THIS DOCUMENT PREPARED BY: Justin M. Gilbert
Music City Estate Law
1650 Murfreesboro Rd., Suite 208
Franklin, TN 37067

OWNERS:		Map & Parcel No.:
	James Brooks	59-16-128
	Mario Brooks	59-16-076, 59-16-080, 59-16-081
	JaSaundra Brooks	59-16-082, 59-16-083, 59-16-084
	Tequila Brooks	59-16-127, 71-09-024, 59-16-127

SEND TAX NOTICE TO:
Peggy Mathes, Public Administrator
Highland, Mathes & Urqhart, 20 Academy Place, Nashville, TN 37210

Karen Johnson Davidson County
Batch# 595662 **AFFIDAVITH**
03/19/2021 12:26:38 PM 7 pgs
Fees: $37.00 Taxes: $0.00



20210319-0036722

AFFIDAVIT OF HEIRSHIP – REAL PROPERTY

STATE OF Tennessee)
COUNTY OF Davidson)

The undersigned, Royce Murray, residing at 3928 Pepperwood Dr., Antioch, TN 37013, friend of Helen Ruby Brooks, (deceased), being duly sworn, deposes and says:

1. I have personal knowledge of the matters stated in this affidavit.

2. On May 17, 2010, Helen Ruby Brooks, died in Nashville, Tennessee. Her death certificate is attached as Exhibit "A".

3. At the time of her death, Helen Ruby Brooks resided at 1613 Haynes Meade Circle, Nashville, Davidson County, Tennessee 37207.

4. Helen Ruby Brooks, a widow, was the mother of three children: Jacques Brooks, who predeceased her without issue; Damita Jo Brooks, the mother of two children, who predeceased her (see attached Exhibit "B"); and Jenice Carmeka Brooks, who survived her.

5. Helen Ruby Brooks died intestate. Pursuant to T.C.A. § 31-2-101, et. seq., ownership of her real property passed to her descendants in the following ratios:

Jenice Carmeka Brooks	Daughter	50%
James Brooks	Grandson	25%
Mario Brooks	Grandson	25%

6. On October1, 2020, Jenice C. Brooks (the "Decedent") died at 601 Dunlop Lane, Clarksville, Montgomery County, Tennessee. Her death certificate is attached hereto as Exhibit "C".

7. Jenice C. Brooks, an unmarried person, was the mother of two children: JaSaundra Brooks and Tequila Brooks.

8. Jenice C. Brooks died intestate. Pursuant to T.C.A. § 31-2-101, et. seq., ownership of her 50% interest in the below described real property vested in her descendants in the following percentages:

JaSaundra Brooks	Daughter	25%
Tequila Brooks	Daughter	25%

9. The ownership interest in the below referenced real property now vests as follows:

Tequila Brooks	25%
JaSaundra Brooks	25%
James Brooks	25%
Mario Brooks	25%

Land in Davidson County, Tennessee, described as follows:

Lot No. 153 in Haynie's Cleveland Plan, as of record in Book No. 161, Page 35, Register's Office for Davidson County, Tennessee. Said Lot No. 153 fronts 49 feet on the easterly side of Ruth Street and runs back to a point on a deadline.

Being the same property conveyed to Mrs. Helen Brooks from The Metropolitan Government of Nashville and Davidson County, Tennessee on February 22, 2000, and recorded on March 1, 2000, Instrument No. 20000301002043, Registers Office for Davidson County, Tennessee.

This unimproved property known as
Lot 153 - 0 Ruth Street, Nashville, Tennessee
Map & Parcel 059 16 0 128.00

and

Land in Davidson County, Tennessee, being lots Nos. 64, 91, 92, 93, 94, 95, 154 and 155 on the plan of J.B. Haynie's Cleveland Plan, as of record in Book 161, Page 35, Register's Office for said County. For a more complete description of said lots, reference is hereby made to said plan.

