Karen Johnson Davidson County
Batch# 725012 AFFIDAVITH
09/28/2021 09:21:12 AM 5 pgs
Fees: $27.00 Taxes: $0.00
20210928-0129858

AFFIDAVIT OF HEIRSHIP

This Document Prepared By: James William Allen, 330 Pitts Av. Nashville, TN 37138

New Owner	Send Tax Bills To:	Map/par No.
James William Allen **Barbara Darlene Collins** **Randy Lynn Allen** **330 Pitts Avenue** **Nashville, Tennessee 37138**	**same**	**Lot 1: 05312012500** **Lot 2: 05316009600** **Lot 3: 05312011100**

In Re: a certain tract or parcel of land in Davidson County, Tennessee, described as follows:

LOT NO. 1 **Map/Par 05312012500**

Land in Davidson County, Tennessee, being Lot No. 11 Block "9" on the Map of Dabbs and Elliott's Subdivision No 1 of record in Book 547, Page 97, Registers Office of Davidson County, Tennessee.

Being the same property conveyed to Charles E. Gann and Bobbie Jean Gann by Deed dated d of record in Book 7648, page 65, Register's Office for Davidson County, Tennessee.

Being the same property conveyed to James F. Allen Et Ux by Deed from Charles E. Gann and wife, Bobbie Jean Gann, of record in Book 547, Page 97.

This is improved property known as 205 28th St. Old Hickory, Davidson County, Tenn. 37138.

LOT NO. 2 **Map/Par 05316009600**

Land in the 4th Civil District of Davidson County, Tennessee and being in the former City of Lakewood, described as follows:

Being a part of the same property conveyed to Joe T. James and wife, Annie M. James by Deed from Allen H. Woodard and wife, as of record in Book 1281, Page 128 Register's

Office of Davidson County, Tennessee.

Being the same property conveyed to James Fred Allen and wife, Daphine Allen of record in Deed Book 3375, Page 267 Register's Office of Davidson County, Tennessee 37138.

This is improved property that bears the address of 330 Pitts Avenue, Nashville, Davidson County, Tennessee 37138.

LOT NO. 3: **Map: 53-12 Par: 111/121**

Land in Davidson County, Tennessee being Lots 14, 15, 16, 17 on the southeasterly 14 feet of Lot No. 13, Block 6, as shown on the Dabbs and Elliotts Subdivison at Dupontonia, near Old Hickory, Tennessee. of record in Book 547, Page 97 Register's Office of Davidson County, Tennessee.

Being the same property conveyed by Warranty Deed to James F. Allen, Ex Ux by Opal Wells Eller and Husband, Rudolph H. Eller of record in Book 5635, Page 1-2 Register's Office of Davidson County, Tennessee.

This is improved property that bears the address of 3009 Old Hickory Blvd. Nashville, Davidson County, Tennessee.

Comes now the Affiant, James William Allen, and after first being duly sworn according to law, attests and states as follows:

1. Affiant is the biological son of the late James Fred Allen.

2. The above described real property was owned by James Fred Allen and wife, Daphine B. Allen as tenants by the entireties as husband and wife from the date each of the three (3) above properties were acquired until the death of Daphine B. Allen.

3. Daphine B. Allen died in Nashville, Davidson County, Tennessee on the_6th_day of June 2019 while lawfully married to James Fred Allen and while owning the above three

(3) properties. The death certificate is attached hereto as Exhibit No. 1.

4. James Fred Allen died in Nashville, Davidson County, Tennessee on the 12th day of August 2021 while lawfully married to James Fred Allen and while owning the above three (3) properties. The death certificate is attached hereto as Certificate of Death No 13252784 Exhibit No. 2.

5. At the time of the death of Daphine B. Allen and the death of James Fred Allen they were survived by three (3) adult children born of their bodies, to wit: James William Allen; Barbara Darlene Collins; and Randy Allen. These three (3) adult children are the only lawful heirs or legatees of the late James Fred Allen and Daphine B. Allen.

6. Neither James Fred Allen or Daphine B. Allen have had a Last Will and Testament probated or an estate administered as of the date of this Affidavit of Heirship.

7. A Petition to Probate the Estate of James Fred Allen is anticipated together with the filing of his Last Will and testament.

8. **FURTHER AFFIANT SAITH NOT.**

James William Allen
James William Allen

State of Tennessee)
County of Davidson)

Personally appeared before me, the undersigned authority, a Notary Public in and for the within named James William Allen, the bargainor(s) with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at office this 22nd day of September 2021.

