Karen Johnson Davidson County
Batch# 444972 **AFFIDAVITH**
07/28/2020 02:34:28 PM 7 pgs
Fees: $37.00 Taxes: $0.00
20200728-0082864

This Instrument prepared by: Claudia Archer
800 Guinevere Pt.
Mt. Juliet TN 37122

AFFIDAVIT AS TO HEIRS
(Pursuant to T.C.A. §30-2-712)

STATE OF Tennessee
COUNTY OF Davidson

On this 20 day of July, 2020 before me personally appeared Claudia Archer, to me personally known, who being by me duly sworn, on oath did say that Affiant is over eighteen (18) years of age, resides at 800 Guinevere Pt and is familiar with the family history of ~~Herbert Chad~~ Williams, Sr., deceased, who was the owner of the following property:

And that said decedent died on the 29 day of May, 2018, and that the place of residence and homestead, at the time of death, was as follows:

4820 Hopedale Dr.
Nash. TN 37211

And Affiant further states that said deceased left surviving the following persons, as heirs or persons otherwise Interested in the estate,

NAME ADDRESS

1. a. Surviving Spouse

N/a

b. Children

See attachedent 1

c. Children of deceased children

N/a

d. Adopted children

N/a

e. Children of deceased adopted children

N/a

(If none above, go to 2)

2. Parent(s) N/a

(If none above, go to 3)

3. a. Brother(s)/sister(s)

N/a

b. Children of deceased brother(s)/sister(s)

N/a

(if none above, go to 4)

4. a. Paternal grandparent(s)

N/a

b. Children of deceased paternal grandparent(s)
i.e. aunt(s)/uncle(s)

N/a

c. Children of deceased paternal aunt(s)/uncle(s)
i.e. cousins

N/a

d. Maternal grandparent(s)

N/a

e. Children of deceased maternal grandparent(s)
i.e. aunt(s)/uncle(s)

N/a

f. Children of deceased maternal aunt(s)/uncle(s)
i.e. cousins

N/A

And Affiant further states that said decedent left no other children or adopted children or descendants of deceased children or adopted children.

And that all of the above parties are over the age of eighteen years, except the following:

Names of minors: N/a

And said deceased _ left a will / X did not leave a will.

And that the debts against said estate X have been paid / _ have not been paid.

Claudia Archer

Signature

STATE OF TN
COUNTY OF Wilson

Sworn and subscribed before me this 22nd day of July, 2020.

Emily Boyd

Notary Public

My Commission Expires: 7-24-2023

EMILY BOYD
STATE OF TENNESSEE NOTARY PUBLIC
WILSON COUNTY
MY COMMISSION EXPIRES 7-24-2023

Affidavit As To Heirs

Attachment # 1

Attachment to 1 b. Children

Claudia C. Archer	800 Guinevere Pt., Mt. Juliet, TN 37122
Herbert C. Williams, Jr.	301 Sugartree Ct., Joelton, TN 37080
Michael F. Williams	140 White Tree Lane, Baldwin, MO 63011
Teresa M. Valentine	30l Sugartree Ct., Joelton, TN 37080
Terry T. Williams	210 Sunset Dr., Nashville, TN 37207
Andrew S. Williams	102 Clairmont Lane, Hendersonville, TN 37050
Kelly M. Staggs	1606 Mt. Zion Rd., Joelton, TN 37080
Mary Grace Broyles	301 Sugartree Ct., Joelton, TN 37080

Other Attachments

Death Certificate of Mary Catherine Williams, Spouse of Herbert Claud Williams, Sr. Death occurred Aug. 5, 2005

Death Certificate of Herbert Claud Williams, Sr. Death occurred on May 29, 2018

Copy of Warranty Deed dated Jan. 26, 1960

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0504470

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): MARY CATHERINE WILLIAMS
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): August 5, 2005
4. SOCIAL SECURITY NUMBER (of Deceased): -5805
5a. AGE-LAST BIRTHDAY (Years): 77
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): May 8, 1928
7. BIRTHPLACE (City and State or Foreign Country): NASHVILLE, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [X] Inpatient 2 ER/Outpatient 3 DOA; OTHER 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): SOUTHERN HILLS HOSPITAL
9c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): HERBERT C.
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): ARCATA GRAPHICS
12b. KIND OF BUSINESS/INDUSTRY: BINDRY
13a. RESIDENCE-STATE: TN
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 4820 HOPEDALE DRIVE
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37211
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes 0 [X] No
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 investigator)

