****

ADDRESS NEW OWNER:
Alan Reynolds
2639 Woodberry Drive
Nashville, TN 37214

SEND TAX BILL TO:
SAME

MAP &PARCEL
Map 96-5
Parcel 158

****

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# 588753 **AFFIDAVITH**
03/10/2021 01:04:05 PM 4 pgs
Fees: $22.00 Taxes: $0.00

20210310-0031546

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. Clarence E. Reynolds died on April 12, 2020. His interest in said real property was conveyed to his wife, Wanda F. Reynolds on March 5, 2021 in Instrument Number 20210305-0029110.

2. On May 24, 2020, Wanda F. Reynolds died intestate. A copy of her Death Certificate is attached to this Affidavit.

3. This Affidavit will confirm the vesting of the ownership interest of Wanda F. Reynolds in the real property located at 2639 Woodberry Drive, Nashville, Tennessee 37214 in her heirs-at-law, M. Alan Reynolds, Scott Reynolds, Larry Reynolds, and Eric Lavon Reynolds. Said property is 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.

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 Wanda F. Reynolds by Affidavit of Heirship after the death of her husband, Clarence E. Reynolds on March 5, 2021 in Instrument Number 20210305-0029110.
Office of the Register of Deeds for Davidson County, Tennessee.

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

[REMAINDER OF THE PAGE INTENTIONALLY LEFT BLANK]

FURTHER AFFIANT SAYETH NAUGHT.

Judy Pratt
AFFIANT

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

Linda Sue Johnson
NOTARY PUBLIC

My commission expires:
June 4, 2023

LINDA SUE JOHNSON
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF TROUSDALE

This document was executed in compliance with the 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 030146

1. Decedent's Legal Name: WANDA FAY REYNOLDS		2. Sex: FEMALE	3. Date of Death: 06/24/2020
4. Time of Death (Approx.): 06:55	5a. Age: 77	6. Date of Birth: 01/19/1943	7. Birthplace: JACKSBORO, TN
8a. Place of Death: HOSPICE FACILITY			
8b. Facility Name: ALIVE HOSPICE	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: ADMINISTRATOR	11b. Kind of Business/Industry: TN DEPARTMENT OF
12. Social Security Number: [illegible]5801	12a. Residence-State or Foreign Country: TENNESSEE	12b. County: DAVIDSON	12c. City or Town: NASHVILLE
12d. Street and Number: 2639 WOODBERRY DRIVE	12e. Inside City Limits?: YES	12f. Zip Code: 37214	14. Was Decedent ever in US Armed Forces?: NO
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	
18. Father's Name: HARVEY WILLIAMS	19. Mother's Name Prior to First Marriage: LEONA HATMAKER		
20a. Informant's Name: TIMOTHY SCOTT REYNOLDS	20b. Relationship to Decedent: SON	20c. Mailing Address: 802 BAKER PLACE, MOUNT JULIET, TN 37122	
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: 06/26/2020	

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/ LAURA THARPE	27b. License Number: 048448	27c. Date Signed: 06/26/2020
27d. Name and Address: LAURA THARPE 1718 PATTERSON STREET, NASHVILLE, TN 37203		

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)	a. STROKE	
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	b. ATHEROSCLEROTIC CEREBROVASCULAR DISEASE	
	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?: 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	

FH-1658 (Rev. 8/2017) RDA 10112

12124901

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 1 2 4 9 0 1
Date Issued: May 27, 2020

CERTIFICATION OF VITAL RECORD