My Commission Expires: 03/06/24

Baylee Parton

BAYLEE PARTON
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON
MY COMM. EXPIRES MARCH 6, 2024

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2021 063244

1. Decedent's Legal Name: JAMES FRED ALLEN			2. Sex: MALE	3. Date of Death: 08/12/2021
4. Time of Death (Approx): 08:15 PM	5a. Age: 85	6. Date of Birth: 06/19/1936	7. Birthplace: GAINESBORO, TN	
8a. Place of Death: INPATIENT				
8b. Facility Name: TRISTAR SKYLINE MEDICAL CENTER		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: OWNER		11b. Kind of Business/Industry: MECHANIC
12. Social Security Number: 8206	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: OLD HICKORY
13d. Street and Number: 330 PITTS AVENUE		13e. Inside City Limits?: YES	13f. Zip Code: 37138	14. Was Decedent ever in US Armed Forces?: NO
15. Decedent's Education: 8TH GRADE OR LESS	16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO		17. Decedent's Race: WHITE	
18. Father's Name: JESSE T ALLEN		19. Mother's Name Prior to First Marriage: MARY DENNIS		
20a. Informant's Name: WILLIAM ALLEN	20b. Relationship to Decedent: SON	20c. Mailing Address: 328 PITS AVENUE, OLD HICKORY, TN 37138		
21a. Method of Disposition: BURIAL	21b. Place of Disposition: HERMITAGE FUNERAL HOME &	21c. Location: OLD HICKORY, TN		
22a. Signature of Funeral Director: /e/ ASHLEY ANN LINER	22b. License Number: 16204	22c. Signature of Embalmer: /e/ MELINDA CRAWFORD	22d. License Number: 5330	
23a. Name and Address of Funeral Home: HERMITAGE FUNERAL HOME AND MEMORIAL GARDENS, 535 SHUTE LANE, OLD HICKORY, TN 37138			23b. License Number: 540	
24. Registrar's Signature: /e/ EDWARD G BISHOP III		25. Date Filed: 08/16/2021		

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/ MURRAY M ARONS	27b. License Number: 024707	27c. Date Signed: 08/16/2021
27d. Name and Address: MURRAY M ARONS 3443 DICKERSON PIKE STE 680, NASHVILLE, TN 37207		

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. RESPIRATORY FAILURE	
	b. HEART FAILURE	
	c.	
	d.	

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: CHRONIC OBSTRUCTIVE PULMONARY DISEASE, DIABETES MELLITUS, CORONARY ARTERY DISEASE

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?: UNKNOWN	32. If Female: 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-1659E

RDA 10412

13252784

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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 3 2 5 2 7 8 4

Date Issued: Aug-18-2021

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 032409

DECEDENT

TYPE/PRINT IN PERMANENT BLACK INK

NAME OF DECEDENT - First, Middle, Last, Suffix

1. DECEDENT'S LEGAL NAME				2. SEX	3. DATE OF DEATH
DAPHINE BRYANT ALLEN				FEMALE	06/06/2019

4. TIME OF DEATH (Approx.)	5a. AGE	5b. UNDER 1 YEAR Months	Days	5c. UNDER 1 DAY Hours	Minutes	6. DATE OF BIRTH	7. BIRTHPLACE
10:37 AM	80					04/23/1939	COOKEVILLE, TN

8a. PLACE OF DEATH: DECEDENT'S HOME

8b. FACILITY NAME	8c. CITY OR TOWN	8d. COUNTY OF DEATH
330 PITTS AVE	OLD HICKORY	DAVIDSON

9. MARITAL STATUS	10. SURVIVING SPOUSE (name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION	11b. KIND OF BUSINESS/INDUSTRY
MARRIED	JAMES ALLEN	HOMEMAKER	DOMESTIC

12. SOCIAL SECURITY NUMBER	13a. RESIDENCE-STATE OR FOREIGN COUNTRY	13b. COUNTY	13c. CITY OR TOWN
-5965	TENNESSEE	DAVIDSON	OLD HICKORY

13d. STREET AND NUMBER	13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT EVER IN US ARMED FORCES?
330 PITTS AVE.	YES	37138	NO

15. DECEDENT'S EDUCATION	16. DECEDENT OF HISPANIC ORIGIN?	17. DECEDENT'S RACE
8TH GRADE OR LESS	NO, NOT SPANISH/HISPANIC/LATINO	WHITE

PARENTS

18. FATHER'S NAME	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE
AUBREY JAMES BRYANT	LINNIE JACKSON

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS
BARBARA COLLINS	DAUGHTER	2609 ELLIOTT DRIVE, OLD HICKORY, TN 37138

DISPOSITION

21a. METHOD OF DISPOSITION	21b. PLACE OF DISPOSITION	21c. LOCATION
ENTOMBMENT	HERMITAGE MEMORIAL GARDENS	OLD HICKORY, TN

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
▶ /e/ BRAD RAINES	4992	▶ /e/ Dawn Renee' Everett	6024

23a. NAME AND ADDRESS OF FUNERAL HOME	23b. LICENSE NUMBER
HERMITAGE FUNERAL HOME AND MEMORIAL GARDENS, 535 SHUTE LANE, OLD HICKORY, TN 37138	540

REGISTRAR

24. REGISTRAR'S SIGNATURE	25. DATE FILED
▶ /e/ EDWARD G BISHOP III	06/12/2019

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/ LAURA THARPE	048448	06/10/2019

27d. NAME AND ADDRESS: LAURA THARPE 1718 PATTERSON STREET, 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.

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		APPROXIMATE INTERVAL: ONSET TO DEATH
→	a. ALZHEIMER'S DEMENTIA	
	DUE TO (OR A CONSEQUENCE OF)	
	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

29a. WAS AN AUTOPSY PERFORMED?	29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
NO	

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

PH-1659 (Rev. 8/2017)

RDA 10112

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

Edward G. Bishop III
State Registrar

1 1 2 3 JUN 12 2019
Date Issued

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD