AFFIDAVIT OF HEIRSHIP

Based on the information provided by the parties no professional heir search has been performed.

Karen Johnson Davidson County
Batch# 633192 AFFIDAVITH
05/11/2021 02:03:44 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20210511-0063440

THIS INSTRUMENT WAS PREPARED BY:
GEORGE H. THOMPSON, III, ATTORNEY
1326 ROSA L PARKS BLVD, NASHVILLE, TN 37208

Address of New Owner:	**Send Tax Bills To:**	**Map: 80-8**
Liddon Crutcher		**Parcel Nos.: 270**
1490 County Hospital Road	**Same**	
Nashville, TN 37218		

AFFIDAVIT OF HEIRSHIP

I Clara Alexander, (hereinafter referred to as "Affiant") being first duly sworn, do hereby make oath as follows:

1. That Affiant is a lifelong citizen and resident of Nashville, TN.

2. That Affiant personally knew Annie Knight Woodard, deceased (hereinafter referred to as "Decedent"), and has more than 50 years personal knowledge of the decedent and her family.

3. The Decedent, Annie Knight Woodard, died on September 1, 2020 and was at the time a resident of Davidson County, State of Tennessee.

4. The Decedent died intestate.

5. That Decedent was a single woman at the time of her death and had not remarried.

6. That the following person is the only child born to Annie Knight Woodard during her lifetime:

LIDDON CRUTCHER, her sole heir at law.

Attached is a copy of the death certificate of Annie Knight Woodard evidencing Liddon Crutcher as her son.

7. That Affiant knows that at date of her death, said Decedent was the sole owner of the following described real estate in DAVIDSON County, Tennessee:

Land in Davidson County, Tennessee, Being lot No. 4 on the plan of Bordeaux Hills, Section 4, as of record in Book 3600, Page 49, Register's Office for Davidson County, Tennessee, to which plat reference is hereby made for a more complete description.

Said Lot No. 4 fronts 60.0 feet on the Southeasterly side of County hospital Road and extends back 135.67 feet on the Northerly line and 112.21 feet on the southerly line to a dead line measuring 51.3 feet.

Being the same property conveyed to Grantors by Warranty Deed of record in Book 5173, Page 109, Register of Deeds Office for Davidson County Tennessee.

FURTHER, AFFIANT SAITH NOT.

Witness my hand this 13TH day of April, 2021

Clara K. Alexander
Affiant

STATE OF Tennessee)
COUNTY OF Davidson)

Before me GEORGE H. THOMPSON III a Notary Public in and for the State and County aforesaid, personally appeared the within named Affiant, Clara Alexander, with whom I am personally acquainted, who made oath that the statements contained in the foregoing affidavit are true of Affiant's own knowledge.

George Thompson, III 4/08/2021
Notary Public My Commission Expires

GEORGE H. THOMPSON III NOTARY PUBLIC AT LARGE STATE OF TENNESSEE

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2020 053448

1. Decedent's Legal Name: ANNIE KNIGHT WOODARD		2. Sex: FEMALE	3. Date of Death: 09/01/2020
4. Time of Death (Approx.): 02:45 PM	5. Age: 72	6. Date of Birth: 10/30/1947	7. Birthplace: NASHVILLE, TN
8a. Place of Death: DECEDENTS HOME			
8b. Facility Name: 1490 COUNTY HOSPITAL ROAD		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: NUTRITION FOODS	11b. Kind of Business/Industry: BAPTIST HOSPITAL
12. Social Security Number: [redacted]4430	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON	13c. City or Town: NASHVILLE
13d. Street and Number: 1490 COUNTY HOSPITAL ROAD		13e. Inside City Limits?: YES	13f. Zip Code: 37218
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: BLACK OR AFRICAN AMERICAN	
18. Father's Name: JEFF S. KNIGHT SR.		19. Mother's Name Prior to First Marriage: ELIZABETH BESSIE HYMAN	
20a. Informant's Name: LIDDON CRUTCHER SR	20b. Relationship to Decedent: SON	20c. Mailing Address: 1490 COUNTY HOSPITAL ROAD, NASHVILLE, TN 37218	
21a. Method of Disposition: BURIAL	21b. Place of Disposition: MIDDLE TN VETERANS CEMETERY	21c. Location: NASHVILLE, TN	
22a. Signature of Funeral Director: ▶ /e/ GEORGE M. BAKER JR	22b. License Number: 4695	22c. Signature of Embalmer: ▶ /e/ Patrick Lamont Tucker	22d. License Number: 5972
23a. Name and Address of Funeral Home: HIGHLAND HILLS FUNERAL HOME AND CREMATORY, 2422 BRICK CHURCH PIKE, NASHVILLE, TN 37207-4406			23b. License Number: 1258
24. Register's Signature: ▶ /e/ EDWARD G BISHOP III		25. Date Filed: 09/03/2020	

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	27b. License Number	27c. Date Signed
▶ /e/ SASHA L. BOWERS	052952	09/03/2020

27d. Name and Address: SASHA L. BOWERS 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). 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. MULTIFOCAL POSTERIOR CIRCULATION CEREBRAL INFARCTION
- b. CHRONIC RENAL DISEASE
- c. HYPERTENSION; DIABETES MELLITUS TYPE 2
- 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?: NO

28b. 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	UNKNOWN	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

RBA 10112

PH-1659E

11863843

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 1 8 6 3 8 4 3
Date Issued: Sep 04 2020

CERTIFICATION OF VITAL RECORD