Karen Johnson Davidson County
Batch# 875913 AFFIDAVITH
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Fees: $17.00 Taxes: $0.00
20220622-0071335

This instrument was prepared by:
PATRICK KEITH McCREARY [name]
711 RACHELS TRAIL [street or postal address]
HERMITAGE, TN 37076 [city, state, zip code]

GRANTEE(S): PATRICK KEITH McCREARY [names]

SEND TAX NOTICES TO: 711 RACHELS TRAIL HERMITAGE, TN 37076
[postal address, city, state, zip code]

MAP PARCEL NUMBER: 163 04 0A 125.00

AFFIDAVIT OF HEIRSHIP

Tennessee Code Annotated § 30-2-712.

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The undersigned, being duly sworn, deposes and says:

1. My full name is PATRICK KEITH McCREARY. I will refer to myself in this Affidavit as the Affiant.

2. I reside at 711 RACHELS TRAIL HERMITAGE, TN 37076. [*street address, city, state, zip code*]

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

4. On 10-10-2021 [*date of death*], HARRIET DOTSON McCREARY SMITH [*full name of decedent*] died at ALIVE HOSPICE, 1710 PATTERSON ST. NASHVILLE, TN 37203 [*place of death*]. I will refer to this person as the Decedent.

5. The real property to which this Affidavit applies is located at 3001 HAMILTON CHURCH ROAD, UNIT 125 ANTIOCH, TN 37013 [*address*] in DAVIDSON County, Tennessee, more fully described as: [*complete legal description*]

For prior title, see Book _____ [*number*], Page _____ [*number*] in the Register's Office of _____ County, Tennessee.

6. At the time of the Decedent's death, the Decedent resided at 3001 HAMILTON CHURCH ROAD UNIT 125 ANTIOCH, TN 37013. [*street address, city, state, zip code*]

7. The estate of the Decedent ….. [*select one*]
   - ☐ Was not administered in a proceeding supervised by a court.
   - ☐ Was administered in a proceeding supervised by a court in _____ [*county and state*] in the _____ [*court*] in case no. _____.

8. Facts concerning my relationship to the Decedent are: MOTHER

9. Additional facts pertinent to determine who is legally entitled to the estate of the Decedent at the time of the Decedent's death are: NONE. I AM HER ONLY CHILD.

Affiant

Sworn to and subscribed before me this 21st day of June, 2022.

My Commission expires:

Notary Public

ADRIANN M. HOLBERT
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires JAN. 6, 2024

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2021 073523

1. Decedent's Legal Name: HARRIET PATRICIA DOTSON MCCREARY SMITH		2. Sex: FEMALE	3. Date of Death: 10/10/2021
4. Time of Death (Approx): 21:40	5a. Age: 75	6. Date of Birth: 12/20/1945	7. Birthplace: NASHVILLE, TN
8a. Place of Death: HOSPICE FACILITY			
8b. Facility Name: ALIVE HOSPICE	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: CIVIL SERVANT	11b. Kind of Business/Industry: NES
12. Social Security Number: 4699	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON	13c. City or Town: ANTIOCH
13d. Street and Number: 3001 HAMILTON CHURCH ROAD UNIT 125	13e. Inside City Limits?: YES	13f. Zip Code: 37013	14. Was Decedent ever in US Armed Forces?: NO
15. Decedent's Education: BACHELOR'S DEGREE	16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO	17. Decedent's Race: BLACK OR AFRICAN AMERICAN, OTHER (MULATTO)	
18. Father's Name: EUGENE THOMAS DOTSON		19. Mother's Name Prior to First Marriage: DOROTHEA ELIZABETH WILLIAMS	
20a. Informant's Name: PATRICK MCCREARY	20b. Relationship to Decedent: SON	20c. Mailing Address: 711 RACHELS TRAIL, HERMITAGE, TN 37075	
21a. Method of Disposition: BURIAL	21b. Place of Disposition: MT OLIVET CEMETERY	21c. Location: NASHVILLE, TN	
22a. Signature of Funeral Director: ▶ /e/ TONYA SCALES HAYNES	22b. License Number: 5681	22c. Signature of Embalmer: ▶ /e/ John Roy Taylor Jr.	22d. License Number: 4202
23a. Name and Address of Funeral Home: NEW GENERATION FUNERAL HOME, 2930 MURFREESBORO PIKE, ANTIOCH, TN 37013-2226			23b. License Number: 1217
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III		25. Date Filed: 10/20/2021	

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/ DAVID MCRAY	27b. License Number: 19791	27c. Date Signed: 10/15/2021
27d. Name and Address: DAVID MCRAY, 1718 PATTERSON STREET, NASHVILLE, TN 37203		

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. ADENOCARCINOMA OF THE LUNG WITH METASTASES	MONTHS
	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?: 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: 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

RH-1659E RDA 10112

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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 certification. Reproduction of this document is prohibited.

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

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Edward G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

Date Issued: Oct 21 2021

CERTIFICATION OF VITAL RECORD