Karen Johnson Davidson County
Batch# 753991 AFFIDAVITH
11/12/2021 01:21:47 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20211112-0150956

This instrument prepared based on information
provided by the parties and not independent verification by:
C. Michael Robinson
Harrington Law Office
1215 Seventh Avenue North
Nashville, Tennessee 37208-2605
Telephone: (615) 320-9977
Facsimile: (615) 320-9929

Map & Parcel: 149 11 0A 090.00
Address Owner: Quintin Hale
Send Tax Bill: 356 Leo Lane Nashville, TN 37211

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

The undersigned having been first duly sworn according to law, deposes and states as follows:

1. That I am adult resident of Nashville, Tennessee and I have personal knowledge of the matters stated in this Affidavit.

2. That Vanessa J. Hale (hereinafter "the Decedent") died intestate on December 19, 2020 leaving no spouse, and two children surviving her, whose names, relationships, and addresses are as follows:

    i. Quintin Hale, Son, 356 Leo Ln Nashville, TN 37211; and
    ii. Sarah Hale, Daughter, Deceased, 1320 Rice Hill Cir Nashville, TN 37013.

3. Sarah Hale died intestate on January 4, 2021 leaving no spouse, no children, and no parents surviving her.

4. That the Decedent's Death Certificate is attached hereto as Attachment A. Sarah Hale's Death Certificate is attached hereto as Attachment B.

5. That at the time of her death, Vanessa J. Hale was the sole owner of fee simple interest in the property located at 1320 Rice Hill Cir. Nashville, TN 37013 and more particularly described as follows:

    LAND in Davidson County, Tennessee, being Lot No. 90 on the Plan of Rice Hill, Phase 3, as of record in Book 6900, Page 292, Register's Office for said County, to which said plan reference is hereby made for a more complete and accurate description of said lot.

    BEING the same property conveyed to Maria Wooten, Married, by Warranty Deed dated February 28th, 1996, from Terry R. Burton

and wife, Renee J. Burton of record in Book 9967, page 41, Register's Office for Davidson County, TN.

BEING the same property conveyed to Vanessa J. Hale, unmarried, by Warranty Deed dated October 19, 2004, from Maria Wooten and Bryan Wooten, wife and husband, of record in instrument number 20041019-0125656.

This is improved property, known as 1320 Rice Hill Circle, Antioch, TN 37013.

6. That Quentin Hale, the son of the Decedent, is the sole heir-at-law of the Decedent.

7. That Quentin Hale owns the above referenced property in fee simple interest by right of Tennessee's laws of descent and distribution.

8. That *Tenn. Code Ann.*§ 67-4-409(a)(3)(D) exempts this instrument from tax and *Tenn. Code Ann.* § 67-4-409(a)(5) further provides the valuation oath is unnecessary, said Affidavit being use to evidence transfer of title to the property to a beneficiary.

FURTHER, AFFIANT SAY NOT.

Dated this the 28 day of July, 2021

Crystal Brown

CRYSTAL BROWN
Address: 421 McCall St Nashville, TN 37211

OATH

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Before me a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared, **CRYSTAL BROWN,** to me known or proved to me on the basis of satisfactory evidence to be the person described in and who executed the foregoing instrument and acknowledged that he or she executed the same as his or her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said County, on this the 28th day of July, 2021.

