Karen Johnson Davidson County
Batch# 909397 AFFIDAVITH
08/29/2022 01:55:59 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20220829-0097318

This instrument was prepared by:
Charles W. Conaway [*name*]
1417 E. Sharpe Ave [*street or postal address*]
Nashville, TN. 37206 [*city, state, zip code*]

GRANTEE(S): Charles W. Conaway [*names*]

SEND TAX NOTICES TO: 1417 E. Sharpe Ave. Nashville, TN. 37206
[*postal address, city, state, zip code*]

MAP PARCEL NUMBER: _____

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 Charles Washington Conaway. I will refer to myself in this Affidavit as the Affiant.

2. I reside at 1417 E. Sharpe Ave Nashville, TN. 37206. [*street address, city, state, zip code*]

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

4. On 12/24/2017 [*date of death*], Norma Faye Conaway [*full name of decedent*] died at Skyline Hospital [*place of death*]. I will refer to this person as the Decedent.

5. The real property to which this Affidavit applies is located at 1417 E. Sharpe Ave. [*address*] in Davidson County, Tennessee, more fully described as: [*complete legal description*]
See Attached exhibit A

For prior title, see Book 4270 [*number*], Page 249 [*number*] in the Register's Office of _____ County, Tennessee.

6. At the time of the Decedent's death, the Decedent resided at 1417 E. Sharpe Ave Nashville, TN. 37206. [*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: Husband of Norma Conaway

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: Charles W. Conaway, Surviving Spouse

Charles W. Conaway
Affiant

Sworn to and subscribed before me this 29th day of August, 2022

My Commission expires: 01-08-2024

Notary Public

MIRZA ESTEBAN
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires 01-08-2024

EXHIBIT A

Exhibit A to the Mortgage made on **August 24, 2011**, by **Charles Washington Conaway and Norma F Conaway, husband and wife** ("Borrower") to **Urban Financial Group Inc.** ("Lender"). The Property is located in the county of **DAVIDSON**, state of **Tennessee**, described as follows:

Description of Property

Legal description attached hereto as exhibit "A" and by this reference made a part hereof

Being part of Lot 8 on the plan of the Martha Martin Lands in the old 18th Civil District of said county, of record in Book 161, page 101, Register's Office for Davidson County, Tennessee, and being known as Lot No. 6 on the map of a subdivision of part of said Lot No. 8 and described according to a copy of a survey thereof made April 17, 1946, by E. R. Southgate and Son, surveyors, as follows:

Beginning at a point in the northerly margin of Sharpe Avenue at the corner of Lot Nos. 6 and 7, being 574 feet east of the easterly margin of 14th Street; thence northerly 80.0 feet 8 inches to a point, thence easterly 75 feet to a point at the corner of Lot Nos. 5 and 6; thence southerly 81.0 feet to the north margin of Sharpe Avenue; thence with the margin of the same westerly 75 feet to the beginning.

Being the same property conveyed to CHARLES WASHINGTON CONAWAY and wife, NORMA F. CONAWAY, by deed from JOHN PETERSON, of record as Book 4270, page 249, dated September 12, 1968, said Register's Office.

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2017 120850

DECEDENT

TYPE/PRINT IN PERMANENT BLACK INK

NAME OF DECEDENT (First, Middle, Last, Suffix)

1. DECEDENT'S LEGAL NAME			2. SEX	3. DATE OF DEATH
NORMA FAYE CONAWAY			FEMALE	12/24/2017

4. TIME OF DEATH (Approx)	5a. AGE	5b. UNDER 1 YEAR Months	Days	5c. UNDER 1 DAY Hours	Minutes	6. DATE OF BIRTH	7. BIRTHPLACE
UNKNOWN	73					03/23/1944	NASHVILLE, TENNESSEE

8a. PLACE OF DEATH: INPATIENT

8b. FACILITY NAME	8c. CITY OR TOWN	8d. COUNTY OF DEATH
SKYLINE MEDICAL CENTER	NASHVILLE	DAVIDSON

9. MARITAL STATUS	10. SURVIVING SPOUSE (name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION	11b. KIND OF BUSINESS/INDUSTRY
MARRIED	CHARLES WASHINGTON CONAWAY	SUPERVISOR	MENTAL HEALTHCARE

12. SOCIAL SECURITY NUMBER	13a. RESIDENCE-STATE OR FOREIGN COUNTRY	13b. COUNTY	13c. CITY OR TOWN
9599	TENNESSEE	DAVIDSON	NASHVILLE

13d. STREET AND NUMBER	13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT EVER IN US ARMED FORCES?
1417 EAST SHARPE AVENUE	YES	37206	NO

15. DECEDENT'S EDUCATION	16. DECEDENT OF HISPANIC ORIGIN?	17. DECEDENT'S RACE
HIGH SCHOOL GRADUATE OR GED COMPLETED	NO, NOT SPANISH/HISPANIC/LATINO	BLACK OR AFRICAN AMERICAN

PARENTS

18. FATHER'S NAME	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE
ARCHIE AVANT	PHYLLIS WATKINS

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS
DONNA BERKLEY	DAUGHTER	1417 EAST SHARPE AVENUE, NASHVILLE, TENNESSEE 37206

DISPOSITION

21a. METHOD OF DISPOSITION	21b. PLACE OF DISPOSITION	21c. LOCATION
CREMATION	MUSIC CITY CREMATORY	NASHVILLE, TENNESSEE

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
▶ /e/ NATHANIEL JAMES HOLMAN	5974	▶	

23a. NAME AND ADDRESS OF FUNERAL HOME	23b. LICENSE NUMBER
NASHVILLE CREMATION CENTER, 8120 SAWYER BROWN ROAD, #108, NASHVILLE, TENNESSEE 37221	1319

REGISTRAR

24. REGISTRAR'S SIGNATURE	25. DATE FILED
▶ /e/ EDWARD G. BISHOP III	01/08/2018

CERTIFIER

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.

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

27a. CERTIFIER	27b. LICENSE NUMBER	27c. DATE SIGNED
▶ /s/ BARRETT DOW CONNER	028554	01/04/2018

27d. NAME AND ADDRESS: BARRETT DOW CONNER 3443 DICKERSON PIKE SUITE 680, NASHVILLE, TENNESSEE 37207

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. SEVERE SEPSIS WITH SEPTIC SHOCK	5D
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 A CONSEQUENCE OF) b.	
	DUE TO (OR A CONSEQUENCE OF) c.	
	DUE TO (OR A CONSEQUENCE OF) d.	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: ADVANCED CARDIOPMYOPATHY, CARDIORENAL SYNDROME, AKI

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	UNKNOWN IF 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-1659 (Rev. 8/2017) RDA 10112

09787126

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

Edward G. Bishop III
Edward G. Bishop III
State Registrar

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

0 9 7 8 7 1 2 6
Date Issued: JAN 09 2018

CERTIFICATION OF VITAL RECORD