Being the same property conveyed to Helen Brooks and husband, James E. Brooks from Willie and Lytton and husband, Aaron Q. Lytton, by Deed on August 15, 1962 and recorded on August 17, 1962 in Book 3429, Page 432, Davidson County Register of Deeds.

These properties known as:

Lot 64 – 2517 Grover Street, Nashville, Tennessee
Map & Parcel 059 16 0 076.00

Lot 91 – 2514 Adlai Street, Nashville, Tennessee
Map & Parcel 059 16 0 080.00

Lot 92 – 2512 Adlai Street, Nashville, Tennessee
Map & Parcel 059 16 0 081.00

Lot 93 – 2510 Adlai Street, Nashville, Tennessee
Map and Parcel 059 16 082.00

Lot 94 - 2508 Adlai Street, Nashville, Tennessee
Map and Parcel 059 16 083.00

Lot 95 - 2506 Adlai Street, Nashville, Tennessee
Map and Parcel 059 16 084.00

Lots 154 and 155– 0 Ruth Street, Nashville, Tennessee
Map and Parcel 059 16 0127.00

and

Land in Davidson County, Tennessee, being Lot No.103 Haynies Cleveland Plan, according to the plan of record in Book 161, Page 35, Register's Office for said County. For a more complete description of said lot, reference is hereby made to said plan.

Being the same property conveyed to Helen Brooks from James E. Brooks by will dated June 12, 1961 and probated on August 16, 1982. Recorded in Will Book 140, Page 127, Probate Court of Davidson County, Tennessee and in Book 11355, Page 233, Register's Office for Davidson County, Tennessee.

1613 Haynes Meade Circle. Nashville, Tennessee
Map and Parcel 071 09 0 024.00

and

Land in Davidson County, Tennessee, being lot No. 90 on the plan of J.B. Haynie's Cleveland Plan, as of record in Book 161, Page 35, Register's Office for said County. For a more complete description of said lot, reference is hereby made to said plan.

Lot 90 – 0 Ruth Street, Nashville, Tennessee
Map and Parcel 059 16 0127.00

Signed this 23 day of February, 2021.

Royce Murray, Affiant

STATE OF TENNESSEE)
COUNTY OF Davidson)

Signed and sworn (or affirmed) before me on Feb. 23, 2021 by _____.

Kerry Viel
Kerry Viel Notary Public

My Commission Expires: 11-8-22

(Seal)

KERRY VIEL
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 11-8-2022

T.C.A. §67-4-409(a)(3)(D) exempts this instrument from tax and T.C.A. §67-4-409(a)(5) further provides the valuation oath is unnecessary, the affidavit being used to evidence transfer of title to the property to beneficiaries.

STATE OF TENNESSEE
Office of Vital Records

1003067

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last): Helen Ruby Brooks		2. SEX: Female	3. DATE OF DEATH (Month, Day, Year): May 17, 2010
4. SOCIAL SECURITY NUMBER:)-8637	5. AGE-Last Birthday: 84	6. DATE OF BIRTH: June 28, 1925	7. BIRTHPLACE: Nashville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 2 No	9. PLACE OF DEATH: 5 Residence		
9a. FACILITY NAME: 1613 Haynes Meade Circle	9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville	9d. COUNTY OF DEATH: Davidson	
10. MARITAL STATUS: Widowed	11. SURVIVING SPOUSE:	12a. DECEDENT'S USUAL OCCUPATION: Nursing Technician	12b. KIND OF BUSINESS/INDUSTRY: Medical
13a. RESIDENCE-STATE: TN	13b. COUNTY: Davidson	13c. CITY, TOWN OR LOCATION: Nashville	13d. STREET AND NUMBER OR RURAL LOCATION: 1613 Haynes Meade Circle
CENSUS TRACT	13e. WITHIN CITY LIMITS? 1 Yes	13f. ZIP CODE: 37207	14. WAS DECEDENT OF HISPANIC ORIGIN? 2 No
	15. RACE: Black	16. DECEDENT'S EDUCATION: 12	
17. FATHER'S NAME: Albert Tolliver		18. MOTHER'S NAME: Pearl Lee Duncan	
19a. INFORMANT'S NAME: Jenice Brooks	19b. RELATIONSHIP TO DECEASED: Daughter	19c. MAILING ADDRESS: 1613 Haynes Meade Circle, Nashville, TN. 37207	
20a. METHOD OF DISPOSITION: 1 Burial	20b. PLACE OF DISPOSITION: Nashville National Cemetery	20c. LOCATION: Nashville, TN	
21a. SIGNATURE OF FUNERAL DIRECTOR: Henry L. Smith	21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3167	21c. SIGNATURE OF EMBALMER: Patrick L. Tucker	21d. LICENSE NUMBER OF EMBALMER: 5072
22a. NAME AND ADDRESS OF FUNERAL HOME: Henry Louis Smith Funeral Directors, 1503 Buchanan St., Nashville TN 37208		22b. LICENSE NUMBER OF FUNERAL HOME: 1206	
23a. REGISTRAR'S SIGNATURE: Linda L. Bowles, CC		24. DATE FILED: May 26, 2010	

