Karen Johnson Davidson County
Batch# 1012594 AFFIDAVITH
06/08/2023 01:08:45 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20230608-0043701

Prepared by Oretha Bowers
853 Curtis Drive
Nashville TN 37207

AFFIDAVIT OF DEATH AND HEIRSHIP

Corrected form for Affidavit of Death and Heirship filed 3.24.2023 (#20230324-0021586)

Oretha Bowers (the "Affiant"), being duly sworn upon oath, deposes and states that the Affiant resides at 853 Curtis Dr, Nashville, Tennessee 37207 located in the County of Davidson. The Affiant is the family friend/hairdresser to Mrs. Willie Mae Eddings (the "Decedent").

The Decedent died on 02/11/2023 in the County of Davidson in the State of Tennessee. A copy of the Official Death Certificate is attached.

When the Decedent passed he or she owned an interest in the property legally described below:

Property Owned:	Single Family Home Furniture Appliances Clothing, Shoes, Accessories
Address:	4007 Nevada Ave Nashville, Tennessee 37209
County:	Davidson
Personal Property Owned:	Single Family Home
Location:	4007 Nevada Ave Nashville TN 37209
Personal Property Owned:	Furniture and appliances
Location:	4007 Nevada Ave Nashville TN 37209
Personal Property Owned:	Clothing, Shoes, and Accessories
Location:	4007 Nevada Ave Nashville TN 37209

In the event that the Decedent passed leaving a Last Will and Testament, a copy of said Last Will and Testament shall be attached. If there is no Last Will and Testament attached hereto, then the Decedent passed intestate.

In the event that the Decedent was married, listed below will be the name of the spouse and current status of said marriage.

Name of Spouse	Status
Paul Eddings	Deceased

The following children were born to or adopted by the Decedent:

Name of Child	Birth Date	Status
Jacquelyn Marie Douglas	10/09/1951	Deceased
Vivian Juanita Douglas-Stewart	06/16/1950	Deceased

The following represents the Decedent's heirship, to the best of the Affiant's knowledge and information:

Heir Name	Relationship	Status
Adriane Renee Stewart	Granddaughter	Living
Christi Lynn Merritt	Granddaughter	Living

The estimated approximate total value of the estate of the Decedent, including the taxable interest in the aforesaid property, is $387,500.00.

The following claims shall be paid directly from the proceeds of the subject property:

Brand new HVAC system purchased on 2022

The Affiant will ensure that the Federal Estate Tax shall be prepared and pay in full any said amount which may be due and payable.

I declare that the information contained herein is true and correct to the best of my knowledge.

Oretha Bowers

AFFIANT SIGNATURE)

6-7-23

(DATE SIGNED)

Oretha Bowers

(AFFIANT NAME)

State of Tennessee

ss.

County of Davidson

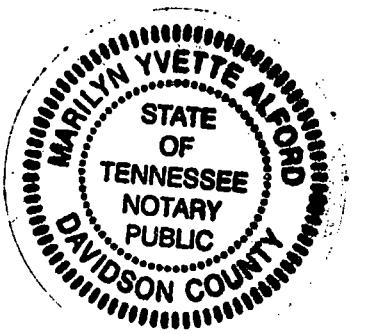
This instrument was subscribed and sworn to before me on 06/07/2023 by Oretha Bowers.

(NOTARY PUBLIC SIGNATURE)

Marilyn Y. Alford

(NOTARY PRINTED NAME)

My Commission Expires: 08-06-2024



STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2023 011631

1. Decedent's Legal Name: WILLIE MAE EDDINGS			2. Sex: FEMALE	3. Date of Death: 02/11/2023
4. Time of Death (Approx.): 09:08 AM	5a. Age: 90	6. Date of Birth: 12/07/1932	7. Birthplace: NASHVILLE, TN	
8a. Place of Death: OTHER RESIDENCE				
8b. Facility Name: 2173 FREEMAN LANE		8c. City or Town: MADISON		8d. County of Death: DAVIDSON
9. Marital Status: WIDOWED	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation: HOUSEKEEPING		11b. Kind of Business/Industry: BAPTIST HOSPITAL
12. Social Security Number: -5323	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: NASHVILLE
13d. Street and Number: 4007 NEVADA AVENUE		13e. Inside City Limits?: YES	13f. Zip Code: 37209	14. Was Decedent ever in US Armed Forces?: NO
15. Decedent's Education: 9TH - 12TH GRADE, NO DIPLOMA	16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO	17. Decedent's Race: BLACK OR AFRICAN AMERICAN		
18. Father's Name: WILLIE B LADD		19. Mother's Name Prior to First Marriage: LORRAINE WILSON		
20a. Informant's Name: ADRIANE RENEE STEWART	20b. Relationship to Decedent: GRANDDAUGHTER	20c. Mailing Address: 2173 FREEMAN LANE, MADISON, TN 37115		
21a. Method of Disposition: BURIAL	21b. Place of Disposition: GREENWOOD CEMETERY	21c. Location: GOODLETTSVILLE, TN		
22a. Signature of Funeral Director: ▶ /e/ MELVIN J SMITH	22b. License Number: 4502	22c. Signature of Embalmer: ▶ /e/ CHRISTOPHER LEE JEFFERSON	22d. License Number: 6500	
23a. Name and Address of Funeral Home: SMITH FUNERAL DIRECTORS, 706 MONROE STREET, NASHVILLE, TN 37208-2618			23b. License Number: 809	
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III		25. Date Filed: 02/27/2023		

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/ JOEL SHACKSON	27b. License Number: 66385	27c. Date Signed: 02/22/2023
27d. Name and Address: JOEL SHACKSON 1718 PATTERSON ST, 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. LUNG ADENOCARCINOMA, METASTATIC TO PLEURA	
	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?: NO

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

30. Manner of Death: NATURAL	31. Did Tobacco Use Contribute to Death?: NO	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 10112

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.

14803929

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

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

Date Issued: Mar-03-2023

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CERTIFICATION OF VITAL RECORD