PARENTS

17. FATHER'S NAME (First, Middle, Last): WILLIAM HENRY ETTER
18. MOTHER'S NAME (First, Middle, Maiden Surname): FRANCES L. BROWN

INFORMANT

19a. INFORMANT'S NAME (Type/Print): HERB C. WILLIAMS
19b. RELATIONSHIP TO DECEASED: HUSBAND
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4820 HOPEDALE DRIVE, NASHVILLE, TN

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): WOODLAWN CEMETERY
20c. LOCATION-City or Town, State: NASHVILLE TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Billy Orange
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5846
21c. SIGNATURE OF EMBALMER: Ruth Stapler
21d. LICENSE NUMBER OF EMBALMER: 3612
22a. NAME AND ADDRESS OF FUNERAL HOME: Marshall-Donnelly-Combs Funeral Home 201 25th Ave. North, Nashville, TN 37203-
22b. LICENSE NUMBER OF FUNERAL HOME: 40

REGISTRAR

23. REGISTRAR SIGNATURE: Robert W. Rhodes Jr.
24. DATE FILED (Month, Day, Year): August 12, 2005

CERTIFIER

25a. CERTIFICATION - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.
1 [ ] SIGNATURE AND TITLE OF PHYSICIAN: Teresa L. Bryan
25b. LICENSE NUMBER: 2116883
25c. DATE SIGNED (Month, Day, Year): 8/11/05
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date 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):
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print):

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS

CAUSE OF DEATH

28. PART I. Enter the diseases, 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. Acute myocardial infarction
DUE TO (OR AS A CONSEQUENCE OF):
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.

SEE INSTRUCTIONS ON OTHER SIDE

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 FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No
30. MANNER OF DEATH: 1 [X] Natural 5 [ ] Pending Investigation; 2 [ ] Accident; 3 [ ] Suicide 6 [ ] Could not be Determined; 4 [ ] Homicide
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-1669 (REV. 6/99)
BIRTH NO.
RDA 1399

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

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

Tonya Y. Ruttlen
Local Registrar

Date Issued
AUG 12 2005

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 033617

DECEDENT

1. DECEDENT'S LEGAL NAME: HERBERT CLAUD WILLIAMS
2. SEX: MALE
3. DATE OF DEATH: 05/29/2018
4. TIME OF DEATH (Approx.): 13:00
5a. AGE: 89
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH: 08/24/1928
7. BIRTHPLACE: PARKERSBURG, WV
8a. PLACE OF DEATH: NURSING HOME/LONG TERM CARE
8b. FACILITY NAME: MCKENDREE VILLAGE
8c. CITY OR TOWN: HERMITAGE
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: [redacted]5801
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY OR TOWN: NASHVILLE
13d. STREET AND NUMBER: 4820 HOPEDALE DR
13e. INSIDE CITY LIMITS?: YES
13f. ZIP CODE: 37211
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

TYPE/PRINT IN PERMANENT BLACK INK — NAME OF DECEDENT (First, Middle, Last, Suffix if Applicable)

PARENTS

18. FATHER'S NAME: WILLIE ADINE WILLIAMS
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: LORRETTA JORDAN

20a. INFORMANT'S NAME: CLAUDIA ARCHER
20b. RELATIONSHIP TO DECEDENT: DAUGHTER
20c. MAILING ADDRESS: 5688 LEBANON RD, LEBANON, TN 37087

DISPOSITION

21a. METHOD OF DISPOSITION: BURIAL
21b. PLACE OF DISPOSITION: WOODLAWN MEMORIAL PARK
21c. LOCATION: NASHVILLE, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: /e/ SHERROD KIMMINS
22b. LICENSE NUMBER: 9617
22c. SIGNATURE OF EMBALMER: /e/ Allison C Klotz
22d. LICENSE NUMBER: 4856
23a. NAME AND ADDRESS OF FUNERAL HOME: MARSHALL-DONNELLY-COMBS FUNERAL HOME, 201 25th AVE NORTH, NASHVILLE, TN 37203-1604
23b. LICENSE NUMBER: 40

REGISTRAR

24. REGISTRAR'S SIGNATURE: /e/ EDWARD G. BISHOP III
25. DATE FILED: 06/20/2018

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/ THOMAS B MILLER
27b. LICENSE NUMBER: 7539
27c. DATE SIGNED: 06/19/2018
27d. NAME AND ADDRESS: THOMAS B MILLER 166 E. MAIN STREET, HENDERSONVILLE, TN 37075

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. UROSEPSIS	1-2 WEEKS
	DUE TO (OR A CONSEQUENCE OF)	
	b. URINARY TRACT INFECTION	2-3 WEEKS
	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: OSTEOMYELITIS

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: 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-1659 (Rev. 8/2017) RDA 10112

10060932

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.