25a. CERTIFICATION - To the best of my knowledge, death occurred at the date and place and due to the cause(s) and manner stated.
1 SIGNATURE AND TITLE OF PHYSICIAN — 25b. LICENSE NUMBER: 44186 — 25c. DATE SIGNED: 5-26-2010

26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated.
2 SIGNATURE AND TITLE OF MEDICAL EXAMINER — 26b. LICENSE NUMBER: 44186 DX — 26c. DATE SIGNED

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. — Approximate Interval Between Onset and Death

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Metastatic Cancer to bone with Pelvic Fracture
DUE TO (OR AS A CONSEQUENCE OF): b. Breast Cancer
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: DUE TO (OR AS A CONSEQUENCE OF): c.
DUE TO (OR AS A CONSEQUENCE OF): d.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Dementia

29a. WAS AN AUTOPSY PERFORMED? 2 No — 29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 2 No

30. MANNER OF DEATH: 4 Natural
31a. DATE OF INJURY (Month, Day, Year) — 31b. TIME OF INJURY — 31c. INJURY AT WORK? 2 No — 31d. DESCRIBE HOW INJURY OCCURRED
31e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) (Specify) — 31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

BIRTH NO.

PH-1859 (REV. 6/09) — RDA 1988

4380523

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

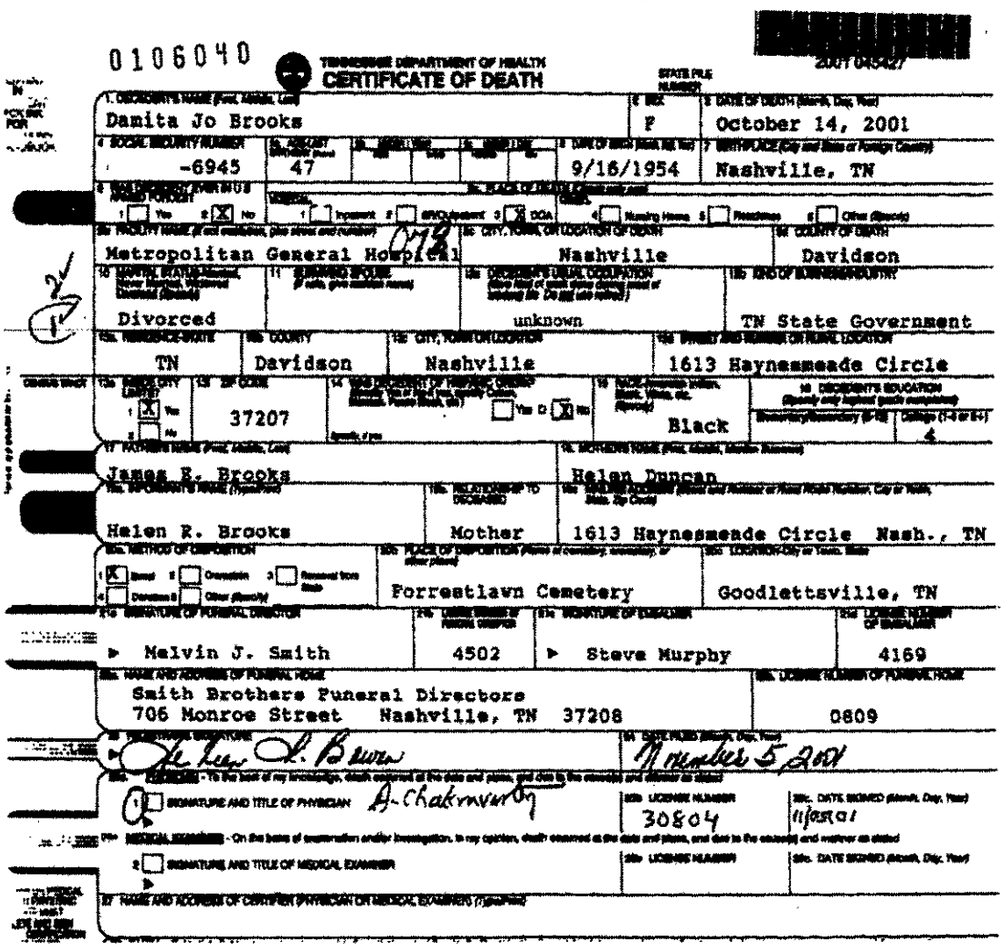
Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Foreman
Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

MAY 26 2010
Date Issued

CERTIFICATION OF VITAL RECORD



0106040

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER [redacted] 2001 045027

1. DECEDENT'S NAME (First, Middle, Last)		6. SEX	8. DATE OF DEATH (Month, Day, Year)
Damita Jo Brooks		F	October 14, 2001
9. SOCIAL SECURITY NUMBER	10. AGE-Last Birthday (Years)	12. DATE OF BIRTH (Month, Day, Year)	13. BIRTHPLACE (City and State or Foreign Country)
-6945	47	9/16/1954	Nashville, TN
15. PLACE OF DEATH: 1 Yes 2 No; 1 Inpatient 2 ER/Outpatient 3 DOA; 4 Nursing Home 5 Residence 6 Other (Specify)			
