and state as follows:

1. That I am an adult resident of the State of Tennessee.
2. That I have personal knowledge of the matters stated in this Affidavit.
3. That Billie Renee Reid (hereinafter "the Decedent") died intestate on November 25, 2006.
4. That, at the time of her death, the Decedent was a resident of Nashville, Davidson County, Tennessee.
5. That at the time of her death, the Decedent owned certain real property with a common address of 2317 Modena Drive, Nashville, Davidson County, Tennessee 37214 more particularly and further described in Exhibit "A" attached hereto and made a part hereof.
6. That the Decedent's Estate was not submitted to probate.
7. That the Decedent was not married at the time of her death.
8. That the Decedent was survived by two children: Margaret Whitson and Kit C. Young.
9. That Margaret Whitson and Kit C. Young each received one-half (1/2) interest in the real estate described above by virtue of the laws descent and distribution, each being one of Decedent's two heirs at law.
10. That there are no debts or encumbrances remaining that are or might become a lien in the aforementioned real estate.
11. That Tenn. Code Ann. § 67-4-409(a)(3)(D) exempts this instrument from tax and Tenn. Code Ann. § 67-4-409(a)(5) further provides that valuation oath is unnecessary, said Affidavit being used to evidence transfer of title to the property to a beneficiary.

FURTHER, AFFIANT SAITH NOT.

Dated this the 19 day of March, 2020.

Bobbie L. Jones

BOBBIE L. JONES

Before me a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared Bobbie L. Jones, to me known or proved to me on the basis of satisfactory evidence to be the person described in and who executed the foregoing instrument and acknowledged that she executed the same as her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said County, on this the 19th day of March, 2020.

Nicholas Riley

NOTARY PUBLIC

My Commission Expires: 11-08-2020

NICHOLAS RILEY
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 11-8-2022

EXHIBIT "A"

Description of 2317 Modena Drive, Nashville, TN 37214

A CERTAIN TRACT OR PARCEL OF LAND IN DAVIDSON COUNTY, STATE OF TENNESSEE, DESCRIBED AS FOLLOWS, TO-WIT:

BEING lot No. 199 on the Plan of Maplecrest Subdivision, as of record in Book 1835, page 27, Register's Office for Davidson County, Tennessee, known as 2317 Modena Drive, Nashville, TN 37214.

Said Lot No. 199 fronts 75 feet on the southerly margin of Modena Drive and extends back between parallel lines 185 feet to a dead line which measures 75 feet thereon.

BEING the same property conveyed to Huston Fox and wide, Susan Fox by deed from Edith Maxine Blackwell of record in Book 4597, page 140, said Register's Office. The said Houston Fox subsequently conveyed in his interest to said property to Susan Fox by Quitclaim Deed of record in Book 4820, page 191, Register's office for Davidson County, Tennessee.

Susan Fox now being known as Susan R. Burr. Robert R. Burr, husband of Susan R. Burr, joins in this conveyance for the express purpose of conveying any marital rights which he may have in said property, now or in the future.

Being the same property conveyed to Billie Renee Reid, an unmarried person of record in Book 9338, page 386, said Register's Office.

STATE OF TENNESSEE
Office of Vital Records

TYPEWRITE IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

0606633

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

[redacted] 2006 051761

1. DECEDENT'S NAME (First Middle Last): Ellise Renee Reid
2. SEX: Female
3. DATE OF DEATH (Month Day Year): November 28, 2006
4. SOCIAL SECURITY NUMBER: [redacted]
5. AGE - LAST BIRTHDAY (Years): 44
5a. UNDER 1 YEAR: MONTHS / DAYS
5b. UNDER 1 DAY: HOURS / MINUTES
6. DATE OF BIRTH (Month Day Year): July 4, 1962
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tn
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
9. PLACE OF DEATH (Check only one): HOSPICE
HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA
OTHER: 4 Nursing Home 5 Residence 6 [X] Other (Specify)
9a. FACILITY NAME (If not institution give street and number): Alive Hospice at St. Thomas 080
9c. CITY TOWN OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Divorced
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): Assistant Manager
12b. KIND OF BUSINESS/INDUSTRY: Food Service
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2317 Modena Drive
CENSUS TRACT: 3
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 No
13f. ZIP CODE: 37214-
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes specify Cuban, Mexican, Puerto Rican, etc.) 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): 12; College (1-4 or 5+):

NAME OF DECEDENT (For use by physician or institution)

17. FATHER'S NAME (First Middle Last): William Lafayette Haynes Reid
18. MOTHER'S NAME (First Middle Maiden Surname): Evelyn Audyne Feustal
19a. INFORMANT'S NAME (Type/Print): Maggie Whitson
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2317 Modena Dr Nashville, TN 37214

20a. METHOD OF DISPOSITION: 1 Burial 2 [X] Cremation 3 Removal from State 4 Donation 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place): Affiliated Crematory
20c. LOCATION—City or Town, State: Nashville, TN

21a. SIGNATURE OF FUNERAL DIRECTOR: Rachel Knott
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5775
21c. SIGNATURE OF EMBALMER:
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Company, 2707 Gallatin Rd Nashville, TN 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 331
23. REGISTRAR'S SIGNATURE: Robert W. Rhodes Jr
24. DATE FILED (Month Day Year): November 28, 2006

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. [X] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER: 40370
25c. DATE SIGNED (Month Day Year): Nov 28, 2006
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): James Meadows, MD 4220 Hardin Rd Wing 3B Nashville, TN 37205

28. PART I Enter the disease, 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. Ovarian Cancer
DUE TO (OR AS A CONSEQUENCE OF):

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
b. DUE TO (OR AS A CONSEQUENCE OF):
c. DUE TO (OR AS 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? 1 Yes 2 [X] No
29b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No

30. MANNER OF DEATH: 1 [X] 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:
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):

PH-1659 (REV 6/99)

BIRTH NO:

RDA 1389

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

12337346

Edward G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

1 2 3 3 7 3 4 6

Date Issued: Mar-20-2020

CERTIFICATION OF VITAL RECORD