Karen Johnson Davidson County
Batch# 893122 AFFIDAVITH
07/25/2022 11:15:35 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20220725-0084639

This Instrument Prepared By and Return To:
Martin Heller Potempa & Sheppard, PLLC
1935 21st Avenue South, Ste. 100
Nashville, TN 37212

AFFIDAVIT OF HEIRSHIP

I, **Nathan Lee Smith**, hereinafter referred to as Affiant, being first duly sworn, make oath as follows:

1. That Affiant presently resides at the following address: 8828 Franklin Pike, Meadville, PA 16335.

2. That Affiant personally knew **Wanda Smith Pittman** ("Decedent") for 65 years and has personal knowledge of the family of the Decedent.

3. That Decedent died intestate on November 19, 2021, her estate was not, and will not be opened for probate administration, and she was at that time, a resident of Davidson County, State of Tennessee. See Decedent's Death Certificate attached as **Exhibit A**.

4. That Affiant is aware that Decedent owned certain real estate in **Davidson** County, Tennessee at the time of her death, located at **330 Keeton Ave, Old Hickory Tennessee 37138**, Map/Parcel **04405003700,** and more specifically known as:

> Land in Davidson County, Tennessee, being the southeasterly 71 feet of the northwesterly 88 feet or Lot No. 53 on the unrecorded Map of Scenic View and being designated as lot "BB" on a map of a resubdivision of certain lots in said Subdivision, and described according to a copy of a survey thereof made by James L. Murphy, Jr., Surveyor, June 2, 1959, as follows:
>
> Beginning at a point in the southwesterly margin of Keeton Avenue, 13 feet northwest from the corner of Lots Nos. 53 and 54; said point being 892.2 feet northwest from a concrete monument set at the beginning of a curve into Hillman Place; thence southwesterly, parallel to the line between Lots Nos. 53 and 54, south 43 degrees 59' east parallel to the line between Lots nos. 52 and 53, 165 feet to the margin of Keeton Avenue; thence with the margin of the same, south 46 degrees 10' east 71 feet to the point of beginning.
>
> Being the same property conveyed to James T. Pittman, Sr. and wife, Wanda M. Pittman by Warranty Deed from Edward Ray Ward and wife, Sarah Waide Ward of record in Book 10534, Page 763, Register's Office for Davidson County, Tennessee.

5. Decedent was predeceased by her husband, James T. Pittman, Sr. on July 23, 2017, and she never remarried during her lifetime. See James T. Pittman, Sr.'s Death Certificate attached as **Exhibit B**.

6. That the following persons are the only children born to or adopted by Decedent during her lifetime: **James Pittman, Jr.** and **Janel Pittman**.

7. Pursuant to Tennessee Code Annotated § 31-2-103, the property vested immediately upon the passing of Wanda Smith Pittman equally unto her sole

heirs-at-law, **James Pittman, Jr.** and **Janel Pittman**, and remains so vested today.

FURTHER AFFIANT SAITH NOT.

Nathan Lee Smith

Nathan Lee Smith, Affiant

STATE OF Pennsylvania
COUNTY OF Crawford

Before me, the undersigned, a Notary Public in and for the State and County aforesaid, personally appeared the within named Affiant, **Nathan Lee Smith**, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), who made oath that the statements contained in the foregoing affidavit are true of Affiant's own knowledge.

WITNESS my hand and official seal this the 11 day of July, 2022.

Notary Public
My Commission expires: 12/03/22

Commonwealth of Pennsylvania - Notary Seal
Cathy Calabris, Notary Public
Crawford County
My commission expires December 3, 2022
Commission number 1021852
Member, Pennsylvania Association of Notaries

STATE OF TENNESSEE
Office of Vital Records

EXHIBIT A

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2021 082050

1. Decedent's Legal Name: WANDA M PITTMAN		2. Sex: FEMALE	3. Date of Death: 11/19/2021
4. Time of Death (Approx.): 04:19 PM	5a. Age: 74	6. Date of Birth: 08/07/1947	7. Birthplace: CLEVELAND, OH
8a. Place of Death: HOSPICE FACILITY			
8b. Facility Name: THE RESIDENCE/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: SECRETARY	11b. Kind of Business/Industry: BOARD OF EDUCATION
12. Social Security Number: 2636	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON	13c. City or Town: OLD HICKORY
13d. Street and Number: 330 KEETON AVENUE		13e. Inside City Limits?: YES	13f. Zip Code: 37138
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: WHITE	
18. Father's Name: CLARENCE JASON SMITH		19. Mother's Name Prior to First Marriage: BETTY LOUISE CADLE	
20a. Informant's Name: JANEL PITTMAN	20b. Relationship to Decedent: DAUGHTER	20c. Mailing Address: P O. BOX 342, WHITES CREEK, TN 37189	
21a. Method of Disposition: BURIAL	21b. Place of Disposition: MIDDLE TENNESSEE STATE VETERANS	21c. Location: NASHVILLE, TN	
22a. Signature of Funeral Director: ▶ /e/ TERESA L EADS	22b. License Number: 6720	22c. Signature of Embalmer: ▶ /e/ Nathaniel James Holman	22d. License Number: 5975
23a. Name and Address of Funeral Home: CHEATHAM COUNTY FUNERAL HOME. 117 ELIZABETH STREET, ASHLAND CITY, TN 37015			23b. License Number: 1006
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III		25. Date Filed: 11/22/2021	

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/ LAURA THARPE	27b. License Number: 048448	27c. Date Signed: 11/22/2021
27d. Name and Address: LAURA THARPE 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. ACUTE RENAL FAILURE	
	b. TYPE 2 DIABETES MELLITUS	
	c.	
	d.	

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: ATHEROSCLEROTIC CARDIOVASCULAR 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?: YES	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 10012

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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

1 3 7 5 2 5 0 8

Edward G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

Date Issued: Nov 22 2021

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

EXHIBIT B

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): James Thomas Pittman, Sr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): July 23, 2017
4. TIME OF DEATH (Approx.):
5a. AGE-Last Birthday (Years): 71
5b. UNDER 1 YEAR – Months / Days:
5c. UNDER 1 DAY – Hours / Minutes:
6. DATE OF BIRTH (Month, Day, Year): July 18, 1946
7. BIRTHPLACE (City and State or Foreign Country): Brooklyn, West Virginia

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): Signature HealthCare in Bordeaux
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): Wanda Smith
11a. DECEDENT'S USUAL OCCUPATION: construction foreman
11b. KIND OF BUSINESS/INDUSTRY: Construction
12. SOCIAL SECURITY NUMBER: -4618
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Old Hickory
13d. STREET AND NUMBER: 330 Keeton Avenue
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37138
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): William Daniel Pittman
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Grace A. Waugh

DISPOSITION

20a. INFORMANT'S NAME: Wanda Pittman
20b. RELATIONSHIP TO DECEDENT: spouse
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 330 Keeton Ave, Old Hickory, TN 37138
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Middle Tenn Veterans Cemetery
21c. LOCATION - City or Town and State: Nashville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Teresa L. Eads
22b. LICENSE NUMBER: 6720
22c. SIGNATURE OF EMBALMER: ▶ A.E. Knight III
22d. LICENSE NUMBER: 4934
23a. NAME AND ADDRESS OF FUNERAL HOME: Cheatham County Funeral Home, 117 Elizabeth St., Ashland City, TN 37015
23b. LICENSE NUMBER OF FUNERAL HOME: 1006

3VA

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Dejuan Chamley OR
25. DATE FILED (Month, Day, Year): 7/27/17

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

25. CERTIFIER (Check only one)
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.
27a. SIGNATURE OF CERTIFIER: ▶ HD
27b. LICENSE NUMBER: TN-38702
27c. DATE SIGNED (Month, Day, Year): 7-27-17
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. Acute on ch. Diastolic CHF	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. Chronic kidney Disease	years
	Due to (or as a consequence of): c. DM type 2 c neuropathy & nephropathy	years
	Due to (or as a consequence of): d. Obstructive sleep apnea	years

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-1559 (Rev. 10/2011)

RDA 1399

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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.

JUL 27 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 3 2 1 3 3 0
Date Issued

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CERTIFICATION OF VITAL RECORD