Karen Johnson Davidson County
Batch# 1025332 AFFIDAVITH
07/12/2023 12 08 13 PM 4 pgs
Fees $22 00 Taxes $0 00
20230712-0053411

AFFIDAVIT OF HEIRSHIP

1. My name is John Michael Turner ("Affiant"). I am an adult resident of the State of Tennessee. I am competent to give the testimony in this Affidavit, and my testimony is based upon my personal knowledge.

2. Judy Rhea Boswell, (hereinafter "Decedent"), died intestate on July 4, 2023, as a resident of Davidson County, Tennessee. There are no probate assets, and no estate will be opened for the purpose of administration. **See Certificate of Death attached as Exhibit A.**

3. Decedent's other surnames include Petty (her maiden name) and Knell. She never changed her middle name from Rhea, although some property records reflect her name as Judy Petty Boswell. Judy Rhea Boswell and Judy Petty Boswell are one and the same person.

4. I have known Decedent and her family for nineteen (19) years.

5. She died a widow. Her spouse, James H. Boswell, died on July 11, 2015. **See Certificate of Death attached as Exhibit B.**

6. During her lifetime, she had one child, Brandon Knell Heath. She has no other children, living or dead. She did not adopt any children during her lifetime.

7. At the time of her death, Decedent jointly owned as a tenant-in-common real property located in Davidson County that is commonly referred to as **125 Hillsboro Place, Nashville, Tennessee 37215**. The other property owner is Katherine M. Turner, formerly known as Katherine M. Boswell.

   The property is more fully and particularly described as follows:

   Land in Davidson County, Tennessee being Unit No. 125 on the Site Plan of Hillsboro Place Condominiums, of record in Book 5200, page 725 and amended in Book 5200, pages 757 and 758, Register's Office for Davidson County, Tennessee, to which plan reference is hereby made for a more complete description of such Unit.

   Being the same property conveyed from James H. Boswell to Judy Petty Boswell, an undivided one-half interest, Katherine M. Boswell, an undivided one-fourth interest, and Carrie E. Boswell, an undivided one-fourth interest by Warranty Deed recorded with the Davidson County Register's Office on December 9, 2005, Instrument number 20051209-0148453.

   Being the same property that Carrie E. Boswell then conveyed her undivided one-fourth interest to Katherine M. Boswell by Warranty Deed recorded with the Davidson County Register's Office on December 27, 2005, Instrument number 2005-1227-0153874.

8. Decedent had no surviving spouse but left one adult child as her heir at law pursuant to Tenn. Code Ann. § 31-2-104, Brandon Knell Heath.

9. Therefore, Decedent's one-half interest in the real property vested in fee simple absolute in Brandon Knell Heath immediately upon her death. As of the filing of this Affidavit, ownership of the Property remains vested as tenants in common as follows:

Brandon Knell Heath	**50%**
Katherine Mae Turner	**50%**

FURTHER AFFIANT SAYETH NOT.

SWORN this 10TH **day of** JULY **2023.**

JOHN MICHAEL TURNER

STATE OF TENNESSEE)
)
COUNTY OF ~~DAVIDSON~~) Williamson

Now having first been sworn, the above-named JOHN MICHAEL TURNER Affiant, appeared before me and proved his identity to me by a government issued photograph identification card, and gave the testimony in this Affidavit for the purpose(s) stated herein.

Sworn to and subscribed before me, the undersigned Notary Public, this 10th day of July 2023.

Rhondi M. Cissell
Notary Public

My commission expires: 5-26-24

PREPARED BY:
Jennifer Sheppard (024699)
MARTIN HELLER POTEMPA & SHEPPARD, PLLC
2122 21st Avenue South, Nashville, TN 37212
www.mhpslaw.com

RHONDI M. CISSELL
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY
MY COMMISSION EXPIRES 5-26-2024

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2023 040192

1 Decedent's Legal Name: JUDY RHEA BOSWELL			2 Sex: FEMALE	3 Date of Death: 07/04/2023
4 Time of Death (Approx.): 22 45	5a Age: 74	6 Date of Birth: 06/26/1949	7 Birthplace: WAVERLY, TN	
8a Place of Death: NURSING HOME/LONG TERM CARE				
8b Facility Name: GREEN HILLS HEALTH AND REHABILITATION CENTER		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: HAIR STYLIST		11b Kind of Business/Industry: COSMETOLOGY
12 Social Security Number: -2343	13a Residence-State or Foreign Country: TENNESSEE	13b County: DAVIDSON		13c City or Town: NASHVILLE
13d Street and Number: 125 HILLSBORO PLACE		13e Inside City Limits?: YES	13f Zip Code: 37203	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: PAUL BROWN PETTY		19 Mother's Name Prior to First Marriage: CLEMMIE MAUDE SCHOLES		
20a Informant's Name: BRANDON HEATH	20b Relationship to Decedent: SON	20c Mailing Address: P O BOX 150392, NASHVILLE, TN 37215		
21a Method of Disposition: CREMATION	21b Place of Disposition: NASHVILLE CREMATION SERVICE	21c Location: NASHVILLE, TN		
22a Signature of Funeral Director: ▶ /e/ SHELBY BURKES	22b License Number: 20458	22c Signature of Embalmer: ▶	22d License Number	
23a Name and Address of Funeral Home: WOODLAWN-ROESCH-PATTON FUNERAL HOME AND MEMORIAL, 660 THOMPSON LANE, NASHVILLE, TN 37204-0407			23b License Number: 933	
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III	25. Date Filed: 07/06/2023			

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	27b License Number	27c Date Signed
▶ /e/ JOHN A WILLIAMS	023572	07/06/2023

27d Name and Address: JOHN A WILLIAMS 300 20TH AVE NORTH 9TH FLOOR, 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 RHEUMATOID ARTHRITIS	
	b COPD	
	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	31 Did Tobacco Use Contribute to Death?	32. If Female
NATURAL	UNKNOWN	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.

15073453

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

Edward G Bishop III
Edward G Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

Date Issued Jul-10-2023

CERTIFICATION OF VITAL RECORD

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STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix): James Hackett Boswell
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): July 11, 2015
4. TIME OF DEATH: 12:35PM
5. IF UNDER 1 YEAR (Months / Days) / IF UNDER 24 HOURS (Hours / Minutes) / 5a. AGE-LAST BIRTHDAY (Years): 69
6. DATE OF BIRTH (Month, Day, Year): September 8, 1945
7. BIRTHPLACE (City and State or Foreign Country): Portsmouth, VA

TYPE/PRINT IN PERMANENT BLACK INK

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

8a. FACILITY NAME (If not institution, give street and number): 1578 Woodmont Boulevard
8b. CITY OR TOWN: Nashville
8c. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: ☒ Married ☐ Married but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Judy Petty
11a. DECEDENT'S USUAL OCCUPATION: C P A
11b. KIND OF BUSINESS/INDUSTRY: Government
12. SOCIAL SECURITY NUMBER: -8806
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 1578 Woodmont Boulevard
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37215
14. WAS DECEDENT EVER IN U.S. 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): Dr. Wade Melvin Boswell
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Ruby Maureen Newcomb

DISPOSITION

20. INFORMANT'S NAME: Carne Gay
21. RELATIONSHIP TO DECEDENT: Daughter
22. MAILING ADDRESS (Street and Number, City, State, ZIP Code): 915 Alder Drive Nashville, TN 37220
23. METHOD OF DISPOSITION: ☐ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
24. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Nashville Cremation Service
25. LOCATION (City or Town, State): Nashville Tennessee
26. SIGNATURE OF FUNERAL DIRECTOR: ▶ Kimberly Ann Seaman
27. LICENSE NUMBER: 6725
28. SIGNATURE OF EMBALMER: ▶ n/a
29. LICENSE NUMBER: n/a
30. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn Roesch-Patton Funeral Home 660 Thompson Lane Nashville TN 37204
31. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

32. REGISTRAR'S SIGNATURE: ▶ [signature]
33. DATE FILED (Month, Day, Year): 7/13/15

CERTIFIER

34. CERTIFIER (Check only one)
34a. ☒ PHYSICIAN - To the best of my knowledge, death occurred at the date and place and due to the cause(s) and manner stated.
34b. ☐ MEDICAL EXAMINER - On the basis of examination, and/or investigation, in my opinion, death occurred at the date, hour and place and due to the cause(s) and manner stated.
34c. SIGNATURE OF CERTIFIER: ▶ [signature]
34d. LICENSE NUMBER: 35282
34e. DATE SIGNED (Month, Day, Year): 7-13-15
34f. NAME AND TITLE OF PERSON COMPLETING CAUSE OF DEATH (If other than certifier): Shazia Fazili, M.D.
34g. ADDRESS OF PERSON COMPLETING CAUSE OF DEATH: 1718 Patterson St. Nashville, TN 37203

MEDICAL CERTIFICATION

35. 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.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Squamous cell carcinoma of tongue
Sequentially list conditions, if any, leading to the immediate cause. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST: b. ; c. ; d.
Interval between onset and death: a. 4 to 6 2010; b. ; c. ; d.

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

36. WAS AN AUTOPSY PERFORMED? ☐ Yes ☐ No
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

37. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
38. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☒ Probably ☐ No ☐ Unknown
39. 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
40. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY
41c. INJURY AT WORK? ☐ Yes ☐ No
41d. PLACE OF INJURY (Specify)
41e. DESCRIBE HOW INJURY Ooccurred
41f. LOCATION OF INJURY (Street and Number, City, State, Zip Code)

FILE (Rev. 10/2011)

HCFA 1500

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.

8058947

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

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

8058947
Date Issued

CERTIFICATION OF VITAL RECORD