AFFIDAVIT OF HEIRSHIP

This document was prepared by:

Mr. Patrick Johnson, Esq.
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Karen Johnson Davidson County
Batch# 683607 AFFIDAVITH
07/26/2021 01:24:01 PM 5 pgs
Fees: $27.00 Taxes: $0.00
20210726-0100010

Address New Owner as follows:	Send Tax Bills to:	Map-Parcel Numbers
Greta Staggs 4712 Potomac Lane Brentwood, Tennessee, 37027.	Same as New Owner	118-04-0-010.00

The undersigned, being duly sworn, says as follows:

1. My full name is Sandra Joyce Gaskins . I will refer to myself in this Affidavit as the Affiant. I am more than 18 years of age and of sound mind and disposition.

2. Affiant is a citizen and resident of Davidson County, Tennessee and currently resides at 2357 Revere Place, Nashville, Davidson, TN 37214.

3. I am the cousin of Linda Kay Cahoon and Greta Wright Staggs, with our mothers being sisters.

4. I have personal knowledge of the matters stated in this Affidavit.

5. The real property to which this Affidavit applies is located at 510 Camden Drive, Nashville, Davidson County, TN 37211, more fully described as:

> BEING Lot No. 7 on the Plan of Melrose Heights , Number 2, as of record in plan Book 1835, Page 97, Register's Office for Davidson County, TN, to which reference is hereby made for a more complete description.
>
> Said lot No. 7 fronts 68 feet on the northerly side of Camden Drive, thence from a point, being the common corner between Lot 7 and Lot 8, North 193.75 feet to a point, thence in a westerly direction 68.1 feet to a point, thence in a southerly direction 197.41 feet to a point as shown in said survey.
>
> Being the same property convey by Kelly Improvement Company, Inc. to Kenneth D. Wright and Mable P. Wright by deed as recorded at Book 2094, Pages 149-150 in the Register of Deeds Office for Davidson County, Tennessee.

This is improved property know as 510 Camden Drive, Nashville, Davidson County, TN 37211.

7. I know that Kenneth D. Wright and Mable P. Wright were the owners of the real property at 510 Camden Drive, Nashville, Davidson County, TN 37211.

8. Kenneth D. Wright died on April 28, 2006 with a copy of his death certificate attached hereto as Exhibit 1.

9. Mable P. Wright died on January 28, 2007 with a copy of her death certificate attached hereto as Exhibit 2.

10. Kenneth D. Wright and Mable P. Wright were survived by two (2) daughters, Linda Kay Wright Cahoon and Greta Wright Staggs.

11. There were no other children of Kenneth D. Wright and Mable P. Wright.

WITNESS my hand on this the 21st day of July, 2021.

Sandra Joyce Gaskins

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Before me, the below listed Notary Public for the aforementioned state and county, personally appeared Sandra Joyce Gaskins , the Affiant named herein, with whom I am personally acquainted and who, upon oath, acknowledged that she is the Affiant named herein, is authorized to make this transfer for the purposes contained herein. Witness my hand on this the 21st day of July, 2021..

Notary Public

My Commission Expires: 03/07/2023

JO LYNN MANGRUM
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0602426

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): Kenneth D. Wright
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): April 28, 2006
4. SOCIAL SECURITY NUMBER: [redacted]-8589
5a. AGE-LAST BIRTHDAY (Years): 87
6. DATE OF BIRTH (Month, Day, Year): Mar 1, 1919
7. BIRTHPLACE (City and State or Foreign Country): Overton County, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Southern Hills 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): Mabel Pewitt
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Clerk
12b. KIND OF BUSINESS/INDUSTRY: U S Postal Service
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN, OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 510 Camden Dr.
CENSUS TRACT: 349
13e. INSIDE CITY LIMITS? [X] Yes [ ] No
13f. ZIP CODE: 37211
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): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 11; College (1-4 or 5+):
17. FATHER'S NAME (First, Middle, Last): Laurence Wright
18. MOTHER'S NAME (First, Middle, Maiden Surname): Martha Reeser
19a. INFORMANT'S NAME (Type/Print): Mabel Wright
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 510 Camden Dr. Nashville, Tennessee 37211
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): Middle Tennessee Veterans Cemetery
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: William R. Appleton
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2700
21c. SIGNATURE OF EMBALMER: Richard Morrison
21d. LICENSE NUMBER OF EMBALMER: 3137
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Inc., Hickory Chapel 5852 Nolensville Road, Nashville, Tennessee 37211
22b. LICENSE NUMBER OF FUNERAL HOME: 760
23a. SIGNATURE OF REGISTRAR: Robert W. Rhoden Jr.
23b. DATE FILED (Month, Day, Year): May 04, 2006
24a. CERTIFICATION - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.
[X] SIGNATURE AND TITLE OF PHYSICIAN
24b. LICENSE NUMBER: 24306
24c. DATE SIGNED (Month, Day, Year): 5/3/06
25a. 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.
[ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER
25b. LICENSE NUMBER:
25c. DATE SIGNED (Month, Day, Year):
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): David C. Meusinkveld, M.D. 4200 Stanmer Place, Nashville, TN 37215
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.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Cardiac Arrest
DUE TO (OR AS A CONSEQUENCE OF): b. CHF
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.
Approximate Interval Between Onset and Death
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 [ ] 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 [ ] Pending Investigation 6 [ ] Could not be Determined
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY
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.
RDA 1309

