Karen Johnson Davidson County
Batch# 1024628 AFFIDAVITH
07/11/2023 08 22 36 AM 3 pgs
Fees $17 00 Taxes $0 00
20230711-0052778

****

ADDRESS NEW OWNER:

Shirley A. Mueller
3212 Cloverwood Drive
Nashville, TN 37214

SEND TAX BILL TO:

Same

MAP &PARCEL:

3D 62774
Map 96-11
Parcel 52

****

This Instrument Prepared By:
PAULA OGLE BLAIR, ATTORNEY AT LAW
211 Donelson Pike, Suite 214, Nashville, Tennessee 37214
Paula@BlairLawPLLC.net
FROM INFORMATION BY OTHERS

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Comes the Affiant, **JOHN REYNOLDS**, being first duly sworn according to law, and being of lawful age and a resident of the State of Tennessee for the past six months, pursuant to Tennessee Code Annotated § 30-2-712, hereby swears to the following of his own free will and based upon his personal knowledge and familiarity:

1. James V. Mueller and wife, Shirley A. Mueller, owned property located at 3212 Cloverwood Drive, Nashville, Tennessee 37214, as tenants by the entirety.
2. James V. Mueller died on October 4, 2016. A copy of the Death Certificate is attached.
3. James V. Mueller left a surviving spouse, Shirley A. Mueller.
4. This Affidavit will confirm the vesting of the ownership interest of James V. Mueller solely in his surviving spouse, Shirley A. Mueller, in the real property located 3212 Cloverwood Drive, Nashville, Tennessee 37214, and more particularly described as follows:

Being Lot No. 43 on the Plan of Hickory Bend Subdivision, Section 1, of record in Plat Book 3300, Page 38, Register's Office for Davidson County, Tennessee, to which plan reference is hereby made for a more complete and accurate legal description.

Being the same property conveyed to Stanley E. Ashburn and wife, Gena R. Ashburn by deed from Jerusha A. Gernt and wife, Cathy J. Gernt of record in Book 5504, Page 811, Register's Office, Davidson County, Tennessee.

Being the same property conveyed to James V. Mueller and wife, Shirley A. Mueller, by warranty deed from Stanley E. Ashburn and wife, Gena R. Ashburn, of record in Book 6913, Pages 29-31, Register's Office, Davidson County, Tennessee.

Subject to restrictions of record in Book 3341, Page 265, said Register's Office, and in Book 3351, Page 595, Register's Office for said County.

This property is commonly known as 3212 Cloverwood Drive, Nashville, Davidson County, Tennessee 37214.

This conveyance is subject to any and all existing easements of record.

FURTHER AFFIANT SAYETH NAUGHT.

DONNA PERKINS
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON
My Commission Expires January 4, 2027

JOHN REYNOLDS, ***Affiant***

SWORN TO and **SUBSCRIBED BEFORE ME** this 7th day of **July 2023**.

DONNA PERKINS, ***Notary Public***

My commission expires: **01/04/27**

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2016 NOV -7 AM 9:06

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): James Virgil Mueller
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): October 4, 2016
4. TIME OF DEATH (24hrs): 14:43
5a. AGE-Last Birthday (Years): 72
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): November 13, 1943
7. BIRTHPLACE (City and State or Foreign Country): Mishawaka, Indiana

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☒ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other residence ☐ Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): Residence at Alive Hospice
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS: ☒ Married ☐ Married but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Shirley Dickerson
11a. DECEDENT'S USUAL OCCUPATION: Truck Driver
11b. KIND OF BUSINESS/INDUSTRY: Transportation
12. SOCIAL SECURITY NUMBER: [redacted]
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 3212 Cloverwood Dr.
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37214
14. WAS DECEDENT EVER IN US ARMED FORCES? ☒ Yes ☐ No

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
☐ 8th grade or less
☐ 9th – 12th grade; no diploma
☒ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g. BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
☐ Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
☒ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino (Specify)
☐ Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
☒ White
☐ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe)
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian (Specify)
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify)
☐ Other (Specify)
☐ Unknown

PARENTS

18. FATHER'S NAME (First, Middle, Last): Lawrence Mueller
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Bertha Bradwish

DISPOSITION

20a. INFORMANT'S NAME: Shirley Mueller
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 3212 Cloverwood Dr Nashville, TN, 37214
21a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Nashville Funeral and Cremation
21c. LOCATION - City or Town and State: Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ J Scott Keene
22b. LICENSE NUMBER: 5939
22c. SIGNATURE OF EMBALMER: ▶ No embalming
22d. LICENSE NUMBER: N/A
23a. NAME AND ADDRESS OF FUNERAL HOME: Nashville Funeral and Cremation 210 McMillin St., Nashville, TN 37203
23b. LICENSE NUMBER OF FUNERAL HOME: 1136

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ DR
25. DATE FILED (Month, Day, Year): 10/6/16

CERTIFIER

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

26. CERTIFIER (Check only one)
26a ☒ PHYSICIAN - To the best of my knowledge, death occurred at the date 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, and place, and due to the cause(s) and manner stated.
27a. SIGNATURE OF CERTIFIER: ▶ MD
27b. LICENSE NUMBER: 17891
27c. DATE SIGNED (Month, Day, Year): 10/5/16
27d. NAME AND ADDRESS: Robert Berkompas, M.D. 1718 Patterson Street, Nashville, TN 37203

MEDICAL CERTIFICATION

28. PART I. Enter the chain of event(s) (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.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Cirrhosis
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 as a consequence of): b. Non-alcoholic steatohepatitis
Due to (or as a consequence of): c.
Due to (or as a consequence of): d.
Approximate interval: Onset to death

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

29a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No

30. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☒ Suicide ☐ Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown
32. IF FEMALE: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

33. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? ☐ Yes ☐ No
34d. PLACE OF INJURY – at home, farm, street, factory, office, building, etc. (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

TH-1659 (Rev. 10/2011) RDA 1399

08853499

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.

OCT 06 2016

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

Lori B. Ferranti, PhD, MSN, MBA, RN
State Registrar/Asst. Commissioner

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

0 8 8 5 3 4 9 9
Date Issued

CERTIFICATION OF VITAL RECORD