AFFIDAVIT OF HEIRSHIP

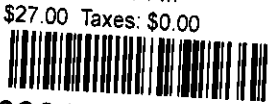
GRANTEE:
Andrew Daily
1221 Davidson Road
Nashville, Tennessee 37205

SEND TAX BILLS TO:
Grantee

MAP-PARCEL NOS.
103 03 0 179.00

THIS INSTRUMENT PREPARED BY:
SchlitzLAW
1507 16th Avenue South
Nashville, Tennessee 37212

Karen Johnson Davidson County
Batch# 523095 AFFIDAVITH
12/01/2020 02:50:21 PM 5 pgs
Fees: $27.00 Taxes: $0.00



20201201-0139574

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

The undersigned, being duly sworn, makes oath as follows:

1. My name is Andrew Daily. I will refer to myself in this Affidavit as the Affiant.

2. I am over the age of eighteen and I have personal knowledge of the matters stated in this Affidavit.

3. I reside at 1221 Davidson Road, Nashville, Davidson County, Tennessee, 37205.

4. The property located at 4707 Wyoming Avenue, Nashville, Tennessee, 37209 is titled in the name of James Robert Daily and wife Aletha Joyce Daily (the "Property"). The description of the Property to which this Affidavit applies is further described on the attached Exhibit A.

5. James Robert Daily is my father. He died on May 11, 1980. I will refer to him as Decedent A. A copy of his death certificate, with redactions, is attached hereto as Exhibit B.

6. Aletha Joyce Daily is my mother. She died on September 15, 2020. I will refer to her as Decedent B. A copy of her death certificate, with redactions, is attached hereto as Exhibit C.

7. I am the only child of Decedent A and Decedent B and the sole heir to the Estate of Decedent B.

The Affiant makes oath that, to the best of his information and belief, the information contained herein is true, accurate, and complete.

Andrew R Daily

AFFIANT

ACKNOWLEDGEMENT

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

Before me, the undersigned, a Notary Public of the State and County aforesaid, personally appeared **Andrew Daily**, with whom I am personally acquainted, and who, upon oath, acknowledged that they executed the foregoing instrument for the purposes therein contained.

Witness my hand and official seal at office, this 29th day of October, 2020.

Stacey Schultz

Notary Public

My commission expires: July 9, 2024

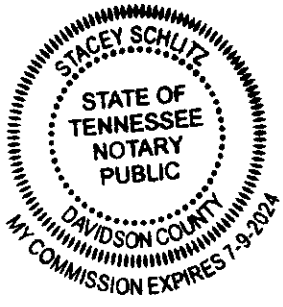


Exhibit A

Being Lot No. 4 of Block No. 5 on the Map of a part of Sylvan Park, as of record in Book 332, page 104, Register's Office for Davidson County, Tennessee.

Said Lot No. 4 fronts 50 feet on the southerly side of Wyoming Avenue, formerly Sixth Avenue, and runs back, between parallel lines, 160 feet to an alley.

Being the same property conveyed to James Robert Daily and wife Aletha Joyce Daily from Carl Herschel Bowen and wife, Gladys M. Bowen, as of Record in Book 4566, page 660, Register's Office for said county.

This is improved property known as 4707 Wyoming Avenue, Nashville, Tennessee, 37209.

STATE OF TENNESSEE
Office of Vital Records

71070
08
19094-

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

80 015959

BIRTH NO.

STATE FILE NO.

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT BLACK INK.

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICER HERE. ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 72 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