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 Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

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

Tonya Y. Ruttlen
Local Registrar

EXHIBIT 1

Date Issued: MAY 04 2006

CERTIFIED COPY

STATE OF TENNESSEE
Office of Vital Records

0700595 — TENNESSEE DEPARTMENT OF HEALTH — CERTIFICATE OF DEATH — [redacted] — 2007 004949

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First Middle Last)	Mabel Irene Wright
2. SEX	Female
3. DATE OF DEATH (Month Day Year)	January 28, 2007
4. SOCIAL SECURITY NUMBER	-8431
5a. AGE LAST BIRTHDAY (Yrs.)	87
6. DATE OF BIRTH (Month Day Year)	Nov 6, 1919
7. BIRTHPLACE (City and State or Foreign Country)	Williamson County, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES?	2 X No
9a. PLACE OF DEATH (Check only one)	4 X Nursing Home
9b. FACILITY NAME (If not institution give street and number)	Good Samaritan Health Center 990
9c. CITY TOWN OR LOCATION OF DEATH	Antioch 094
9d. COUNTY OF DEATH	Davidson 19
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify))	Widowed
11. SURVIVING SPOUSE (If wife, give maiden name)	
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	Homemaker
12b. KIND OF BUSINESS/INDUSTRY	Own Home
13a. RESIDENCE STATE	Tennessee
13b. COUNTY	Davidson
13c. CITY TOWN OR LOCATION	Nashville
13d. STREET AND NUMBER OR RURAL LOCATION	510 Camden Drive
13e. INSIDE CITY LIMITS?	1 X Yes
13f. ZIP CODE	37211
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Mexican, Puerto Rican, etc.)	Yes 0 X No
15. RACE (American Indian, Black, White, etc. (Specify))	White
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	01
College (1-4 or 5+)	1
17. FATHER'S NAME (First Middle Last)	John William Pewitt
18. MOTHER'S NAME (First Middle Maiden Surname)	Sallie Josephine Givens
19a. INFORMANT'S NAME (Type/Print)	Greta Staggs
19b. RELATIONSHIP TO DECEASED	Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	4712 Potomac Lane Brentwood, Tennessee 37027
20a. METHOD OF DISPOSITION	1 X Burial
20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)	Middle Tennessee Veterans Cemetery
20c. LOCATION (City or Town, State)	Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR	William R. Appleton
21b. LICENSE NUMBER OF FUNERAL DIRECTOR	2700
21c. SIGNATURE OF EMBALMER	Darrel Dent
21d. LICENSE NUMBER OF EMBALMER	5170
22a. NAME AND ADDRESS OF FUNERAL HOME	Woodbine Funeral Home, Inc , Hickory Chapel 5852 Nolensville Road, Nashville, Tennessee 37211
22b. LICENSE NUMBER OF FUNERAL HOME	760
23. REGISTRAR'S SIGNATURE	Linda L Bowles
24. DATE FILED (Month Day Year)	February 5, 2007
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 X SIGNATURE AND TITLE OF PHYSICIAN	Don Vollmer MD
25b. LICENSE NUMBER	31287
25c. DATE SIGNED (Month Day Year)	2/5/07
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	
26c. DATE SIGNED (Month Day Year)	
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)	Donald E Vollmer, M D

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN

EXHIBIT
tabbies
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12808229

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 8 0 8 2 2 9
Date Issued: Jul-09-2021

CERTIFICATION OF VITAL RECORD