Karen Johnson Davidson County
Batch# 622473 AFFIDAVITH
04/26/2021 12:43:30 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20210426-0055119

THIS INSTRUMENT PREPARED BY: **Martin Heller Potempa & Sheppard** 1935 21st Avenue South, Suite 100 Nashville, Tennessee 37212 (615) 800-7096 This affidavit was prepared based on the information provided by the parties and no independent title examination was prepared.	STATE OF TENNESSEE COUNTY OF DAVIDSON The actual consideration for this transfer is: $0.00 Donna Quarles **DONNA QUARLES** Subscribed and sworn to before me, this 8 day of April 2021. BYRETHA BROADY NOTARY PUBLIC STATE OF TENNESSEE DAVIDSON COUNTY **NOTARY PUBLIC** My Commission Expires: My Commission Expires September 6, 2022

Address New Owner:	**Send Tax Bills To:**	**Tax Information & Parcel ID:**
Helen M. Smith 3253 Hummingbird Drive Nashville, TN 37318	New Owner	08004010200

STATE OF TENNESSEE)
) **ss:**
COUNTY OF DAVIDSON)

AFFIDAVIT OF HEIRSHIP

1. My name is Donna Quarles. I am an adult resident of the State of Tennessee. I am competent to give the testimony in this sworn Affidavit, and my testimony herein is based upon my personal knowledge.

2. I am a cousin of Helen M, Smith and longtime acquaintance to Samuel A. Smith, III, (hereinafter "Decedent"). I knew the Decedent for approximately forty-five (45) years prior to his death.

3. Decedent died intestate as a resident of Davidson County, Tennessee on January 5, 2019, and was survived by his wife, Helen M. Smith, and nine (9) adult children: Judy D. Smith, Jeffery Smith, Tonya Jackson, Theresa Smith, Brenda Manning, Wanda Smith, Tyrone Smith, Tyson Smith, Monica Malone. A copy of the Decedent's Certificate of Death is attached hereto as **Exhibit 1**.

4. At the time of the Decedent's death, Decedent owned an interest in real property commonly known as 3310 Olsen Lane, Nashville, Tennessee 37218 (hereinafter "Real Property"), is more fully and particularly described as:

Being Lot No. 519 on the Plan of Bordeaux Hills Subdivision, Section VIII, as of record in in Book 4175, page 113, Register's Office for said County, to which plan reference is here made for description.

Being part of the real property conveyed to Samuel A Smith, III, & wife, Helen M Smith from Carrie Johnigan Smith by Last Will and Testament recorded with the Davidson County Register of Deeds via Instrument No. WB-20080613 0061265.

5. At the time of his death, Decedent was not a recipient of TennCare benefits.

6. Decedent's interest in the Real Property vested in Helen M. Smith immediately upon his death. The property ownership is vested in Helen M. Smith in Fee Simple Absolute.

FURTHER AFFIANT SAYETH NOT.

SWORN this 8th **day of** April **2021.**

Donna Quarles

DONNA QUARLES, Affiant

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Now having first been sworn, the above-named Donna Quarles, Affiant, appeared before me and proved her identity to me by a government issued photograph identification card, and gave the testimony in this Affidavit for the purpose(s) stated herein.

Sworn to and subscribed before me, the undersigned Notary Public, this 8 day of April 2021.

Byrettia L Broady

NOTARY PUBLIC

My Commission Expires
September 6, 2022

My commission expires: _____

BYRETTIA L BROADY
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 003060

DECEDENT

1. DECEDENT'S LEGAL NAME	2. SEX	3. DATE OF DEATH
SAMUEL ALEXANDER SMITH III	MALE	01/05/2019

TYPE/PRINT IN PERMANENT BLACK INK

4. TIME OF DEATH (24-hr)	5a. AGE	5b. UNDER 1 YEAR Months	Days	5c. UNDER 1 DAY Hours	Minutes	6. DATE OF BIRTH	7. BIRTHPLACE
22:50	79					03/23/1939	NASHVILLE, TN

8a. PLACE OF DEATH: INPATIENT

8b. FACILITY NAME	8c. CITY OR TOWN	8d. COUNTY OF DEATH
CENTENNIAL MEDICAL CENTER	NASHVILLE	DAVIDSON

9. MARITAL STATUS	10. SURVIVING SPOUSE (name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION	11b. KIND OF BUSINESS/INDUSTRY
MARRIED	HELEN M MAJORS	TRUCK DRIVER	YELLOW FREIGHT

12. SOCIAL SECURITY NUMBER	13a. RESIDENCE-STATE OR FOREIGN COUNTRY	13b. COUNTY	13c. CITY OR TOWN
-6592	TENNESSEE	DAVIDSON	NASHVILLE

13d. STREET AND NUMBER	13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT EVER IN US ARMED FORCES?
3253 HUMMINGBIRD DRIVE	YES	37218	NO

15. DECEDENT'S EDUCATION	16. DECEDENT OF HISPANIC ORIGIN?	17. DECEDENT'S RACE
HIGH SCHOOL GRADUATE OR GED COMPLETED	NO, NOT SPANISH/HISPANIC/LATINO	BLACK OR AFRICAN AMERICAN

NAME OF DECEDENT - If not by Hospital or Institution

PARENT

18. FATHER'S NAME	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE
SAMUEL ALEXANDER SMITH II	DIXIE JOHNIGAN

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS
HELEN SMITH	WIFE	3253 HUMMINGBIRD DRIVE, NASHVILLE, TN 37218

DISPOSITION

21a. METHOD OF DISPOSITION	21b. PLACE OF DISPOSITION	21c. LOCATION
CREMATION	ELLIS CREMATORY	NASHVILLE, TN

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
▶ /e/ BYRETTIA LAWRENCE BROADY	5130	▶ /e/ Terrell Andre Broady	4117

23a. NAME AND ADDRESS OF FUNERAL HOME	23b. LICENSE NUMBER
TERRELL BROADY FUNERAL HOME, INC., 3855 CLARKSVILLE PIKE, NASHVILLE, TN 37218-2219	1137

REGISTRAR

24. REGISTRAR'S SIGNATURE	25. DATE FILED
▶ /e/ EDWARD G. BISHOP III	01/23/2019

CERTIFIER

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

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS

27a. CERTIFIER	27b. LICENSE NUMBER	27c. DATE SIGNED
▶ /e/ JESUS G. BERDEJA	043220	01/22/2019

27d. NAME AND ADDRESS: JESUS G. BERDEJA 250 25TH AVENUE NORTH STE 412, NASHVILLE, TN 37203

MEDICAL CERTIFICATION

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. ACUTE PROMYELOCYTIC LEUKEMIA	1 WEEK
	DUE TO (OR A CONSEQUENCE OF)	
UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST	b.	
	DUE TO (OR A CONSEQUENCE OF)	
	c.	
	DUE TO (OR A CONSEQUENCE OF)	
	d.	

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

28e. WAS AN AUTOPSY PERFORMED? NO

28f. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?

30. MANNER OF DEATH	31. DID TOBACCO USE CONTRIBUTE TO DEATH?	32. IF FEMALE
NATURAL	NO	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

PH-1659 (Rev. 8/2017) RDA 10112

10907168

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

1 0 9 0 7 1 6 8

Date Issued JAN 24 2019

CERTIFICATION OF VITAL RECORD