JUN 21 2018

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

10060932
Date Issued

CERTIFICATION OF VITAL RECORD

WARRANTY DEED

THIS FORM FURNISHED BY STOCKWELL TITLE CO

For and in consideration of the sum of ($10.00)

TEN AND NO/100 DOLLARS

cash in hand paid by the grantees, Herbert C. Williams and wife, Mary C. Williams, receipt of which is hereby acknowledged and for other good and valuable consideration, including the assumption by said grantees of payment of an indebtedness in the original principal amount of $11,350.00 evidenced by a note dated December 21, 1959, payable in monthly installments of $66.28, including principal and interest at 5 3/4 per cent per annum, beginning February 1, 1960, balance January 1, 1990, said instrument is secured by a deed of trust of the property herein conveyed, of record in Book 3018, page 577, Register's Office for Davidson County, Tennessee.

Joe H. Luther, Jr., and wife, Ardis O. Luther

have bargained and sold, and by these presents do transfer and convey unto the said Herbert C. Williams and wife, Mary C. Williams

their heirs and assigns, a certain tract or parcel of land in Davidson County, State of Tennessee, described as follows to wit:

Being Lot No. 50 on the Plan of Beverly Heights, Section II, of record in Book 2331, page 42, Register's Office for said County.

Said Lot No. 50 fronts 70 feet on the east side of Hopedale Drive and runs back 205 feet on the northerly line and 203.2 feet on the southerly line to a dead line on which it measures 57.3 feet.

Being part of the same property conveyed to Joe H. Luther, Jr. and wife, Ardis O. Luther by deed from Southeastern Land Development Company, of record in Book 2998, page 551, Register's Office for Davidson County, Tennessee.

To have and to hold the said tract or parcel of land, with the appurtenances, estate, title and interest thereto belonging to the said Herbert C. Williams and wife, Mary C. Williams

their heirs and assigns, forever.

And we do covenant with the said Herbert C. Williams and wife, Mary C. Williams

that we are lawfully seized and possessed of said land in fee simple; have a good right to convey it, and the same is unencumbered.

And we

do further covenant and bind ourselves, our heirs and representatives, to warrant and forever defend the title to the said land to the said Herbert C. Williams and wife, Mary C. Williams

their heirs and assigns against the lawful claims of all persons, whomsoever.

Witness our hand this 26 day of January, 19 60

Joe H. Luther Jr.

Ardis O. Luther

STATE OF TENNESSEE
Davidson County

Personally appeared before me, John P Webb, a Notary Public in and for said County and State, the within named Jno H. Luther, Jr., and wife, Ardis O. Luther, the bargainor s, with whom I am personally acquainted, and who acknowledged that they executed the within instrument for the purposes therein contained. Witness my hand and official seal at Nashville, Tennessee, this 26 day of January, 1960.

Commission expires Feb-24-1963

Notary Public

STATE OF TENNESSEE
Davidson County

Before me, _____, a Notary Public within and for the State and County aforesaid, personally appeared _____ and _____ with whom I am personally acquainted and who upon (his oath) (their several oaths) acknowledged (himself) (themselves) to be the _____ and _____ respectively of the _____ the within named bargainor, a corporation, and that (he) (they) as such _____ and _____ being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing the name of the corporation by the said _____ as such _____, and attesting the same by the said _____ as such _____.

Witness my hand and official seal at office at _____ on this the _____ day of _____, 19__.

My commission expires _____

Notary Public

No. 71070

WARRANTY DEED

FROM

Jno. H. Luther, Jr., and wife,

TO

Robert C. Williams and wife,

Mary C. Williams

REGISTER'S OFFICE
STATE OF TENNESSEE
DAVIDSON COUNTY
Received for record 8 day of FEB A.D. 1960 at 10:45 o'clock A.M. Book 4147 Page 127
Recording Fee
JAMES P. WILSON, Register
By Attorneys Title Company, Inc. Guaranteed
NASHVILLE, TENN.

STATE TAX $ 2.25
PROBATE $ 3.25
TOTAL $ 5.50

FEB 8 1960

R. E. WORRALL
COUNTY COURT CLERK
DAVIDSON COUNTY, TENN.

OFFICE COPY