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ADDRESS NEW OWNER:
Judy Kemp
420 Walton Lane, Unit N71
Madison, TN 37115

SEND TAX BILL TO:
Same

Map-Parcel No.
Map 51
Parcel 15A-
71CO

****

This Instrument Prepared By:
PAULA OGLE BLAIR, ATTORNEY AT LAW
211 Donelson Pike, Suite 214, Nashville, Tennessee 37214
FROM INFORMATION BY OTHERS

Karen Johnson Davidson County
Batch# 375487 **AFFIDAVITH**
03/20/2020 01:38:03 PM 3 pgs
Fees: $17.00 Taxes: $0.00



20200320-0030877

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Comes the Affiant, Howard Hume, being of lawful age and a resident of the State of Tennessee for the past six (6) months, being first duly sworn according to law, and, pursuant to Tennessee Code Annotated § 30-2-712, hereby swears to the following of his own free will and based upon his personal knowledge and familiarity with Maude R. Welch:

1. Maude R. Welch died on December 28, 2018. A Death Certificate is attached to this Affidavit.

2. At the time of her death, Maude Welch was unmarried.

3. At the time of her death, Maude Welch owned an interest in property located in Madison, Davidson County, and more particularly described as follows:

Being Unit No. N-71 as shown on the Plat of Quail Creek of record in Book 6328, pages 89-93, Register's Office for Davidson County, Tennessee together with an undivided interest in the common elements of The Quail Creek Homeowners' Association, all as described in Book 6328, page 44, et seq., said Register's Office.

Being the same property conveyed to Maude R. Welch, by Warranty Deed from Brett Tirey Stewart of record in Book 10141, page 102, Register's Office for Davidson County, Tennessee.

THIS CONVEYANCE IS SUBJECT TO: (1) Taxes which have been prorated and assumed by Grantee; (2) All restrictions of record; (3) All easements of record; (4) All visible easements; (5) All matters appearing on the plan of record; (6) All applicable governmental and zoning regulations.

4. Maude R. Welch had one child, a daughter, Judy Kemp, at the time of her death. Maude R. Welch had no other children. Judy Kemp is the only heir-at-law. The property described herein passes directly to Judy Kemp by operation of law.

5. The property described herein was bequeathed to Judy Kemp.

6. This Affidavit will confirm that Maude R. Welch's ownership interest as described herein vested in her daughter, Judy Kemp, upon Maude R. Welch's death on December 28, 2018.

FURTHER AFFIANTS SAYETH NAUGHT

HOWARD HUME

Sworn to and subscribed before me this 29th day of March, 2019.

STATE OF TENNESSEE NOTARY PUBLIC

NOTARY PUBLIC

My commission expires: March 8, 2022

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 073761

DECEDENT

TYPE/PRINT IN PERMANENT BLACK INK

NAME OF DECEDENT (To be completed by Physician or Medical Examiner)

1. DECEDENT'S LEGAL NAME: MAUDE REYNOLDS WELCH						2. SEX: FEMALE	3. DATE OF DEATH: 12/28/2018 -FOUND
4. TIME OF DEATH (Approx.): 13:00	5a. AGE: 95	5b. UNDER 1 YEAR: Months / Days		5c. UNDER 1 DAY: Hours / Minutes		6. DATE OF BIRTH: 12/12/1923	7. BIRTHPLACE: NASHVILLE, TN
8a. PLACE OF DEATH: ER/OUTPATIENT							
8b. FACILITY NAME: SKYLINE MEDICAL CENTER			8c. CITY OR TOWN: NASHVILLE				8d. COUNTY OF DEATH: DAVIDSON
9. MARITAL STATUS: DIVORCED	10. SURVIVING SPOUSE (name prior to first marriage)			11a. DECEDENT'S USUAL OCCUPATION: CLERK			11b. KIND OF BUSINESS/INDUSTRY: DEPARTMENT STORES
12. SOCIAL SECURITY NUMBER: 412-24-6945	13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE			13b. COUNTY: DAVIDSON			13c. CITY OR TOWN: NASHVILLE
13d. STREET AND NUMBER: 420 WALTON LN APT 71			13e. INSIDE CITY LIMITS?: YES	13f. ZIP CODE: 37216			14. WAS DECEDENT EVER IN US ARMED FORCES?: NO
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: CLARENCE BOYD REYNOLDS	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: PARALEE SARADA LAMASTERS

DISPOSITION

20a. INFORMANT'S NAME: JUDY KEMP	20b. RELATIONSHIP TO DECEDENT: DAUGHTER	20c. MAILING ADDRESS: 1816 MEADOWCLIFF DR, NASHVILLE, TN 37210	
21a. METHOD OF DISPOSITION: BURIAL	21b. PLACE OF DISPOSITION: FOREST LAWN MEMORIAL GARDENS	21c. LOCATION: GOODLETTSVILLE, TN	
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ /e/ ROBERT E FUQUA	22b. LICENSE NUMBER: 6060	22c. SIGNATURE OF EMBALMER: ▶ /e/ Michelle Petrino-Givens	22d. LICENSE NUMBER: 4188
23a. NAME AND ADDRESS OF FUNERAL HOME: FOREST LAWN FUNERAL HOME, 1150 S DICKERSON RD, GOODLETTSVILLE, TN 37072			23b. LICENSE NUMBER: 927

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ /e/ EDWARD G. BISHOP III	25. DATE FILED: 01/08/2019

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: ▶ /e/ PETER THOMAS GELESKIE	27b. LICENSE NUMBER: 033838	27c. DATE SIGNED: 01/08/2019
27d. NAME AND ADDRESS: PETER THOMAS GELESKIE 1210 BRIARVILLE RD BLDG F, MADISON, TN 37115		

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). 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	a. HEART FAILURE	IMMEDIATE
	DUE TO (OR A CONSEQUENCE OF)	
	b. OLD AGE	PROXIMATE
	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

DIABETES WITH CHRONIC KIDNEY DISEASE

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	

PH-1659 (Rev. 8/2017)

RDA 10112

10609992

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

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

1 0 6 0 9 9 9 2

Date Issued JAN 10 2019

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD