THIS INSTRUMENT WAS PREPARED BY:
AND AFTER RECORDING RETURN TO:

Lesley R. Smith, Esq.
City House Title PLLC
414 Bridge Street
Franklin, TN 37064

Karen Johnson Davidson County
Batch# 823392 AFFIDAVITH
03/16/2022 01:38:30 PM 10 pgs
Fees: $52.00 Taxes: $0.00
20220316-0030809

AFFIDAVIT OF HEIRSHIP

State of Tennessee)

County of Williamson)

Jerrold Smith ("Affiant") being duly sworn upon oath, states:

1. That the Affiant resides at 5801 Seven Points Trace, Hermitage, TN 37076.

2. That the Affiant has known the decedent and his family for approximately 30 years.

3. That the Decedent died intestate on August 19, 2017, Davidson County, Tennessee and was unmarried at the time of his death. See Death Certificate attached as Exhibit "A".

4. That the Decedent died owning an interest in the property commonly known as 4110 Timothy Drive, Nashville, TN 37218, Map/Parcel-058-00-0-125.00, in deed of record in Book 4590, Page 524, Registers Office for Davidson County, Tennessee. See copy of deed attached as Exhibit "B".

5. That the Decedent was married to Mary F. Holland, who predeceased him on September 14, 1998. The Decedent was vested with title as the surviving tenant by the entirety.

6. That the following children and no others were born to or adopted by the Decedent: Terrilyn Annette Harris, Wanda Fay Ward, Sandra Kay Driver, Sherry Gay Pittman, and Vincent Terrance Holland.

7. That all expenses of final illness and/or funeral expenses have been paid in full.

8. That there was no Federal Estate Tax due on the estate of Otis Henry Holland, Jr.

9. The release from Tennessee TennCare has been obtained. A copy is attached as Exhibit "C".

10. That the Affiant understands that this Affidavit has been executed, as an Affidavit of Heirship, pursuant to the provisions of Tennessee Code Annotated 30-2-712, in order to confirm the vesting of title to the real property located at 4110 Timothy Drive, Nashville, TN 37218 and to induce Fidelity National Title Insurance Company (Fidelity) to issue its

policy of title commitment number 2021-802 and with knowledge that Fidelity will rely on the representations made and contained herein to insure title.

WITNESS my hand this 25 day of February, 2022.

FURTHER AFFIANT SAITH NOT.

Jerrold Smith, Affiant

Sworn to and subscribed before me, the undersigned, this 25th day of February 2022.

MARY CLIFTON STATE OF TENNESSEE NOTARY PUBLIC WILLIAMSON COUNTY

Notary Public Mary Clifton
My commission expires:

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

On this 25th day of February, 2022, before me personally appeared Jerrold Smith, to me known to be the person (or persons) described in and who executed the foregoing instrument, and acknowledged that such person (or persons) executed the same as such person's (or persons') free act and deed.

Witness my hand, at office, this 25th day of February, 2022.

Notary Signature Mary Clifton
My commission expires: 10/26/25

MARY CLIFTON STATE OF TENNESSEE NOTARY PUBLIC WILLIAMSON COUNTY

Exhibit "A"

(Death Certificate)

202203160030809

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Otis Henry Holland, Jr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): August 19, 2017
4. TIME OF DEATH (Approx.): 2:17 Clo
5a. AGE-Last Birthday (Years): 88
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): October 24, 1928
7. BIRTHPLACE (City and State or Foreign Country): Springfield, Tennessee

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)

If DEATH OCCURRED IN A HOSPITAL: ☐ 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): Alive Hospice Residence
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS: ☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: Self Employed
11b. KIND OF BUSINESS/INDUSTRY: Carpet Business
12. SOCIAL SECURITY NUMBER: 1972
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 4010 Timothy Drive
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37218
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ 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
☐ 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)
☒ 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)
☐ 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): Otis Henry Holland Sr.
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Mattie

DISPOSITION

20a. INFORMANT'S NAME: Terrilyn Harris
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 521 Roosevelt Ave., Madison, Tn. 37115
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Ever Rest Cemetery
21c. LOCATION - City or Town and State: Pleasant View, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Byrettia L. Broady
22b. LICENSE NUMBER: 5130
22c. SIGNATURE OF EMBALMER: ▶ Terrell Broady
22d. LICENSE NUMBER: 4117
23a. NAME AND ADDRESS OF FUNERAL HOME: Terrell Broady Funeral Home, Inc., 3855 Clarksville Pike, Nashville, Tn. 37218
23b. LICENSE NUMBER OF FUNERAL HOME: 1137

4

REGISTRAR

24. REGISTRAR'S SIGNATURE ▶
25. DATE FILED (Month, Day, Year): 8/23/17

CERTIFIER

26. CERTIFIER (Check only one):
25a. ☒ 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: ▶ R Berkompas MD
27b. LICENSE NUMBER: 17891
27c. DATE SIGNED (Month, Day, Year): 8/23/17
27d. NAME AND ADDRESS: Robert Berkompas, M.D. 1718 Patterson Street, Nashville, TN 37203

MEDICAL CERTIFICATION

28. PART I. Enter the chain of events (diseases, injuries and 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. Prostate Cancer	
	Due to (or as a consequence of)	
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	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? ☐ Yes ☒ No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No

30. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown
32. IF FEMALE: ☐ 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

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09486653

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.

AUG 23 2017

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

Lori B. Ferranti, PhD, MSN, MBA, RN
State Registrar/Asst. Commissioner

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

0 9 4 8 6 6 5 3
Date Issued

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

DEPARTMENT OF HEALTH AGRICULTURE TENNESSEE

CERTIFICATION OF VITAL RECORD

202203160030809

Exhibit "B"

(Book 4590, Page 524)

202203160030809

This Form furnished by Attorneys Title Company, Inc. This Instrument Was Prepared By [illegible] Form No. WD-2

FROM
JOE L. PARDUE AND WIFE, THELMA PARDUE

For draftsman's use

TO
OTIS H. HOLLAND AND WIFE
MARY F. HOLLAND

BOOK 4590 PAGE 524

ADDRESS NEW OWNER (S) AS FOLLOWS:	SEND TAX BILLS TO:	MAP, PARCEL NUMBERS
Otis H. Holland et ux (NAME)	Fidelity Federal Savings & Loan Association of Nashville	Map 58
507 Timothy Road (STREET ADDRESS OR ROUTE NUMBER)	401 Union (STREET ADDRESS)	Pcl. 125
Nashville, Tenn. 37218 (CITY) (STATE) (P. O. ZIP)	Nashville, Tennessee 37219 (CITY) (STATE) (ZIP)	

(FOR REGISTER'S USE)

IDENTIF. REFERENCE T

APR 6 3 41 PM '72

FELIX Z. WILSON JR REGISTER DAVIDSON COUNTY, TENN.

B 5486 6

STATE OF TENNESSEE
COUNTY OF DAVIDSON

THE ACTUAL CONSIDERATION OR VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS

$ 16,000.00 Otis H. Holland
Affiant

SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE 5th DAY OF April, 1972

Notary Public

MY COMMISSION EXPIRES: Jan. 21, 1976

(AFFIX SEAL)

For and in Consideration of the sum of TEN AND NO/100 ($10.00) DOLLARS cash in hand paid by OTIS H. HOLLAND AND WIFE MARY F. HOLLAND, the receipt of which is hereby acknowledged, and other good and valuable consideration,

we, JOE L. PARDUE AND WIFE, THELMA PARDUE

have bargained and sold, and by these presents do transfer and convey unto the said OTIS H. HOLLAND AND WIFE MARY F. HOLLAND, their heirs and assigns, a certain tract or parcel of land in Davidson County, State of Tennessee, described as follows, to wit:

Land in the 13th, formerly the 23rd, Civil District of said County, being part of lot No. 2 on the Plan of the lands of W. J. Drake, deceased, as of record in Minute Book "J" pages 396 and 397, County Court for said County, described according to a survey made by Geo. W. Watkins, Surveyor, July 30, 1953, as follows:

Beginning on the easterly margin of Timothy Road, dedicated by instrument of record in book 2701, page 591, Register's Office for said County, being the southwest corner of property conveyed to Joe L. Pardue and wife by deed from E. B. Walton and wife of record in book 2803, page 17, Register's Office for said County; thence, with Pardue's southerly line, easterly 225 feet, more or less, to the westerly line of the Rowan property, being Pardue's southeast corner; thence, with the line of Rowan property, south 0° 30' west 50 feet to a stake in fence line; thence, with old fence line, westerly 220 feet, more or less, to the easterly margin of Timothy Road; thence with said Road north 4° 50' west 50 feet to the beginning.

Being property conveyed to Joe L. Pardue and wife, Thelma Pardue by deed from E. B. Walton and wife Effie K. Walton, of record in Book 2857, page 77, Register's Office for Davidson County, Tennessee

202203160030809

BOOK 4590 PAGE 525

MD-2

This is improved ( ) unimproved (X) property, known as 507 Timothy Road (House Number) (Street) Nashville, Tennessee 37218 P. O. Address (City or Town) (Postal Zone)

To Have and to Hold the said tract or parcel of land, with the appurtenances, estate, title and interest thereto belonging to the said . OTIS H. HOLLAND AND WIFE MARY F. HOLLAND, their heirs and assigns, forever.

And we do covenant with the said Otis H. Holland and wife Mary F. Holland, that we are lawfully seized and possessed of said land in fee simple; have a good right to convey it, and the same is unencumbered.

And we, Joe L. Pardue and wife Thelma L. Pardue, do further covenant and bind myself, my heirs and representatives, to warrant and forever defend the title to the said land to the said Joe L. Pardue and wife, Thelma Pardue, their heirs and assigns against the lawful claims of all persons whomsoever.

Witness our hand S this 5th day of April 72

Joe L Pardue

Thelma L. Pardue

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, Marker T. Billingsley, Jr., a Notary Public in and for said County and State, the within named Joe L. Pardue and wife Thelma L. Pardue the bargainor, with whom I am personally acquainted, and who acknowledged that they executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville Tennessee, this 5th day of April, 1972

Marker T. Billingsley, Jr., Notary Public.

Commission expires Jan. 24, 1976

APR-6TH CONV 16,000.00
STATE OF TENNESSEE APR-6TH TAX A* $11.60
COUNTY OF DAVIDSON APR-6TH PREFEE A* .50
APR-6TH RECEIV A* 1.00

Before me, Notary Public in and for said State and County aforesaid, personally appeared with whom I am personally acquainted, and who, upon oath, acknowledged self to be of the the within named bargainor, a corporation, and that he as such being authorized so to do, executed the foregoing instrument for the purpose therein contained, by signing the name of the corporation by self as

Witness my hand and seal, at office in this day of , 19 .

, Notary Public.

Commission expires

202203160030809

Exhibit "C"

(Release from Tennessee TennCare)

TN Division of TennCare

RFR PROCESSING UNIT
310 GREAT CIRCLE RD., 3W
NASHVILLE, TN 37243
Phone: (615) 741-0636, Fax (615) 413-1941
Email: RFR.TENNCARE@TN.GOV

February 16, 2022

Terrilyn Annette Harris
521 Roosevelt Ave
Madison, TN 37115

RE: Holland, Jr., Otis Henry Date of Death: 8/19/2017 SSN: xxx-xx-1972
Our File Number: 56905

Terrilyn Annette Harris:

The referenced decedent did not receive TennCare Long-Term Services and Supports. Therefore, the State of Tennessee hereby releases the TennCare claim against this estate pursuant to Tenn. Code Ann. § 71-5-116(c)(2). This release is not a waiver of the right of the State of Tennessee to pursue criminal or civil penalties if fraud or abuse is found to exist pursuant to Tenn. Code Ann. § 71-5-2601, et seq.

This document is only relevant to TennCare's claim against the Decedent's probate estate. It does not apply to any Special Needs Trusts, Pooled Special Needs Trust, Qualified Income Trusts, or any other type of trust that contains a Medicaid payback provision. If you need a payoff for this type of trust, you must contact TennCare at 844-629-0941, 2 at prompt, or via email at estate.recovery@tn.gov. Please provide the Decedent's death certificate and copy of the trust when making such a request.

Sincerely,

Joan Jackson
TennCare RFR Processing Unit

I, the undersigned, do hereby make oath that I am a licensed attorney and/or the custodian of the original version of the electronic attached document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to the law, this 25th day of February, 2022.

Quin Evans Segall

02/25/2022
DATE

State of Tennessee)
County of Williamson)

Personally appeared before me, the undersigned, a Notary Public for this county and state, Quin Evans Segall who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed this 25th day of February, 2022.

My Commission Expires: 5/2/22

Notary Public

DEE RAY
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON
MY COMMISSION EXPIRES MAY 02, 2022