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ADDRESS NEW OWNER:	**SEND TAX BILL TO:**	**MAP &PARCEL**
Wanda F. Reynolds	**SAME**	**Map 96-5**
2639 Woodberry Drive		**Parcel 158**
Nashville, TN 37214		

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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

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Comes the Affiant, Judy Pratt, 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. Clarence E. Reynolds and wife, Wanda F. Reynolds owned real property located at 2639 Woodberry Drive, Nashville, Tennessee 37214, as tenants by the entirety.

2. Clarence E. Reynolds died on April 12, 2020. His Death Certificate is attached to this Affidavit.

3. Clarence E. Reynolds left a surviving spouse, Wanda F. Reynolds.

4. This Affidavit will confirm the vesting of the ownership interest of Clarence E. Reynolds solely in his surviving spouse, Wanda F. Reynolds, in the real property located at 2639 Woodberry Drive, Nashville, Tennessee 37214 and more particularly described as follows:

Land in Davidson County, Tennessee, being lot No. 193 on the Plan of Woodberry Park, as of record in Book 2133, pages 117, 118 and 119, Register's Office for said County.

Karen Johnson Davidson County
Batch# 585270 AFFIDAVITH
03/05/2021 10:56:49 AM 3 pgs
Fees: $17.00 Taxes: $0.00
20210305-0029110

Said Lot fronts 105 feet on the south side of Woodberry Drive and runs back 122 feet on the east line and 148 feet on the west line, to a dead line in the rear on which it measures 107.8 feet.

Being the same property conveyed to Clarence E. Reynolds and wife, Wanda F. Reynolds by Warranty Deed from James W. Ray, unmarried, as of record in Book 4236, Page 497 in the Office of the Register of Deeds for Davidson County, Tennessee on May 20, 1968.

This conveyance is subject to restrictions, easements and setback lines applicable to said property.

FURTHER AFFIANT SAYETH NAUGHT.

Judy Pratt
AFFIANT

Sworn to and subscribed before me this 28 day of February, 2021

LINDA SUE JOHNSON
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF TROUSDALE

Linda Sue Johnson
NOTARY PUBLIC

My commission expires: June 7, 2023

This document was executed in compliance with, as applicable, Executive Order No. 26 by Tennessee Governor Bill Lee, dated April 9, 2020, Executive Order No. 37 by Tennessee Governor Bill Lee, dated May 12, 2020, Executive Order No. 52 by Tennessee Governor Bill Lee, dated June 29, 2020, Executive Order No. 61 by Tennessee Governor Bill Lee, dated August 28, 2020, Executive Order No. 64 by Tennessee Governor Bill Lee, dated September 29, 2020, Executive Order No. 66 by Tennessee Governor Bill Lee, dated October 28, 2020, and/or Executive Order No. 72 by Tennessee Governor Bill Lee, dated December 22, 2020;

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER 2020 021592

1. Decedent's Legal Name: CLARENCE ELBERT REYNOLDS			2. Sex: MALE	3. Date of Death: 04/12/2020
4. Time of Death (Approx.): 22:30	5a. Age: 78	6. Date of Birth: 11/22/1941	7. Birthplace: LA FOLLETTE, TN	
8a. Place of Death: INPATIENT				
8b. Facility Name: TRISTAR SUMMIT MEDICAL CENTER - HERMITAGE		8c. City or Town: HERMITAGE		8d. County of Death: DAVIDSON
9. Marital Status: MARRIED	10. Surviving Spouse (name prior to first marriage): WANDA FAYE WILLIAMS	11a. Decedent's Usual Occupation: ELECTRICIAN		11b. Kind of Business/Industry: TVA
12. Social Security Number: -2976	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: NASHVILLE
13d. Street and Number: 2639 WOODBERRY DRIVE		13e. Inside City Limits?: YES	13f. Zip Code: 37214	14. Was Decedent ever in US Armed Forces?: YES
15. Decedent's Education: ASSOCIATE DEGREE	16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO		17. Decedent's Race: WHITE	
18. Father's Name: ELBERT REYNOLDS			19. Mother's Name Prior to First Marriage: AZZALEE CHAPMAN	
20a. Informant's Name: WANDA FAYE REYNOLDS	20b. Relationship to Decedent: WIFE	20c. Mailing Address: 2639 WOODBERRY DRIVE, NASHVILLE, TN 37214		
21a. Method of Disposition: BURIAL	21b. Place of Disposition: CAMPBELL MEMORIAL GARDENS		21c. Location: JACKSBORO, TN	
22a. Signature of Funeral Director: /e/ TERRY SMITH	22b. License Number: 3514	22c. Signature of Embalmer: /e/ Bryan M Stinnett		22d. License Number: 4255
23a. Name and Address of Funeral Home: CROSS-SMITH FUNERAL HOME, INC., 300 EAST CENTRAL AVE, LAFOLLETTE, TN 37766-3617				23b. License Number: 233
24. Registrar's Signature: /e/ EDWARD G BISHOP III		25. Date Filed: 04/15/2020		

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/ RACHEL MARIE KINGREE	27b. License Number: 045908	27c. Date Signed: 04/15/2020
27d. Name and Address: RACHEL MARIE KINGREE 5651 FRISTBOULEVARD SUITE 309, HERMITAGE, TN 37076		

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. SPONTANEOUS SPINAL HEMATOMA	DAYS
	b. SUPRATHERAPEUTIC INR	
	c. ATRIAL FIBRILLATION	YEARS
	d.	

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: METASTATIC PROSTATE CANCER, HYPERTENSION, HYPERLIPIDEMIA, DIABETES MELLITUS

28c. Was an Autopsy Performed?: NO
28b. 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

TN-1668 (Rev. 8/2017) RDA 10112

12378686

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 3 7 8 6 8 6

Date Issued: Apr 16 2020

CERTIFICATION OF VITAL RECORD