This instrument was prepared by:
F. Michie Gibson, Jr.
Attorney at Law
4979 Lebanon Pike, Ste. C
Old Hickory, TN 37138
615-244-0095

Karen Johnson Davidson County
Batch# 953565 AFFIDAVITH
12/20/2022 03:30:47 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20221220-0131570

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Affiant, **SHELTON QUINN**, after first being duly sworn, states that:

1. I am an adult citizen and resident of Cheatham County, Tennessee residing at: 5936 HIGHWAY 41A, JOELTON, TN 37080.

2. I am the friend of the deceased, Kathy W. Brooksher, and have known her for over twenty-nine (29) years. I have personal knowledge of the facts stated herein, and am otherwise competent to make this affidavit.

3. **Kathy W. Brooksher** died on September 27, 2022, in Davidson County, Tennessee, residing at: 1506 Ocoee Trail, Madison, Tennessee 37115.

4. At the time of her death, the surviving next of kin of the deceased was her son, Ernest Brooksher, and she was unmarried.
The said **Kathy W. Brooksher** never had any other children, natural or adopted, and the individual listed herein are her sole heir at law.

5. This Affidavit of Heirship is freely given pursuant to Tenn. Code Ann. § 30-2-712, *et seq.*, to help establish and reflect the heirship with respect to any real or personal property owned by Kathy W. Brooksher, Davidson County, Tennessee, or elsewhere, and particularly to confirm the vesting of title to certain real property described as follows:

LAND IN DAVIDSON COUNTY, TENNESSEE, BEING LOT NO. 98 ON THE PLAN OF NAWAKA HILLS POWWOW ADDITION, SECTION III, WHICH IS OF RECORD IN BOOK 974, PAGE 25, REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE, AND DESCRIBED AS FOLLOWS:

SAID LOT NO 98 FRONTS 50 FEET ON THE WESTERLY SIDE OF OCOEE TRAIL AND EXTENDS BACK BETWEEN PARALLEL LINES 150 FEET TO A DEAD LINE.

BEING THE SAME PROPERTY CONVEYED TO KATHY W. BROOKSHER, UNMARRIED, BY DEED FROM JOHN E. YEARGIN, JR. UNMARRIED, DATED SEPTEMBER 20, 2016, AND OF RECORD IN INSTRUMENT

NUMBER 20160920-0098664, REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE.

This improved property is known as 1506 Ocoee Trail, Madison, Tennessee 37115.

SHELTON QUINN

Tax Map # 63.02
Parcel # 151.0
Send Tax bill to:
Ernest Brooksher
1103 Main Street
Greenbrier, Tennessee 37073

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Before me, Theresa R. Gibson, the undersigned, a notary public in the state of Tennessee, personally appeared **SHELTON QUINN**, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who acknowledged that She executed the foregoing instrument for the purposes therein contained.

Subscribed and sworn to before me, this the 19th day of December, 2022.

THERESA R. GIBSON NOTARY PUBLIC STATE OF TENNESSEE DAVIDSON COUNTY

NOTARY PUBLIC
My Commission Expires: 05/05/2025

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2022 064544

1. Decedent's Legal Name: KATHY LOUISE BROOKSHER			2. Sex: FEMALE	3. Date of Death: 09/27/2022
4. Time of Death (Approx.): 10:30 AM	5a. Age: 65	6. Date of Birth: 09/14/1957	7. Birthplace: NASHVILLE, TN	
8a. Place of Death: DECEDENT'S HOME				
8b. Facility Name: 1506 OCOEE TRAIL		8c. City or Town: MADISON		8d. County of Death: DAVIDSON
9. Marital Status: DIVORCED	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation: MANAGEMENT		11b. Kind of Business/Industry: RETIRED
12. Social Security Number: -4607	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: MADISON
13d. Street and Number: 1506 OCOEE TRAIL		13e. Inside City Limits?: YES	13f. Zip Code: 37115	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: BEN HARLAN WILLIAMS		19. Mother's Name Prior to First Marriage: GLADYS NULL		
20a. Informant's Name: ERNEST BROOKSHER JR	20b. Relationship to Decedent: SON	20c. Mailing Address: 1103 MAIN ST., GREENBRIER, TN 37073		
21a. Method of Disposition: CREMATION	21b. Place of Disposition: MUSIC CITY CREMATORY SERVICE	21c. Location: NASHVILLE, TN		
22a. Signature of Funeral Director: ▶ /e/ JONATHAN SCOTT KEENE	22b. License Number: 5939	22c. Signature of Embalmer: ▶	22d. License Number	
23a. Name and Address of Funeral Home: NASHVILLE CREMATION CENTER, 7427 CHARLOTTE PIKE, NASHVILLE, TN 37209			23b. License Number: 1319	
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III	25. Date Filed: 10/03/2022			

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: ▶ /e/ BRIANNE FLYNN	27b. License Number: 65486	27c. Date Signed: 09/30/2022
27d. Name and Address: BRIANNE FLYNN 850 R S GASS BLVD, NASHVILLE, TN 37216		

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. PENDING	
	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?

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

30. Manner of Death: PENDING INVESTIGATION	31. Did Tobacco Use Contribute to Death?	32. If Female:		
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 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

Edward G. Bishop III
State Registrar

1 4 5 4 1 1 1 4

Date Issued: Oct-03-2022

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD