Karen Johnson Davidson County
Batch# 808058 AFFIDAVITH
02/18/2022 08:48:25 AM 3 pgs
Fees: $17.00 Taxes: $0.00
20220218-0018911

THIS INSTRUMENT PREPARED BY:
Martin Heller Potempa & Sheppard
1935 21st Avenue South, Ste 100
Nashville, Tennessee 37212
(615) 800-7096

ASHLEY CHIARIZZIO
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY
My Commission Expires Nov 6, 2024

An independent title search was not conducted in the preparation of this Affidavit. All information was provided by the Affiant.

STATE OF TENNESSE
COUNTY OF DAVIDS

The actual consideration for this transfer is: $0.00

Milam Craig Lafon

MILAM CRAIG LAFON

Subscribed and sworn to before me, this 10 day of February 2022.

A Chiarizzio

NOTARY PUBLIC

My Commission Expires: 11/06/2024

Address New Owner:	**Send Tax Bills To:**	**Tax Information:**
Margaret Ann Counce 2916 Dunmore Drive Nashville, TN 37214	New Owner	09610020500

AFFIDAVIT OF HEIRSHIP

1. My name is Milam Craig Lafon ("Affiant"). I am an adult resident of the State of Tennessee. I am competent to give the testimony in this sworn Affidavit, and my testimony herein is based upon my personal knowledge.

2. I was a neighbor to Margaret W. Johnson ("Decedent") and lived across the street from her home for my entire life. I have known Decedent and her family for over Fifty (50) years.

3 Decedent died intestate on **January 5, 2012,** as a resident of Davidson County, Tennessee. A copy of her death certificate is attached hereto as **Exhibit 1**. The Decedent did not have an estate that necessitated probate.

3. Decedent owned a certain parcel of improved real property at the time of death, which is located at **2916 Dunmore Drive, Nashville, TN 37214** (the "Property") and more fully and particularly described as follows:

Land in Davidson County, Tennessee, being Lot No. 373 on Map of Cloverhill, Section No. VII as of record in Book 2133, Page 92, Register's Office for Davidson County, Tennessee.

Said Lot No. 373 fronts 65 feet on the north side of Dunmore Drive, and extends back 149.1 feet on the west line and 146.7 feet on the east line to a dead line in the rear on which it measures 75 feet.

Being the same property conveyed to Margaret W. Johnson, unmarried, by Marcus T. Amos, and Wife Frances L. Amos via warranty deed of record in Book 3855, Page 88, Register's Office for Davidson County, Tennessee.

5. Decedent died unmarried and without a will. Decedent had only one child, Margaret Ann Counce. Margaret Ann Counce is Decedent's sole heir-at-law pursuant to Tenn. Code Ann. § 31-2-104.

7. Pursuant to Tenn. Code Ann. § 31-2-103, Decedent's interest in the Property vested in Margaret Ann Counce immediately upon death of the Decedent in fee simple absolute. As of the filing of this Affidavit, ownership of the Property remains vested as follows:

Margaret Ann Counce – 100%

FURTHER AFFIANT SAYETH NOT.

SWORN this 10 **day of** February **2022.**

MILAM CRAIG LAFON

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Now having first been sworn, the above-named Milam Craig Lafon, Affiant, appeared before me and proved his identity to me by a government issued photograph identification card, and gave the testimony in this Affidavit for the purpose(s) stated herein.

Sworn to and subscribed before me, the undersigned Notary Public, this 10 day of February 2022.

Notary Public

My commission expires: 11/06/2024

ASHLEY CHIARIZZIO
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY
My Commission Expires Nov 6, 2024

STATE OF TENNESSEE
Office of Vital Records

1200114

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Margaret Johnson
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): January 5, 2012
4. TIME OF DEATH (Approx.)
5a. AGE-Last Birthday (Years): 90
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): April 10, 1921
7. BIRTHPLACE (City and State or Foreign Country): McMinnville, TN

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
8. DEATH OCCURRED IN A HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: [ ] Hospice facility [ ] Nursing home/Long term care facility [ ] Decedent's home [ ] Other residence [ ] Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): Summit Medical Center
8c. CITY OR TOWN: Hermitage
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS: [ ] Married [ ] Married, but separated [X] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: Administration
11b. KIND OF BUSINESS/INDUSTRY: Engineering
12. SOCIAL SECURITY NUMBER: 408-24-8604
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 2916 Dunmore Drive
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37214
14. WAS DECEDENT EVER IN US ARMED FORCES? [ ] Yes [X] No

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
[ ] 8th grade or less
[ ] 9th – 12th grade; no diploma
[ ] High school graduate or GED completed
[ ] Some college credit, but no degree
[X] Associate degree (e.g., AA, AS)
[ ] Bachelor's degree (e.g., BA, AB, BS)
[ ] Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
[ ] Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
[ ] Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
[X] No, not Spanish/Hispanic/Latino
[ ] Yes, Mexican, Mexican American, Chicano
[ ] Yes, Puerto Rican
[ ] Yes, Cuban
[ ] Yes, other Spanish/Hispanic/Latino (Specify)
[ ] Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
[X] White
[ ] Black or African American
[ ] American Indian or Alaska Native (Name of the enrolled or principal tribe)
[ ] Asian Indian
[ ] Chinese
[ ] Filipino
[ ] Japanese
[ ] Korean
[ ] Vietnamese
[ ] Other Asian (Specify)
[ ] Native Hawaiian
[ ] Guamanian or Chamorro
[ ] Samoan
[ ] Other Pacific Islander (Specify)
[ ] Other (Specify)
[ ] Unknown

PARENTS

18. FATHER'S NAME (First, Middle, Last): John B. Wilson
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Pearl Maxwell

DISPOSITION

20a. INFORMANT'S NAME: Ann Counce
20b. RELATIONSHIP TO DECEDENT: daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 619 Gallwood Ln, Nashville, TN 37214
21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Mount Olivet Cemetery
21c. LOCATION - City or Town and State: Nashville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: John H. Smith II
22b. LICENSE NUMBER: 6422
22c. SIGNATURE OF EMBALMER
22d. LICENSE NUMBER
23a. NAME AND ADDRESS OF FUNERAL HOME: Mount Olivet Funeral Home, 1101 Lebanon Rd, Nashville, TN 37210
23b. LICENSE NUMBER OF FUNERAL HOME: 970

REGISTRAR

24. REGISTRAR'S SIGNATURE
25. DATE FILED (Month, Day, Year): January 12, 2012

CERTIFIER

26. CERTIFIER (Check only one):
[X] 26a. PHYSICIAN - To the best of my knowledge, death occurred at the date 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, 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. SIGNATURE OF CERTIFIER
27b. LICENSE NUMBER: MD 26797
27c. DATE SIGNED (Month, Day, Year): January 10, 2012
27d. NAME AND ADDRESS

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.

		Approximate Interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Coronary Artery Disease	years
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	Due to (or as a consequence of): b. Hypertension	years
	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.
Atrial fibrillation. Hypothyroidism.

29a. WAS AN AUTOPSY PERFORMED? [ ] Yes [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [X] No

30. MANNER OF DEATH: [X] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [X] No [ ] Unknown
32. IF FEMALE: [X] Not pregnant within past year [ ] Pregnant at time of death [ ] Not pregnant, but pregnant within 42 days of death [ ] Not pregnant, but pregnant 43 days to 1 year before death [ ] Unknown if pregnant within the past year

33. IF TRANSPORTATION INJURY, SPECIFY: [ ] Driver/Operator [ ] Passenger [ ] Pedestrian [ ] Other (Specify)
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? [ ] Yes [ ] No
34d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

PH-1659 (Rev. 10/2011)

RDA 1399

5088181

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.

JAN 12 2012

Teresa S. Hendricks
STATE REGISTRAR

Jonya Y. Foreman
Jonya Y. Foreman, Local Registrar
Davidson County, Tennessee

Date

CERTIFICATION OF VITAL RECORD

EXHIBIT
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THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796 1936

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE