THIS INSTRUMENT PREPARED BY: **Larry D. Cantrell, Attorney** **Larry D. Cantrell, Attorney at Law, P.C.** **2412 Eugenia Avenue** **Nashville, TN 37211-2115**	**SEND TAX BILLS TO:** **Michael Aldridge, Sr.** **798 Watts Lane** **Nashville, TN 37209**
This transfer is exempt from recording tax pursuant to T.C.A. §67– 4 – 09(a)(3)(D) and oath pursuant to T.C.A. §67 – 4 – 409(a)(5).	**Note to Register of Deeds, index as:** **Ruby Irene Aldridge, Grantor** **Michael Aldridge, Sr., Grantee**
	Map 103-1, Parcel 70

Karen Johnson Davidson County
Batch# 952929 AFFIDAVITH
12/19/2022 12:03:36 PM 6 pgs
Fees: $32.00 Taxes: $0.00
20221219-0130927

AFFIDAVIT OF INHERITANCE (REAL ESTATE) PER T.C.A. §30 – 2 – 712

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The undersigned, being duly sworn, deposes and says:

1. **Ruby Irene Aldridge** a resident of Davidson County, State of Tennessee, who died January 17, 2021 as evidenced by a copy of the Certificate of Death attached as **Exhibit A**, held a:

Fee Simple interest in the following described real estate being the surviving tenant of the above described real property by operation of Tennessee State Statute **(T.C.A.) §36-3-505** as it applies to property owned as Tenants by the Entirety with her Husband **Ollie Thomas Aldridge** who died March 3, 1988 as evidenced by a copy of the Certificate of Death attached as **Exhibit B:**

Land in Davidson County, Tennessee, being part of Lot No. 6 on the Plat of J.B. Cowden Property, Section IV, not of record, being triangular in shape and described partly by survey made by Norris H. Hickerson, Surveyor, January 10, 1948, as follows:

Beginning at a point in the westerly margin of Cowden Avenue at the corner of Lots 5 and 6; thence with the margin of said Avenue, southeasterly 165 feet to a point in the northerly margin of Watts Lane; thence with the margin of the same, westerly 164 feet to a point, the southeast corner of the property conveyed to Charles F Roberts and wife, by deed of record in Book 2483; page 166, Register's Office for said County, thence along said Roberts' southeasterly line,

northeasterly 150 feet to the point of beginning.

Being the same property conveyed to Ollie Aldridge and wife, Ruby I. Aldridge by deed from Alvin W. Terrell and Wife, Gladys B. Terrell of record in Book 5791, Page 608 and Re-Recorded in Book 7771, Page 449, register's Office for Davidson County, Tennessee.

The undersigned **Michael Aldridge, Sr.** received a one hundred (100%) interest in the real estate described above by virtue of:

Being the sole heir of the Estate of **Ruby Irene Aldridge.** The Last Will and Testament of **Ruby Irene Aldridge** is filed in the Probate Clerk's Office of Davison County, State of Tennessee Docket **Number 22P – 1503.**
The release from Tennessee TennCare is attached as **Exhibit C.**

This Affidavit of Heirship is subject to and subordinate to A Deed of Trust from **Ruby Aldridge to First Horizon Home Loan Corporation** to secure a maximum principal indebtedness of $104,000.00 dated April 11, 2005 the same being duly recorded in the Register of Deeds Office, Davidson County, Tennessee being Instrument Number 20050411-0039859.

This conveyance is subject to all easement, restrictive covenants and conditions, and other matters of record.

No new survey was made of the property referenced herein and the land description herein contained was copied verbatim from the last recorded deed transferring the property.

This property is improved property known as 798 Watts Lane, Nashville, TN 37209.

Wherever used, the singular shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders.

Further affiant sayeth not.

Michael Aldridge, Sr.

Sworn to and subscribed before me this the 14TH day of DECEMBER, 2022.

KIMBERLY HANAFUSA
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

Notary Public

My Commission Expires: 5/7/24

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and aforesaid, personally appeared **Michael Aldridge, Sr.** the within named bargainor, 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 present, and who, upon oath, acknowledged that he executed the foregoing instrument for the purposes therein contained as his 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 the 14TH day of DECEMBER, 2022.



Notary Public
My Commission Expires: 5/7/24

STATE OF TENNESSEE
Office of Vital Records

EXHIBIT A

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2021 004937

1. Decedent's Legal Name: RUBY IRENE ALDRIDGE			2. Sex: FEMALE	3. Date of Death: 01/17/2021
4. Time of Death (Approx.): 03:16 AM	5a. Age: 93	6. Date of Birth: 05/10/1927	7. Birthplace: LORETTO, TN	
8a. Place of Death: INPATIENT				
8b. Facility Name: SAINT THOMAS WEST HOSPITAL		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: INSPECTION CONTROL	11b. Kind of Business/Industry: TOBACCO	
12. Social Security Number: [redacted]-9568	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON	13c. City or Town: NASHVILLE	
13d. Street and Number: 798 WATTS LANE		13e. Inside City Limits? YES	13f. Zip Code: 37209	14. Was Decedent ever in US Armed Forces? NO
15. Decedent's Education: 8TH GRADE OR LESS	16. Decedent of Hispanic Origin? NO, NOT SPANISH/HISPANIC/LATINO	17. Decedent's Race: WHITE		
18. Father's Name: EVALIN WAKEFIELD		19. Mother's Name Prior to First Marriage: LETTIE E WOODHAM		
20a. Informant's Name: MICHAEL ANTHONY ALDRIDGE	20b. Relationship to Decedent: SON	20c. Mailing Address: 798 WATTS LANE, NASHVILLE, TN 37209		
21a. Method of Disposition: BURIAL	21b. Place of Disposition: DUNN CEMETERY	21c. Location: LEOMA, TN		
22a. Signature of Funeral Director: /e/ JASON QUESENBERRY	22b. License Number: 20164	22c. Signature of Embalmer: /e/ JASON QUESENBERRY	22d. License Number: 20120	
23a. Name and Address of Funeral Home: SPRING HILL FUNERAL HOME AND CEMETERY, 5110 GALLATIN PIKE, NASHVILLE, TN 37216			23b. License Number: 1040	
24. Registrar's Signature: /e/ EDWARD G BISHOP III		25. Date Filed: 01/25/2021		

28. 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/ CIARA CONWAY	27b. License Number: 57379	27c. Date Signed: 01/21/2021	
27d. Name and Address: CIARA CONWAY 4220 HARDING ROAD, NASHVILLE, TN 37205			

29. 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. CARDIOPULMONARY ARREST	
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. GASTROINTESTINAL BLEEDING	
	c. METASTATIC COLON CANCER	
	d.	

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: SEPSIS, BACTEREMIA, ACUTE KIDNEY FAILURE

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

PH-3659E

RDA 10112

12695496

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
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

1 2 6 9 5 4 9 6

Date Issued: Jan 26 2021

CERTIFICATION OF VITAL RECORD

EXHIBIT B

Metropolitan Government of Nashville and Davidson County

Bill Boner, Mayor

FREDIA S. WADLEY, M.D.
LOCAL REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY, TN

MAR 11 1988

Fredia S Wadley, M.D

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

This is to certify that this is a true and exact copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

8801118

BECOMES A LEGAL DOCUMENT WHEN PROPERLY EXECUTED AND FILED.

BIRTH NO. _____ STATE FILE NO. _____

1. DECEASED—NAME (First, Middle, Last): Ollie Thomas Aldridge
2. DATE OF DEATH (Month, Day, Year): 3-3-88
3a. AGE—Last Birthday (Years): 63
3b. If Under 1 Year: Months / Days
3c. If Under 1 Day: Hours / Min.
4. DATE OF BIRTH (Month, Day, Year): 3-8-24
5. RACE (White, Black, American Indian, Etc.): White
6. ORIGIN OR DESCENT (Italian, Mexican, German, Etc.): American
7. SEX: Male
8. COUNTY OF DEATH: Davidson
9. CITY, TOWN, OR LOCATION OF DEATH: Nashville
10. INSIDE CITY LIMITS (Specify Yes or No): yes
11. HOSPITAL OR OTHER INSTITUTION—NAME (If not in hospital, give street address or location): Parkview Hosp.
12. If Hospital or Institution, Indicate: Inpatient.
13a. STATE OF BIRTH (If not in U.S.A., name country): Tennessee
13b. CITIZEN OF WHAT COUNTRY: USA
14. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
15. SURVIVING SPOUSE (If wife, give maiden name): Ruby Wakefield
16a. SOCIAL SECURITY NUMBER: [redacted]-2928
16b. SERVICE IN ARMED FORCES (Specify Yes or No; Dates of Service): WWII
17a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ford Glass
17b. KIND OF BUSINESS OR INDUSTRY: Retired
18a. RESIDENCE—STATE: Tennessee
18b. COUNTY: Davidson
18c. CITY, TOWN, OR LOCATION: Nashville
18d. STREET AND NUMBER: 798 Watts Lane
18e. INSIDE CITY LIMITS (Yes or No): yes
18f. CENSUS TRACT NO.:
19a. FATHER—NAME: Grover C. Aldridge
19b. MOTHER—MAIDEN NAME: Ira Bell Spear
20a. INFORMANT—NAME: Ruby Aldridge
20b. MAILING ADDRESS: Nashville, TN 37209
21a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
21b. DATE (Month, Day, Year): 3-5-88
21c. CEMETERY OR CREMATORY—NAME: Dunn
21d. LOCATION—CITY OR TOWN: Leoma, TN
21e. STATE:
22a. FUNERAL DIRECTOR (Signature): Ollie Ford
22b. LICENSE NO.: 2197
22c. EMBALMER (Signature): Ollie Ford
22d. LICENSE NO.: 3007
23a. FUNERAL HOME NAME AND ADDRESS: P.O. Box 184 Freeman-Pettus Lawrenceburg, TN 38464
23b. REGISTRAR (Signature): Mary C. Benton
23c. DATE RECEIVED BY LOCAL REGISTRAR: Mar. 11, 1988
24a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE: Karl VanDevender M.D. DEGREE:
24b. DATE SIGNED (Month, Day, Year): 3/7/88
24c. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. SIGNATURE: TITLE:
24d. DATE SIGNED (Month, Day, Year):
25a. CERTIFIER—NAME (Type or Print): Karl VanDevender, M.D.
25b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip):
26. PART I. DEATH WAS CAUSED BY: (Enter only one cause per line for (a), (b), and (c).)
(a) IMMEDIATE CAUSE: Cardiac Arrest
(b) DUE TO, OR AS A CONSEQUENCE OF:
(c) DUE TO, OR AS A CONSEQUENCE OF:
(d)
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST
Interval between onset and death:
27. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a).
Autopsy (Yes or No):
28a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (Specify):
28b. DATE OF INJURY (Month, Day, Year):
28c. HOUR:
28d. DESCRIBE HOW INJURY OCCURRED:
28e. INJURY AT WORK (Specify Yes or No):
28f. PLACE OF INJURY (At home, farm, street, factory, office bldg., etc. (Specify)):
28g. LOCATION—Street or R.F.D. No., City or Town, State:

PARENTAL AND INFANCY HX

REQUIRED PRIOR TO PORTATION OF BODY BY OR CARRIER OR RE- FROM STATE.

DISPOSITION

CERTIFIER

TH NOT ATTENDED BY ICIAN, AUTHORIZED OF- L SIGN HERE. ANY KIAN OR MEDICAL EX- ER EXECUTING CER- ATE MUST COMPLETE SIGN MEDICAL CER- ATION WITHIN 36 RS. POWER OF ATURE CANNOT BE GATED.

CAUSE OF

RESIDENCE WHERE DE LIVED. IF DEATH OC IN INSTITUTION, GIVE ENCE BEFORE ADMIS

4-1659

EXHIBIT C

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

#

August 15, 2022

Larry D. Cantrell
2412 Eugenia Avenue
Nashville, TN 37211

RE: Aldridge, Ruby Irene Date of Death: 1/17/2021 SSN: xxx-xx-9588
Our File Number: 74821

Larry D. Cantrell:

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