****

ADDRESS NEW OWNER:
Kenneth Head
4571 Matthews Road
Cedar Hill, TN 37032

SEND TAX BILL TO:
Same

Map-Parcel No.
Map 74-04
Parcel 92

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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# 426547 AFFIDAVITH
06/26/2020 08:58:42 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20200626-0069168

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Christina Peach, 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 her own free will and based upon her personal knowledge and familiarity with Gladys E. Gibson.

1. Arnold Gibson, Jr. died on April 16, 2020. A Death Certificate is attached to this Affidavit.

2. At the time of his death, Arnold Gibson, Jr. was unmarried.

3. At the time of his death, Arnold Gibson, Jr. owned real property located at 905 Ridge West, Hermitage, Tennessee 37076 and more particularly described as follows:

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 by Affidavit of Heirship on January 27, 2020, after the death of Gladys Gibson, and of record in Instrument Number 20200127-0009804 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

5. Arnold Gibson, Jr. left a Last Will and Testament.

6. Said Last Will and Testament bequeathed the real property located at 905 Ridge West, Hermitage, Tennessee 37076 to William Gibson, Lisa Gibson, Kenneth Head, Rita Williams, and Brenda Head. A certified copy of the Last Will and Testament is attached to this Affidavit.

7. This Affidavit will confirm that Arnold Gibson Jr.'s ownership interest in the real property located at 905 Ridge West, Hermitage, Tennessee 37076 and described herein, is hereby transferred to and vested in William Gibson, Lisa Gibson, Kenneth Head, Rita Williams, and Brenda Head as tenants in common.

FURTHER AFFIANTS SAYETH NAUGHT

Christina Edna Peach
Christina Edna Peach

Sworn to and subscribed before me this 26th day of May, 2020.

Barbara Fisher Lowry
NOTARY PUBLIC

BARBARA FISHER LOWRY
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY

My commission expires: 5/3/2021

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2020 022276

1. Decedent's Legal Name: ARNOLD GIBSON JR			2. Sex: MALE	3. Date of Death: 04/18/2020
4. Time of Death (Approx.): 07:48 AM	5a. Age: 81	6. Date of Birth: 11/16/1938	7. Birthplace: PIKEVILLE, KY	
8a. Place of Death: HOSPICE FACILITY				
8b. Facility Name: THE RESIDENCE/ALIVE HOSPICE		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: HEAVY EQUIPMENT OPERATOR		11b. Kind of Business/Industry: INDUSTRIAL
12. Social Security Number: 4389	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: HERMITAGE
13d. Street and Number: 905 RIDGEWEST		13e. Inside City Limits? YES	13f. Zip Code: 37076	14. Was Decedent ever in US Armed Forces? YES
15. Decedent's Education: 9TH - 12TH GRADE, NO DIPLOMA	16. Decedent of Hispanic Origin? NO, NOT SPANISH/HISPANIC/LATINO		17. Decedent's Race: WHITE	
18. Father's Name: ARNOLD GIBSON SR		19. Mother's Name Prior to First Marriage: BABE ENGLAND		
20a. Informant's Name: KENNETH HEAD	20b. Relationship to Decedent: STEP-SON	20c. Mailing Address: 4571 MATTHEWS RD, 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: ▶ /e/ TIMOTHY K HARRIS	22b. License Number: 4423	22c. Signature of Embalmer: ▶ /e/ Sean Anthony Johnson		22d. License Number: 5768
23a. Name and Address of Funeral Home: ROBERTSON COUNTY FUNERAL HOME, INC., 2201 MEMORIAL BLVD. SspringfIELD, TN 37172-3917				23b. License Number: 754
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III		25. Date Filed: 04/20/2020		

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: ▶ /e/ LAURA THARPE	27b. License Number: 048448	27c. Date Signed: 04/17/2020

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
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. PNEUMONIA	
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	b.	
	c.	
	d.	

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

28a. Was an Autopsy Performed? NO

28b. Were Autopsy Findings Available to Complete the Cause of Death?

29. Manner of Death: NATURAL	31. Did Tobacco Use Contribute to Death? YES	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

PH-1054 (Rev. 6-2017) RDA 1010

11756582

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 certified document is prohibited.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977

11756582

Edward G. Bishop III — Lisa Piercey, MD, MBA, FAAP

Date Issued: Aug 22 2020

CERTIFICATION OF VITAL RECORD