Karen Johnson Davidson County
Batch# 667118 AFFIDAVITH
06/29/2021 09:11:30 AM 5 pgs
Fees: $27.00 Taxes: $0.00
20210629-0087732

Commitment Number: 28203966

This instrument prepared by:
Jay A. Rosenberg, Esq., Member Tennessee Bar, Rosenberg LPA, Attorneys At Law, 9078 Union Centre Blvd., Suite 350, West Chester, Ohio 45069 (513) 247-9605 Fax: (866) 611-0170.

AFFIDAVIT OF TRANSFER TO SURVIVOR/SURVIVORSHIP AFFIDAVIT

STATE OF Tennessee
COUNTY OF Davidson

Cheryl P. Coleman ("Affiant"), being first duly cautioned and sworn, and having personal knowledge of the facts and being competent to testify as to these matters, deposes and says as follows:

1. Ricky N. Coleman, A/K/A Ricky Nelson Coleman Sr., formerly of Davidson County, Tennessee, died November 10, 2028 a legal resident of the State of Tennessee.
2. A certified copy of the Death Certificate for Ricky Nelson Coleman Sr. is attached to this Affidavit.
3. The decedent and this Affiant were the grantees in a certain deed recorded at 20030114-0005661, of the Deed Records of Davidson County, Tennessee (the "Deed"), with respect to the property legally described as follows: **SEE EXHIBIT A ATTACHED HERETO FOR THE LEGAL DESCRIPTION**
4. In the Deed, the grantees designated are Ricky N. Coleman and wife, Cheryl P. Coleman
5. The address of Affiant is 605 Tuckahoe Dr, Madison, TN 37115-3523.

6. Affiant gives this Affidavit for the purpose of transferring the title to the foregoing property to Affiant on the records of the Recorder's Office in Davidson County, Tennessee.

Cheryl P. Coleman

Sworn to before me and subscribed in my presence by Cheryl P. Coleman this March 10, 2021.

Shunta Shepard
Notary Public

SHUNTA SHEPARD
STATE OF TENNESSEE NOTARY PUBLIC
RUTHERFORD COUNTY
My Commission Expires 08-19-2024

STATE OF TENNESSEE
Office of Vital Records

1006608

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Ricky Nelson Coleman, Sr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): November 10, 2010
4. SOCIAL SECURITY NUMBER (of Deceased):
5a. AGE-LAST BIRTHDAY (Years): 54
5b. UNDER 1 YEAR: MONTHS / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Feb 4, 1956
7. BIRTHPLACE (City and State or Foreign Country): Dyersburg, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
8a. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [X] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Skyline Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Cheryl Payne
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Truck Driver
12b. KIND OF BUSINESS/INDUSTRY: Transporation
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 605 Tuckahoe Dr.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37115
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
15. RACE-American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): College (1-4 or 5+): 4

NAME OF DECEDENT (For use by Physician or Institution)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Sam Bubba Bryant, Sr.
18. MOTHER'S NAME (First, Middle, Maiden Surname): Annie B. Jones

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Cheryl Payne Coleman
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 605 Tuckahoe Dr. Madison, TN

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Greenwood North Cemetery
20c. LOCATION-City or Town, State: Goodlettsville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Richard A. Lewis
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3633
21c. SIGNATURE OF EMBALMER: Delmas C. Bogus
21d. LICENSE NUMBER OF EMBALMER: 3687
22a. NAME AND ADDRESS OF FUNERAL HOME: Lewis & Wright Funeral Directors, 2500 Clarksville Pike, Nashville, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 0812

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda R Bowers, AR
24. DATE FILED (Month, Day, Year): November 17, 2010

CERTIFIER

25a. PHYSICIAN - 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
25b. LICENSE NUMBER
25c. DATE SIGNED (Month, Day, Year)
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 [X] SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER: 45273
26c. DATE SIGNED (Month, Day, Year): November 11, 2010

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): Sandra Thomas, M.D.; 850 R.S. Gass Boulevard, Nashville, TN 37216; MEC10-2218

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

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

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

29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [ ] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [X] Pending Investigation 6 [ ] Could not be Determined
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY: M
31c. INJURY AT WORK? 1 [ ] Yes 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.

PM-1659 (REV 8/99)

4379622

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, Local Registrar
Davidson County, Tennessee

NOV 17 2010
Date Issued

CERTIFICATION OF VITAL RECORD

202106290087732

EXHIBIT A
(LEGAL DESCRIPTION)

The following described property:

Land in Davidson County, Tennessee, being Lot No. 62 on the plan of Sherry Heights, Section III, of record in Book 2331, Pages 126 and 127, Register's Office for Davidson County, Tennessee, to which plan reference is hereby made for a more complete and detailed description of said Lot.

Being a portion of the same property conveyed to Ricky N. Coleman and Cheryl P. Coleman and James L. Whitt and Jan W. Whitt, deed dated January 13, 2003, recorded January 14, 2003 in as Instrument No 20030114-0005661 County of Davidson State of Tennessee. Assessor's Parcel No: 042-14-0-016-00

Tennessee Certification of Electronic Document

I, WENDY MARTIN, do hereby make oath that I am a licensed attorney and/or the
Signer's Name

custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law.

Wendy L. Martin
Signature

State of PENNSYLVANIA

County of ALLEGHENY

Personally appeared before me, LISSETTE MOREE, a notary public for this county and
Notary's Name

state, WENDY MARTIN, who acknowledges that this certification of an electronic
Signer's Name

document is true and correct and whose signature I have witnessed.

Notary Signature

MY COMMISSION EXPIRES: 5/4/2022

NOTARY'S SEAL

Commonwealth of Pennsylvania - Notary Seal
Lissette Anne Moree, Notary Public
Beaver County
My commission expires May 4, 2022
Commission number 1223847
Member, Pennsylvania Association of Notaries