M. Mills

NOTARY PUBLIC

MAISHA MILLS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

My Commission Expires: 3.3.2025

A

STATE OF TENNESSEE
Office of Vital Records

TN

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: 2020 081798

1. Decedent's Legal Name: VANESSA JANE HALE			2. Sex: FEMALE	3. Date of Death: 12/19/2020
4. Time of Death (Approx.): 15:38	5a. Age: 61	6. Date of Birth: 07/18/1959	7. Birthplace: TRENTON, NJ	
8a. Place of Death: INPATIENT				
8b. Facility Name: SAINT THOMAS WEST HOSPITAL		8c. City or Town: NASHVILLE		8d. County of Death: DAVIDSON
9. Marital Status: DIVORCED	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation: COORDINATOR		11b. Kind of Business/Industry: VANDERBILT MEDICAL CENTER
12. Social Security Number: -5368	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: ANTIOCH
13d. Street and Number: 1320 RICE HILL CIRCLE		13e. Inside City Limits?: YES	13f. Zip Code: 37013	14. Was Decedent ever in US Armed Forces?: NO
15. Decedent's Education: SOME COLLEGE CREDIT, BUT NO DEGREE	16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO	17. Decedent's Race: BLACK OR AFRICAN AMERICAN		
18. Father's Name: HARDIN HALE		19. Mother's Name Prior to First Marriage: GRETCHEN NELSON		
20a. Informant's Name: QUINTIN HALE	20b. Relationship to Decedent: SON	20c. Mailing Address: 356 LEO LANE, NASHVILLE, TN 37211		
21a. Method of Disposition: CREMATION	21b. Place of Disposition: HIGHLAND HILLS FUNERAL HOME &	21c. Location: NASHVILLE, TN		
22a. Signature of Funeral Director: ▶ /e/ GEORGE M. BAKER JR	22b. License Number: 4695	22c. Signature of Embalmer: ▶	22d. License Number	
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. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III		25. Date Filed: 12/22/2020		

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: ▶ /e/ MARK A PILKINTON	27b. License Number: 50104	27c. Date Signed: 12/22/2020

27d. Name and Address: MARK A PILKINTON 4220 HARDING RD, NASHVILLE, TN 37205

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. NON-ISCHEMIC CARDIOMYOPATHY	
	b. LUPUS	
	c.	
	d.	

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: HYPERTENSION; PERIPHERAL VASCULAR 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?: NO	32. If Female: 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-1659E

RDA 10112

12627011

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 certificate. The unauthorized reproduction of this document is prohibited.

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

12627011

Edward G. Bishop III, State Registrar — Lisa Piercey, MD, MBA, FAAP, Commissioner — Date Issued: Dec 22 2020

CERTIFICATION OF VITAL RECORD

B

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2021.001706

1. Decedent's Legal Name: SARAH JANE HALE					
4. Time of Death (Approx): 12:39 PM	5a. Age: 26	6. Date of Birth: 11/23/1994	7. Birthplace: LEXINGTON, KY	2. Sex: FEMALE	3. Date of Death: 01/04/2021
5a. Place of Death: MOTEL					
5b. Facility Name: 2403 BRICK CHURCH PIKE, ROOM 217		5c. City or Town: NASHVILLE		5d. County of Death: DAVIDSON	
9. Marital Status: NEVER MARRIED	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation: SERVER		11b. Kind of Business/Industry: LOGANS STEAK HOUSE	
12. Social Security Number: -6221	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: ANTIOCH	
13d. Street and Number: 1320 RICE HILL CIRCLE		13e. Inside City Limits?: YES	13f. Zip Code: 37013	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: UNKNOWN		19. Mother's Name Prior to First Marriage: VANESSA JANE HALE			
20a. Informant's Name: QINTIN D. HALE	20b. Relationship to Decedent: BROTHER	20c. Mailing Address: 356 LEO LANE, NASHVILLE, TN 37211			
21a. Method of Disposition: CREMATION	21b. Place of Disposition: HIGHLAND HILLS FUNERAL HOME &	21c. Location: NASHVILLE, TN			
22a. Signature of Funeral Director: ▶ /e/ GEORGE M BAKER JR	22b. License Number: 4695	22c. Signature of Embalmer: ▶		22d. License Number	
23a. Name and Address of Funeral Home: HIGHLAND HILLS FUNERAL HOME AND CREMATORY, 2422 BRICK CHURCH PIKE, NASHVILLE, TN 37207-4406					
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III				24b. License Number: 1258	
26. Certifier		25. Date Filed: 01/12/2021			

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/ EMILY DENNISON, M.D.	27b. License Number: 53219	27c. Date Signed: 01/06/2021
27d. Name and Address: EMILY DENNISON, M.D. 850 R.S. GASS BLVD, NASHVILLE, TN 37216		

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. PENDING	
	b.	
	c.	
	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?

30. Manner of Death: PENDING INVESTIGATION	31. Did Tobacco Use Contribute to Death?	32. If Female:	29b. Were Autopsy Findings Available to Complete the Cause of Death?	
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-1650E

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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 certificate. Reproduction of this document is prohibited.

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

1 2 6 9 2 9 3 8

Edward G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

Date Issued: Jan 13, 2021

CERTIFICATION OF VITAL RECORD