Prepared By Jasmine Williams

# AFFIDAVIT
# OF DEATH AND HEIRSHIP

Jasmine Williams (the "Affiant"), being duly sworn upon oath, deposes and states that the Affiant resides at 1625 London Gardens Ct, Antioch, Tennessee37013 located in the County of Davidson. The Affiant is the wife to Mr. Keneil Williams (the "Decedent").

The Decedent died on 12/15/2020 in the County of Davidson in the State of Tennessee. A copy of the Official Death Certificate is attached.

When the Decedent passed he or she owned an interest in the property legally described below:

**Property Owned:**
**Address:** 1625 London Gardens Ct
Antioch, Tennessee37013
**County:** Davidson

**Personal Property Owned:**
**Location:**

**Personal Property Owned:**
**Location:**

**Personal Property Owned:**
**Location:**

Karen Johnson Davidson County
Batch# 575937 **AFFIDAVITH**
02/23/2021 02:39:55 PM 5 pgs
Fees: $27.00 Taxes: $0.00

20210223-0022332

In the event that the Decedent passed leaving a Last Will and Testament, a copy of said Last Will and Testament shall be attached. If there is no Last Will and Testament attached hereto, then the Decedent passed intestate.

In the event that the Decedent was married, listed below will be the name of the spouse and current status of said marriage.

| Name of Spouse | Status |
|---|---|
| Jasmine Williams | Currently Married To Decedent |

The following children were born to or adopted by the Decedent:

| Name of Child | Birth Date | Status |
|---|---|---|
| Kelis Williams | 11/29/2011 | Living |

The estimated approximate total value of the estate of the Decedent, including the taxable interest in the aforesaid property, is $223,425.00.

No claims have been filed against the Decedent and all expenses related to medical and/or funeral expenses have been paid in full.

The Affiant will ensure that the Federal Estate Tax shall be prepared and pay in full any said amount which may be due and payable.

I declare that the information contained herein is true and correct to the best of my knowledge.

(AFFIANT SIGNATURE) 7-23-21 (DATE SIGNED)

Jasmine Williams
(AFFIANT NAME)

**State of Tennessee**

**ss.**

**County of ~~Davidson~~** Rutherford

This instrument was subscribed and sworn to before me on 02/23/2021 by Jasmine Williams.

(NOTARY PUBLIC SIGNATURE)

Lawrence Puzzo

(NOTARY PRINTED NAME)

My Commission Expires: My Commission Expires December 21, 2024

LAWRENCE PUZZO
STATE OF TENNESSEE NOTARY PUBLIC
RUTHERFORD COUNTY

# DOCUMENT TIPS

**Please note that in order to file this document, you must also complete the following:**

---

- Please remember that this affidavit must be notarized.
- Please confirm that the value of the estate you are claiming does not exceed the maximum total value of estate allowable on this affidavit pursuant to state law.
- Please ensure that this affidavit is not filed prior to the mandatory waiting period after the Decedent's death determined by your state.
- Payment of the Decedent's liabilities must be made prior to disbursing any proceeds from the Decedent's Estate.

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
# CERTIFICATE OF DEATH

STATE FILE NUMBER 2020 083546

| | | | |
|---|---|---|---|
| 1. Decedent's Legal Name: KENEIL OMAR WILLIAMS | | 2. Sex: MALE | 3. Date of Death: 12/15/2020 |
| 4. Time of Death (Approx.): 06:50 AM | 5. Age: 30 | 6. Date of Birth: 05/12/1990 | 7. Birthplace: JAMAICA |
| 8a. Place of Death: OUTDOORS | | | |
| 8b. Facility Name: 1625 LONDON GARDENS CT | 8c. City or Town: ANTIOCH | | 8d. County of Death: DAVIDSON |
| 9. Marital Status: MARRIED | 10. Surviving Spouse (name prior to first marriage): JASMINE SMITH | 11a. Decedent's Usual Occupation: POLICE SGT | 11b. Kind of Business/Industry: BNA AIRPORT |
| 12. Social Security Number: -4924 | 13a. Residence-State or Foreign Country: TENNESSEE | 13b. County: DAVIDSON | 13c. City or Town: ANTIOCH |
| 13d. Street and Number: 1625 LONDON GARDENS COURT | 13e. Inside City Limits? YES | 13f. Zip Code: 37013 | 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: BLACK OR AFRICAN AMERICAN | |
| 18. Father's Name: LIVINGSTON WILLIAMS | | 19. Mother's Name Prior to First Marriage: RACENT WILLIAMS | |
| 20a. Informant's Name: JASMINE WILLIAMS | 20b. Relationship to Decedent: WIFE | 20c. Mailing Address: 1625 LONDON GARDENS COURT, ANTIOCH, TN 37013 | |
| 21a. Method of Disposition: BURIAL | 21b. Place of Disposition: GREENWOOD NORTH CEMETERY | 21c. Location: NASHVILLE, TN | |
| 22a. Signature of Funeral Director: ▶ /e/ TONYA SCALES HAYNES | 22b. License Number: 5681 | 22c. Signature of Embalmer: ▶ /e/ Tonya Scales Haynes | 22d. License Number: 5682 |
| 23a. Name and Address of Funeral Home: NEW GENERATION FUNERAL HOME, 2930 MURFREESBORO PIKE, ANTIOCH, TN 37013-2228 | | | 23b. License Number: 1217 |
| 24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III | | 25. Date Filed: 12/29/2020 | |

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.

| | | |
|---|---|---|
| 26e. Certifier: ▶ /e/ CHESTER GWIN | 26f. License Number: 54282 | 26c. Date Signed: 12/16/2020 |

26d. Name and Address: CHESTER GWIN 850 RS. GASS BLVD, NASHVILLE, TN 37216

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. MECHANICAL ASPHYXIA | |
| | b. | |
| | c. | |
| | d. | |

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

28a. Was an Autopsy Performed? YES
28b. Were Autopsy Findings Available to Complete the Cause of Death? YES

| | | | |
|---|---|---|---|
| 30. Manner of Death: ACCIDENT | 31. Did Tobacco Use Contribute to Death? NO | 32. If Female: N/A | |
| 33. If Transportation Injury, Specify: | 34a. Date of Injury: UNKNOWN | 34b. Time of Injury: UNKNOWN | 34c. Injury at Work? NO |
| | 34d. Place of Injury: OUTDOORS | | |
| | 34e. Describe How Injury Occurred: PINNED UNDERNEATH VEHICLE | 34f. Location of Injury: 1625 LONDON GARDENS COURT, ANTIOCH, TN | |

PH-1569E RDA 10112

12574014

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 2 5 7 4 0 1 4

Date Issued: Dec 30 2020

CERTIFICATION OF VITAL RECORD