16. FACILITY NAME (If not institution, give street and number)	17. CITY, TOWN, OR LOCATION OF DEATH		18. COUNTY OF DEATH
Metropolitan General Hospital	Nashville		Davidson
19. MARITAL STATUS (Married, Never Married, Widowed, Divorced)	20. SURVIVING SPOUSE (If wife, give maiden name)	21. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	22. KIND OF BUSINESS/INDUSTRY
Divorced		unknown	TN State Government
23a. RESIDENCE-STATE	23b. COUNTY	23c. CITY, TOWN, OR LOCATION	23d. STREET AND NUMBER OR RURAL LOCATION
TN	Davidson	Nashville	1613 Haynesmeade Circle
24. DECEDENT OF HISPANIC ORIGIN? 1 Yes 2 No	25. RACE (White, Black, Asian, etc.) (Specify)	26. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+)	
1 Yes 2 No	37207	Black	4
27. FATHER'S NAME (First, Middle, Last)		28. MOTHER'S NAME (First, Middle, Maiden Surname)	
James R. Brooks		Helen Duncan	
29a. INFORMANT'S NAME (Type/Print)	29b. RELATIONSHIP TO DECEDENT	29c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	
Helen R. Brooks	Mother	1613 Haynesmeade Circle Nash., TN	
30a. METHOD OF DISPOSITION: 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	30b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	30c. LOCATION (City or Town, State)	
1	Forrestlawn Cemetery	Goodlettsville, TN	
31a. SIGNATURE OF FUNERAL DIRECTOR	31b. LICENSE NUMBER OF FUNERAL DIRECTOR	32a. SIGNATURE OF EMBALMER	32b. LICENSE NUMBER OF EMBALMER
▶ Melvin J. Smith	4502	▶ Steve Murphy	4169
33a. NAME AND ADDRESS OF FUNERAL HOME		33b. LICENSE NUMBER OF FUNERAL HOME	
Smith Brothers Funeral Directors 706 Monroe Street Nashville, TN 37208		0809	
34. PERSONAL OBSERVATION		34a. DATE PRONOUNCED (Month, Day, Year)	
▶ [signature]		November 5, 2001	
35. CERTIFIER - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated			
1 SIGNATURE AND TITLE OF PHYSICIAN ▶ [signature]		35b. LICENSE NUMBER 30804	35c. DATE SIGNED (Month, Day, Year) 11/27/01
2 SIGNATURE AND TITLE OF MEDICAL EXAMINER ▶		35b. LICENSE NUMBER	35c. DATE SIGNED (Month, Day, Year)
36. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)			