1. DECEASED—NAME	James Robert Daily	DATE OF DEATH	May 11, 1980
2. AGE	33	DATE OF BIRTH	April 20, 1947
3. RACE	White	4. SEX	Male
5. COUNTY OF DEATH	Putnam	CITY, TOWN OR LOCATION	Cookeville
WITHIN CITY LIMITS	Yes	HOSPITAL OR OTHER INSTITUTION	Cookeville Gen. Hospital
6. STATE OF BIRTH	Tennessee 43	CITIZEN OF WHAT COUNTRY	USA
MARRIED, NEVER MARRIED, DIVORCED	Married	SURVIVING SPOUSE	Aletha Andrews
SOCIAL SECURITY NUMBER	[redacted]	ARMED FORCES	Not A Veteran
USUAL OCCUPATION	Mechanic	KIND OF BUSINESS OR INDUSTRY	Truck Repair
RESIDENCE—STATE	Tennessee	COUNTY	Davidson
CITY, TOWN, OR LOCATION	Nashville	STREET AND NUMBER	1707 Wyoming Ave.
INSIDE CITY LIMITS	Yes	CENSUS TRACT NO.	
FATHER—NAME	Leonard Neil Daily	MOTHER—MAIDEN NAME	Crowell Margaret Pauline
INFORMANT—NAME	Thelma J. Andrews	ADDRESS	2307 Rumley Dr. Nashville, Tn. 37214
BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY)	Burial	DATE	May 15, 1980
CEMETERY OR CREMATORY—NAME	Woodlawn	LOCATION	Nashville, Tennessee 37204
FUNERAL DIRECTOR	H. Neil Perdue	LICENSE NO.	1595
EMBALMER	H. Neil Perdue	LICENSE NO.	2738
FUNERAL HOME—NAME AND ADDRESS	Thrasher Davis Woodlawn Mortuary, Nashville, Tn. 37204	REGISTRAR—SIGNATURE	Elsie B. Dyer
DATE ACCEPTED BY LOCAL REGISTRAR	5-22-1980	PHYSICIAN—SIGNATURE AND TITLE	Katherine Wolfe MD
DATE SIGNED	5-21-80	MEDICAL EXAMINER—SIGNATURE AND TITLE	
DATE SIGNED		CERTIFIER—NAME (TYPE OR PRINT)	Katherine Wolfe, M.D.
MAILING ADDRESS	Cookeville Gen. Hosp., Cookeville, Tn. 38501		

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

(a) Massive Trauma, Head, Chest, Cerebral
DUE TO, OR AS A CONSEQUENCE OF:
(b) Abd & Extremities - Auto accident
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
(c)

INTERVAL BETWEEN ONSET AND DEATH: 8120

PART II. OTHER SIGNIFICANT CONDITIONS: CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

AUTOPSY (YES OR NO): Y

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY	HOUR	DESCRIBE HOW INJURY OCCURRED
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (SPECIFY)	LOCATION	

Public Form No. 36-10
Revised 1-78

I hereby certify the above to be a true and correct representation of the record or document on file in 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.

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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 2 1 6 2 4 6 7
Date Issued: Nov-12-2020

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 2020 058382

1. Decedent's Legal Name: ALETHA JOYCE DAILY		2. Sex: FEMALE	3. Date of Death: 09/15/2020
4. Time of Death (Approx.): 03:13 PM	5a. Age: 70	6. Date of Birth: 06/21/1950	7. Birthplace: NASHVILLE, TN
8a. Place of Death: DECEDENT'S HOME			
8b. Facility Name: 1221 DAVIDSON RD.	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: SALES	11b. Kind of Business/Industry: SERVICE
12. Social Security Number: [redacted]	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON	13c. City or Town: NASHVILLE
13d. Street and Number: 1221 DAVIDSON RD.	13e. Inside City Limits?: YES	13f. Zip Code: 37205	14. Was Decedent ever in US Armed Forces?: NO
15. Decedent's Education: SOME COLLEGE CREDIT, BUT NO DEGREE	16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO	17. Decedent's Race: WHITE	
18. Father's Name: EDWARD EARL ANDREWS		19. Mother's Name Prior to First Marriage: OPAL ALETHA HARRIS	
20a. Informant's Name: ANDREW DEWAYNE DAILY	20b. Relationship to Decedent: SON	20c. Mailing Address: 1221 DAVIDSON RD , NASHVILLE, TN 37205	
21a. Method of Disposition: BURIAL	21b. Place of Disposition: WOODLAWN MEMORIAL PARK	21c. Location: NASHVILLE, TN	
22a. Signature of Funeral Director: ▶ /s/ JAMES R PADGETT	22b. License Number: 5534	22c. Signature of Embalmer: ▶ /s/ Michelle Petrino-Givens	22d. License Number: 4188
23a. Name and Address of Funeral Home: WOODLAWN-ROESCH-PATTON FUNERAL HOME AND MEMORIAL, 660 THOMPSON LANE, NASHVILLE, TN 37204-0407			23b. License Number: 933
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III		25. Date Filed: 09/24/2020	

25. 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/ NEGAR DANIELS	27b. License Number: 044833	27c. Date Signed: 09/21/2020

27d. Name and Address: NEGAR DANIELS 2000 CHURCH STREET BOX 102, NASHVILLE, TN 37236

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. DEMENTIA

b. CEREBRAL ATHEROSCLEROSIS

c.

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?: 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-1656E

[redacted]

11933853

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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 9 3 3 8 5 3

Date Issued: Sep-24-2020

CERTIFICATION OF VITAL RECORD