This Instrument Prepared By:

Andrea P. Perry
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511 Union Street, Suite 1000
Nashville, Tennessee 37219

Karen Johnson Davidson County
Batch# 901258 AFFIDAVITH
08/09/2022 03:53:30 PM 5 pgs
Fees: $27.00 Taxes: $0.00
20220809-0090711

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Comes the affiant, Chinita Hudson White, being first duly sworn according to law, pursuant to Section 30-2-712 of the Tennessee Code Annotated, hereby swears to the following of her own free will and based upon her personal knowledge and familiarity:

1. Flake T. Hudson II (the "decedent"), a resident of Davidson County, Tennessee, died intestate on May 3, 2022 as evidenced by a copy of his death certificate attached as Exhibit A.

2. The decedent was married to Ayana Hudson at the time of his death.

3. To the best of affiant's knowledge, decedent did not receive any benefits from the Bureau of Tenncare or any other state assistance for nursing facility services and/or home and community based services.

4. The decedent died leaving his wife, Ayana Hudson and the only children born to him – his daughter, Karrington Hudson and his son, Flake Hudson III - as his only heirs-at-law.

5. This affidavit of heirship is given for general purposes, and specifically to confirm the vesting of title in the heirs at law of a certain tract or parcel of real property known as 3204 Sailmist Point, Antioch, Davidson County, Tennessee, as more particularly described as follows (the "Property"):

   Land in Davidson County, Tennessee, being Lot No. 38 on the Plan of Windhaven Shores, Section 2 of record in Instrument No. 20031210-0176853, Register's Office for said County, to which reference is made for a more complete description.

   Being the same property conveyed to Flake T. Hudson, by deed of record in Instrument No. 20050531-0061248, Register's Office for Davidson County, Tennessee. Flake T. Hudson died on or about May 3, 2022,

leaving Ayana Hudson, Flake Hudson III and Karrington Hudson as his only heirs at law.

Further, affiant saith not.

Dated this 19th day of July, 2022.

AFFIANT:

Clinita Hudson White

202208090090711

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 Chinita Hudson White, the within named affiant, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person described in the foregoing, who signed, sealed and delivered the foregoing instrument in my presence, and who, upon oath, acknowledged that she executed the foregoing instrument for the purposes therein contained as her own 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 19th day of July, 2022.

Kimberly Northern
Notary Public

My commission expires: March 2024

Subscribed and sworn to before me this 19th day of July 2022
Kimberly Northern
Kimberly Northern, Notary Public
My Comm. Expires March 6, 2024

KIMBERLY NORTHERN
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.

CERTIFICATE OF AUTHENTICITY

SpencerFane
Bone McAllester

I, Andrea Perry, do hereby make oath that I am a licensed attorney and/or the custodian of the original version of the electronic document tendered for registration herewith and that this electronic document is a true and exact copy of the original document executed and authenticated according to law on July 19, 2022 (date of document).

Affiant Signature

8/9/2022
Date

STATE OF TENNESSEE

COUNTY OF DAVIDSON

Sworn to and subscribed before me this 9th day of August, 2022

Natalina D. Eckerman
Notary's Signature

My Commission Expires: September 6, 2022

NATALINA D. ECKERMAN
TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2022 032546

1. Decedent's Legal Name			2. Sex	3. Date of Death
FLAKE THOMAS HUDSON II			MALE	05/03/2022
4. Time of Death (Actual)	5a. Age	6. Date of Birth	7. Birthplace	
04:38	45	03/29/1977	JACKSON, TN	

8a. Place of Death
ER/OUTPATIENT

8b. Facility Name	8c. City or Town	8d. County of Death
STONE CREST MEDICAL CENTER	SMYRNA	RUTHERFORD

9. Marital Status	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation	11b. Kind of Business/Industry
MARRIED	AYANA BEAVERS	FINANCE OFFICER 3	METRO GOV. OF NASHVILLE

12. Social Security Number	13a. Residence-State or Foreign Country	13b. County	13c. City or Town
3565	TENNESSEE	DAVIDSON	ANTIOCH

13d. Street and Number	13e. Inside City Limits?	13f. Zip Code	14. Was Decedent ever in US Armed Forces?
3204 SAILMIST POINT	YES	37013	NO

15. Decedent's Education	16. Decedent of Hispanic Origin?	17. Decedent's Race
MASTER'S DEGREE	NO, NOT SPANISH/HISPANIC/LATINO	BLACK OR AFRICAN AMERICAN

18. Father's Name	19. Mother's Name Prior to First Marriage
FLAKE THOMAS HUDSON SR	LINDA FAYE DAVIS

20a. Informant's Name	20b. Relationship to Decedent	20c. Mailing Address
AYANA HUDSON	WIFE	3204 SAILMIST POINT, ANTIOCH, TN 37013

21a. Method of Disposition	21b. Place of Disposition	21c. Location
BURIAL	CHRIST CHURCH MEMORIAL GARDENS	NASHVILLE, TN

22a. Signature of Funeral Director	22b. License Number	22c. Signature of Embalmer	22d. License Number
▶ /s/ JEFFREY RUTLEDGE	16216	▶ /s/ JOHN ROY TAYLOR JR.	4202

23a. Name and Address of Funeral Home	23b. License Number
NEW GENERATION FUNERAL HOME, 2909 MURFREESBORO PIKE, ANTIOCH, TN 37013-2226	1217

24. Registrar's Signature	25. Date Filed
▶ /s/ EDWARD G BISHOP III	05/12/2022

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	27b. License Number	27c. Date Signed
▶ /s/ LORRAINE MACDONALD	24607	05/11/2022

27d. Name and Address
LORRAINE MACDONALD, 510 W BURTON PO BOX 576, MURFREESBORO, TN 37133-0576

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 PROBABLE ACUTE MYOCARDIAL INFARCTION	
	b	
UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST	c	
	d	

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I

APICAL THROMBUS, REMOTE HISTORY OF DIABETES MELLITUS TYPE 2

29a. Was an Autopsy Performed?
NO

29b. Were Autopsy Findings Available to Complete the Cause of Death?

30. Manner of Death	31. Did Tobacco Use Contribute to Death?	32. If Female:
NATURAL	UNKNOWN	N/A

33. If Transportation Injury, Specify:	34b. 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 10117

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 securily paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

14265164

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

Edward G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

1 4 2 6 5 1 6 4
Date Issued: May-12-2022

CERTIFICATION OF VITAL RECORD

202208090090711