Research Copy

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2020 064559

1. Decedent's Legal Name: JENICE CARMEKA BROOKS				2. Sex: FEMALE	3. Date of Death: 10/01/2020
4. Time of Death (Approx.): 13:15	5a. Age: 61	6. Date of Birth: 01/07/1959	7. Birthplace: NASHVILLE, TN		
5a. Place of Death: OTHER RESIDENCE					
5b. Facility Name: 601 DUNLOP LANE		5c. City or Town: CLARKSVILLE		5d. County of Death: MONTGOMERY	
9. Marital Status: NEVER MARRIED	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation: MEDICAL RECEPTIONIST		11b. Kind of Business/Industry: BAPTIST HOSPITAL	
12. Social Security Number: 6634	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: NASHVILLE	
13d. Street and Number: 1613 HAYNES MEADE CIRCLE		13e. Inside City Limits? YES	13f. Zip Code: 37207	14. Was Decedent ever in US Armed Forces? NO	
15. Decedent's Education: BACHELOR'S DEGREE	16. Decedent of Hispanic Origin? NO, NOT SPANISH/HISPANIC/LATINO		17. Decedent's Race: BLACK OR AFRICAN AMERICAN		
18. Father's Name: JAMES EDWARD BROOKS			19. Mother's Name Prior to First Marriage: HELEN RUBY		
20a. Informant's Name: JASAUNDRA BROOKS	20b. Relationship to Decedent: DAUGHTER	20c. Mailing Address: 1613 HAYNES MEADE CIRCLE, NASHVILLE, TN 37207			
21a. Method of Disposition: BURIAL	21b. Place of Disposition: FOREST LAWN		21c. Location: GOODLETTSVILLE, TN		
22a. Signature of Funeral Director: /e/ MELVIN J SMITH	22b. License Number: 4502	23a. Signature of Embalmer: /e/ Christopher Lee Jefferson		23d. License Number: 6500	
23c. Name and Address of Funeral Home: SMITH FUNERAL DIRECTORS, 706 MONROE STREET, NASHVILLE, TN 37208-2618				23b. License Number: 809	
24. Registrar's Signature: /e/ EDWARD G BISHOP III		25. Date Filed: 10/20/2020			

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/ STEPHEN W. KENT	27b. License Number: 14285	27c. Date Signed: 10/19/2020

27d. Name and Address: STEPHEN W. KENT 2323 WILMA RUDOLPH BLVD B, CLARKSVILLE, TN 37040

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. ACUTE CEREBROVASCULAR ACCIDENT	<1 HOUR
	b. CEREBROVASCULAR DISEASE	YEARS
	c. UNCONTROLLED DIABETES MELLITUS TYPE 2	YEARS
	d.	

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

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-1055E

RDA.10112

12527162

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 2 7 1 6 2

Date Issued: Oct 20 2020

CERTIFICATION OF VITAL RECORD