****

ADDRESS NEW OWNER:	SEND TAX BILL TO:	MAP &PARCEL
Jill Harris Quast		
5012 Megan Drive		
Hermitage, TN 37076	**SAME**	114-8-A-36.CO

****

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

Karen Johnson Davidson County
Batch# 480046 **AFFIDAVITH**
09/21/2020 02:24:32 PM 3 pgs
Fees: $17.00 Taxes: $0.00

20200921-0108152

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Comes the Affiant, Starr Strickland, being first duly sworn according to law, and being of lawful age and a resident of the State of Tennessee for the past six months, 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:

1. Tillman E. Harris and Martha S. Harris own real property located at 516 Cedar Cove, Nashville, Tennessee 37209 as tenants by the entirety.

2. Martha S. Harris died on December 10, 2019. A copy of her Death Certificate is attached to this Affidavit.

3. Martha S. Harris left a surviving spouse, Tillman E. Harris.

4. This Affidavit will confirm the vesting of the ownership interest of Martha S. Harris in Tillman E. Harris in the real property located at 516 Cedar Cove, Nashville, Tennessee and more particularly described as follows:

Being Lot No. 36 on the plan of Cedar Crest Subdivision, Phase II, of record in Book 9700, page 37, Register's office for Davidson County, Tennessee, to which plan reference is hereby made for a more complete and accurate description.

Being the same property conveyed to Tillman E. Harris and Martha S Harris, husband and wife, by Warranty Deed in Instrument Number 20030924-0141290.

This conveyance is made subject to:

1. **County taxes for 2003 and subsequent years**
2. **Any and all restrictions and easements of record.**

FURTHER AFFIANT SAYETH NAUGHT.

Tracy B. Strickland
AFFIANT

Sworn to and subscribed before me this 15th day of September, 2020

Barbara Fisher Gerry
NOTARY PUBLIC

My commission expires: 5/3/2021

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 069160

DECEDENT

1. DECEDENT'S LEGAL NAME: MARTHA S HARRIS
2. SEX: FEMALE
3. DATE OF DEATH: 12/10/2019
4. TIME OF DEATH (Actual): 03:04 AM
5a. AGE: 81
5b. UNDER 1 YEAR (Months / Days)
5c. UNDER 1 DAY (Hours / Minutes)
6. DATE OF BIRTH: 09/02/1938
7. BIRTHPLACE: DICKSON, TN
8a. PLACE OF DEATH: NURSING HOME/LONG TERM CARE
8b. FACILITY NAME: BROOKDALE BELLE MEADE
8c. CITY OR TOWN: NASHVILLE
8d. COUNTY OF DEATH: DAVIDSON
9. MARITAL STATUS: MARRIED
10. SURVIVING SPOUSE (name prior to first marriage): TILLMAN E HARRIS
11a. DECEDENT'S USUAL OCCUPATION: EXECUTIVE SECRETARY
11b. KIND OF BUSINESS/INDUSTRY: CHURCH ADMINISTRATION
12. SOCIAL SECURITY NUMBER: -7348
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY OR TOWN: NASHVILLE
13d. STREET AND NUMBER: 516 CEDAR COVE
13e. INSIDE CITY LIMITS?: YES
13f. ZIP CODE: 37209
14. WAS DECEDENT EVER IN US ARMED FORCES?: NO
15. DECEDENT'S EDUCATION: ASSOCIATE DEGREE
16. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO
17. DECEDENT'S RACE: WHITE

TYPE PRINT IN PERMANENT BLACK INK

PARENTS

18. FATHER'S NAME: WILLIAM BERNARD SAEGAR
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: MARY ERMA BRYANT

20a. INFORMANT'S NAME: TILLMAN E HARRIS
20b. RELATIONSHIP TO DECEDENT: HUSBAND
20c. MAILING ADDRESS: 516 CEDAR COVE, NASHVILLE, TN 37209

DISPOSITION

21a. METHOD OF DISPOSITION: CREMATION
21b. PLACE OF DISPOSITION: CRAWFORD MORTUARY & CREMATORY
21c. LOCATION: NASHVILLE, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ /s/ HEIDE B CRAWFORD
22b. LICENSE NUMBER: 4114
22c. SIGNATURE OF EMBALMER: ▶
22d. LICENSE NUMBER:
23a. NAME AND ADDRESS OF FUNERAL HOME: CRAWFORD MORTUARY AND CREMATORY, 2714 GRANDVIEW AVE, NASHVILLE, TN 37211-2225
23b. LICENSE NUMBER: 713

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ /s/ EDWARD G BISHOP III
25. DATE FILED: 12/11/2019

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/ BRUCE ALAN WALLSTEDT
27b. LICENSE NUMBER: 025918
27c. DATE SIGNED: 12/11/2019
27d. NAME AND ADDRESS: BRUCE ALAN WALLSTEDT 6323 CANTERBURY CLOSE, BRENTWOOD, TN 37027

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 cough, beginning with conditions, if any, leading to the above listed on line a. Enter the UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST	a. MYOCARDIAL INFARCTION	9999
	DUE TO (OR A CONSEQUENCE OF) b. ATHEROSCLEROTIC HEART DISEASE	9999
	DUE TO (OR A CONSEQUENCE OF) c. HYPERLIPIDEMIA	9999
	DUE TO (OR A CONSEQUENCE OF) d. HYPERTENSION	9999

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

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: 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

TH-1659 (Rev. 8-2017) RDA 10112

11671247

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 2 4 7

Date Issued: Dec 12 2019

CERTIFICATION OF VITAL RECORD